SENATE BILL No. 326

By Committee on Ways and Means

1-29

AN ACT concerning advanced practice registered nurses; amending K.S.A. 40-4602, 59-2976, 65-1660, 65-2892, 65-4134 and 65-5502 and K.S.A. 2013 Supp. 39-923, 39-1401, 39-1430, 39-1504, 65-468, 65-1113, 65-1130, 65-1626, 65-1682, 65-2837a, 65-2921, 65-4101, 65-4116, 65-4202, 65-5402, 65-5418, 65-6112, 65-6119, 65-6120, 65-6121, 65-6123, 65-6124, 65-6144, 65-7003, 65-7302, 72-5213 and 75-7429 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 2013 Supp. 65-1113 is hereby amended to read as follows: 65-1113. When used in this act and the act of which this section is amendatory:

- (a) "Board" means the board of nursing.
- (b) "Diagnosis" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen and shall be construed as distinct from a medical diagnosis.
- (c) "Treatment" means the selection and performance of those therapeutic measures essential to effective execution and management of the nursing regimen, and any prescribed medical regimen.
- (d) *Practice of nursing.* (1) The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and amendments thereto, means the process in which substantial specialized knowledge derived from the biological, physical, and behavioral sciences is applied to: the care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention or management of illness, injury or infirmity; administration, supervision or teaching of the process as defined in this section; and the execution of the medical regimen as prescribed by a person licensed to practice medicine and surgery—or, a person licensed to practice dentistry or by a person licensed to practice as an advanced practice registered nurse. (2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and

any amendments thereto, of tasks and responsibilities defined in part (1) of this subsection (d) which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery—or, a person licensed to practice dentistry or by a person licensed to practice as an advanced practice registered nurse.

- (e) A "professional nurse" means a person who is licensed to practice professional nursing as defined in part (1) of subsection (d) of this section.
- (f) A "practical nurse" means a person who is licensed to practice practical nursing as defined in part (2) of subsection (d) of this section.
- (g) "Advanced practice registered nurse" or "APRN" means a professional nurse who holds a license from the board to function as a professional nurse in an advanced role, and this advanced role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130, and amendments thereto.
- Sec. 2. K.S.A. 2013 Supp. 65-1130 is hereby amended to read as follows: 65-1130. (a) No professional nurse shall announce or represent to the public that such person is an advanced practice registered nurse unless such professional nurse has complied with requirements established by the board and holds a valid license as an advanced practice registered nurse in accordance with the provisions of this section.
- (b) On and after the effective date of this act, to be eligible for an initial advanced practice registered nurse license, an applicant shall hold and maintain a current advanced practice registered nurse certification granted by a national certifying organization recognized by the board whose certification standards are approved by the board as equal to or greater than the corresponding standards established by the board.
- (c) The board shall establish standards and requirements for any professional nurse who desires to obtain licensure as an advanced practice registered nurse. Such standards and requirements shall include, but not be limited to, standards and requirements relating to the education of advanced practice registered nurses. The board may give such examinations and secure such assistance as it deems necessary to determine the qualifications of applicants.
- $\frac{(e)}{(d)}$ The board shall adopt rules and regulations applicable to advanced practice registered nurses which:
- (1) Establish roles and identify titles and abbreviations of advanced practice registered nurses which are consistent with *advanced* nursing practice specialties recognized by the nursing profession.
- (2) Establish education and qualifications necessary for licensure for each-role of advanced practice registered nurse *role* established by the board at a level adequate to assure the competent performance by

1 2

3

4

5

6

7

8

9

10

11 12

13

14

15 16

17

18

19

20

21

22

23

2425

26 27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42 43 advanced practice registered nurses of functions and procedures which advanced practice registered nurses are authorized to perform. Advanced practice registered nursing is based on knowledge and skills acquired in basic nursing education, licensure as a registered nurse and graduation from or completion of a master's or higher degree in one of the advanced practice registered nurse roles approved by the board of nursing.

- (3) Define the role of advanced practice registered nurses and establish limitations and restrictions on such role. The board shall adopt a definition of the role under this subsection (c)(3) which is consistent with the education and qualifications required to obtain a license as an advanced practice registered nurse, which protects the public from persons performing functions and procedures as advanced practice registered nurses for which they lack adequate education and qualifications and which authorizes advanced practice registered nurses to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such role the board shall consider: (A) The education required for a licensure as an advanced practice registered nurse; (B) the type of nursing practice and preparation in specialized advanced practice skills involved in each role of advanced practice registered nurse established by the board; (C) the scope and limitations of advanced practice nursing prescribed by national advanced practice organizations; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with postbasic education in nursing; and (E) the certification standards established by an accredited national organization whose certification standards are approved by the board as equal to or greater than the corresponding standards established under this act for obtaining authorization to practice as an advanced practice registered nurse in the specific role.
- (e) "Treatment" means, when used in conjunction with the practice of an advanced practice registered nurse, planning, diagnosing, ordering and executing of a healthcare plan including, but not limited to, pharmacologic and non-pharmacologic interventions. This term also includes prescribing medical devices and equipment, nutrition, and diagnostic and supportive services including, but not limited to, home health care, hospice, physical and occupational therapy.
- (f) The practice of nursing as an advanced practice registered nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and amendments thereto, of the process in which advanced knowledge derived from the biological, physical and behavioral sciences is applied to direct and indirect care, including, but not limited to, creating and executing a health care plan; nursing and medical diagnosis, management, treatment and prescribing; administering

1 2

3

4

5

7

8

9

10

11 12

13

14 15

16

17

18 19

20

21 22

23

2425

26

27

28

29

30

31 32

33

34

35

36

37

38

39

40

41

42 43 pharmacologic and non-pharmocologic interventions; counseling and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health; or the prevention or management of illness, injury or infirmity; administration, supervising or teaching within the advanced practice registered nurse's role. Within the role of the advanced practice registered nurse, an advanced practice registered nurse may serve as a primary care provider and lead health care teams.

(d)(g) An advanced practice registered nurse may prescribe drugspursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of eare for each classification of disease or injury for which the advancedpractice registered nurse is authorized to prescribe and shall specify alldrugs which may be prescribed by the advanced practice registered nurse Advanced practice registered nurses are authorized to prescribe, procure and administer prescription drugs and controlled substances pursuant to applicable state and federal laws. Any-written prescription order by an advanced practice registered nurse shall include the name, address and telephone number of the responsible physician advanced practice registered nurse. The advanced practice registered nurse may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to a written protocol as authorized by a responsible physician. In order to prescribe controlled substances, the advanced practice registered nurse shall: (1) Register with the federal drug enforcement administration; and (2) notify the board of the name and address of the responsible physician or physicians. In no ease shall the scope of authority of the advanced practice registered nurse exceed the normal and customary practice of the responsible physician nursing of the federal drug enforcement administration registration as prescribed by rules and regulations of the board. An advanced practice registered nurse shall comply with the federal drug enforcement administration requirements related to controlled substances. An advanced practice registered nurse certified in the role of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, shall be subject to the provisions of K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, with respect to drugs and anesthetic agents and shall not be subject to the provisions of this subsection. For the purposes of this subsection, "responsible physician" means a person licensed to practice medicine and surgery in Kansas who has accepted responsibility for the protocol and the actions of the advanced practice registered nurse when prescribing drugs.

(h) An advanced practice registered nurse is accountable to patients, the nursing profession and the board for complying with the requirements

 of the nurse practice act, and any rules and regulations adopted pursuant thereto, and is responsible for recognizing limits of knowledge and experience, planning for the management of situations beyond the advanced practice registered nurse's expertise and referring patients to other health care professionals as appropriate.

- (i) (1) The board by rules and regulations shall establish a program of transition to full practice for all persons who on and after the effective date of this act are granted initial licensure as an advanced practice registered nurse or who have less than 2,000 hours of licensed active practice as an advanced practice registered nurse in their initial roles.
- (2) Advanced practice registered nurses who are subject to the program of transition to full practice shall not prescribe medications except as provided in this subsection.
- (3) As part of the program of transition to full practice, an advanced practice registered nurse shall complete, within two years from the commencement of the program by the advanced practice registered nurse, a transition to full practice period of 2,000 hours while maintaining a collaborative relationship for practice and for prescribing medications with either a licensed advanced practice registered nurse with full prescriptive authority under subsection (g) or with a physician. The advanced practice registered nurse shall engage in the practice of nursing as an advanced practice registered nurse and may prescribe medications as part of the collaborative relationship.
- (4) As part of the program of transition to full practice, the board shall specify the manner and form in which the advanced practice registered nurse participating in the program may identify oneself professionally and to the public.
- (5) The advanced practice registered nurse shall be responsible for completing the required documentation for the program of transition to full practice as specified by the board.
- (6) Upon the successful completion of the program of transition to full practice, the board of nursing shall authorize the advanced practice registered nurse to engage in the practice of advanced practice registered nursing without the limitations of this subsection and as otherwise authorized by law.
- (7) The board may adopt rules and regulations necessary to carry out the provisions of this subsection.
- (8) As used in this subsection, "physician" means a person licensed to practice medicine and surgery.
- (j) When a provision of law or rule and regulation requires a signature, certification, verification, affidavit or endorsement by a physician, that requirement may be fulfilled by a licensed advanced practice registered nurse working within the scope of practice of such

nurse's respective role.

- (k) The confidential relations and communications between an advance practice registered nurse and the advance practice registered nurse's patient are placed on the same basis as provided by law as those between a physician and a physician's patient in K.S.A. 60-427, and amendments thereto.
- (l) An advanced practice registered nurse shall maintain malpractice insurance coverage in effect as a condition to rendering professional service as an advanced practice registered nurse in this state and shall provide proof of insurance at time of licensure and renewal of license. The requirements of this subsection shall not apply to an advanced practice registered nurse who practices solely in an employment which results in the advanced practice registered nurse being covered under the federal tort claim act or state tort claims act, or who practices solely as a charitable health care provider under K.S.A. 75-6102, and amendments thereto, or who is serving on active duty in the military service of the United States.
- (e)(m) As used in this section, "drug" means those articles and substances defined as drugs in K.S.A. 65-1626 and 65-4101, and amendments thereto.
- (f) A person registered to practice as an advanced registered nurse practitioner in the state of Kansas immediately prior to the effective date of this act shall be deemed to be licensed to practice as an advanced practice registered nurse under this act and such person shall not be required to file an original application for licensure under this act. Any application for registration filed which has not been granted prior to the effective date of this act shall be processed as an application for licensure under this act.
- Sec. 3. K.S.A. 2013 Supp. 39-923 is hereby amended to read as follows: 39-923. (a) As used in this act:
- (1) "Adult care home" means any nursing facility, nursing facility for mental health, intermediate care facility for people with intellectual disability, assisted living facility, residential health care facility, home plus, boarding care home and adult day care facility; all of which are classifications of adult care homes and are required to be licensed by the secretary of aging.
- (2) "Nursing facility" means any place or facility operating 24 hours a day, seven days a week, caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care to compensate for activities of daily living limitations.
- (3) "Nursing facility for mental health" means any place or facility operating 24 hours a day, seven days a week, caring for six or more individuals not related within the third degree of relationship to the

administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care and special mental health services to compensate for activities of daily living limitations.

- (4) "Intermediate care facility for people with intellectual disability" means any place or facility operating 24 hours a day, seven days a week, caring for four or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments caused by intellectual disability or related conditions, need services to compensate for activities of daily living limitations.
- (5) "Assisted living facility" means any place or facility caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for activities of daily living limitations and in which the place or facility includes apartments for residents and provides or coordinates a range of services including personal care or supervised nursing care available 24 hours a day, seven days a week, for the support of resident independence. The provision of skilled nursing procedures to a resident in an assisted living facility is not prohibited by this act. Generally, the skilled services provided in an assisted living facility shall be provided on an intermittent or limited term basis, or if limited in scope, a regular basis.
- (6) "Residential health care facility" means any place or facility, or a contiguous portion of a place or facility, caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for activities of daily living limitations and in which the place or facility includes individual living units and provides or coordinates personal care or supervised nursing care available on a 24-hour, seven-days-a-week basis for the support of resident independence. The provision of skilled nursing procedures to a resident in a residential health care facility is not prohibited by this act. Generally, the skilled services provided in a residential health care facility shall be provided on an intermittent or limited term basis, or if limited in scope, a regular basis.
- (7) "Home plus" means any residence or facility caring for not more than 12 individuals not related within the third degree of relationship to the operator or owner by blood or marriage unless the resident in need of care is approved for placement by the secretary of the department of social and rehabilitation services, and who, due to functional impairment, needs personal care and may need supervised nursing care to compensate for activities of daily living limitations. The level of care provided to residents

1 2

shall be determined by preparation of the staff and rules and regulations developed by the department on aging. An adult care home may convert a portion of one wing of the facility to a not less than five-bed and not more than 12-bed home plus facility provided that the home plus facility remains separate from the adult care home, and each facility must remain contiguous. Any home plus that provides care for more than eight individuals after the effective date of this act shall adjust staffing personnel and resources as necessary to meet residents' needs in order to maintain the current level of nursing care standards. Personnel of any home plus who provide services for residents with dementia shall be required to take annual dementia care training.

- (8) "Boarding care home" means any place or facility operating 24 hours a day, seven days a week, caring for not more than 10 individuals not related within the third degree of relationship to the operator or owner by blood or marriage and who, due to functional impairment, need supervision of activities of daily living but who are ambulatory and essentially capable of managing their own care and affairs.
- (9) "Adult day care" means any place or facility operating less than 24 hours a day caring for individuals not related within the third degree of relationship to the operator or owner by blood or marriage and who, due to functional impairment, need supervision of or assistance with activities of daily living.
- (10) "Place or facility" means a building or any one or more complete floors of a building, or any one or more complete wings of a building, or any one or more complete wings and one or more complete floors of a building, and the term "place or facility" may include multiple buildings.
- (11) "Skilled nursing care" means services performed by or under the immediate supervision of a registered professional nurse and additional licensed nursing personnel. Skilled nursing includes administration of medications and treatments as prescribed by a licensed physician, advanced practice registered nurse or dentist; and other nursing functions which require substantial nursing judgment and skill based on the knowledge and application of scientific principles.
- (12) "Supervised nursing care" means services provided by or under the guidance of a licensed nurse with initial direction for nursing procedures and periodic inspection of the actual act of accomplishing the procedures; administration of medications and treatments as prescribed by a licensed physician, *advanced practice registered nurse* or dentist and assistance of residents with the performance of activities of daily living.
- (13) "Resident" means all individuals kept, cared for, treated, boarded or otherwise accommodated in any adult care home.
- (14) "Person" means any individual, firm, partnership, corporation, company, association or joint-stock association, and the legal successor

thereof.

- (15) "Operate an adult care home" means to own, lease, establish, maintain, conduct the affairs of or manage an adult care home, except that for the purposes of this definition the word "own" and the word "lease" shall not include hospital districts, cities and counties which hold title to an adult care home purchased or constructed through the sale of bonds.
 - (16) "Licensing agency" means the secretary of aging.
 - (17) "Skilled nursing home" means a nursing facility.
 - (18) "Intermediate nursing care home" means a nursing facility.
- (19) "Apartment" means a private unit which includes, but is not limited to, a toilet room with bathing facilities, a kitchen, sleeping, living and storage area and a lockable door.
- (20) "Individual living unit" means a private unit which includes, but is not limited to, a toilet room with bathing facilities, sleeping, living and storage area and a lockable door.
- (21) "Operator" means an individual who operates an assisted living facility or residential health care facility with fewer than 61 residents, a home plus or adult day care facility and has completed a course approved by the secretary of health and environment on principles of assisted living and has successfully passed an examination approved by the secretary of health and environment on principles of assisted living and such other requirements as may be established by the secretary of health and environment by rules and regulations.
- (22) "Activities of daily living" means those personal, functional activities required by an individual for continued well-being, including but not limited to eating, nutrition, dressing, personal hygiene, mobility and toileting.
- (23) "Personal care" means care provided by staff to assist an individual with, or to perform activities of daily living.
- (24) "Functional impairment" means an individual has experienced a decline in physical, mental and psychosocial well-being and as a result, is unable to compensate for the effects of the decline.
- (25) "Kitchen" means a food preparation area that includes a sink, refrigerator and a microwave oven or stove.
- (26) The term "intermediate personal care home" for purposes of those individuals applying for or receiving veterans' benefits means residential health care facility.
- (27) "Paid nutrition assistant" means an individual who is paid to feed residents of an adult care home, or who is used under an arrangement with another agency or organization, who is trained by a person meeting nurse aide instructor qualifications as prescribed by 42 C.F.R. § 483.152, 42 C.F.R. § 483.160 and paragraph (h) of 42 C.F.R. § 483.35, and who provides such assistance under the supervision of a registered professional

or licensed practical nurse.

- (28) "Medicaid program" means the Kansas program of medical assistance for which federal or state moneys, or any combination thereof, are expended, or any successor federal or state, or both, health insurance program or waiver granted thereunder.
- (b) The term "adult care home" shall not include institutions operated by federal or state governments, except institutions operated by the Kansas commission on veterans affairs, hospitals or institutions for the treatment and care of psychiatric patients, child care facilities, maternity centers, hotels, offices of physicians or hospices which are certified to participate in the medicare program under 42 code of federal regulations, chapter IV, section 418.1 et seq., and amendments thereto, and which provide services only to hospice patients.
- (c) Nursing facilities in existence on the effective date of this act changing licensure categories to become residential health care facilities shall be required to provide private bathing facilities in a minimum of 20% of the individual living units.
- (d) Facilities licensed under the adult care home licensure act on the day immediately preceding the effective date of this act shall continue to be licensed facilities until the annual renewal date of such license and may renew such license in the appropriate licensure category under the adult care home licensure act subject to the payment of fees and other conditions and limitations of such act.
- (e) Nursing facilities with less than 60 beds converting a portion of the facility to residential health care shall have the option of licensing for residential health care for less than six individuals but not less than 10% of the total bed count within a contiguous portion of the facility.
- (f) The licensing agency may by rule and regulation change the name of the different classes of homes when necessary to avoid confusion in terminology and the agency may further amend, substitute, change and in a manner consistent with the definitions established in this section, further define and identify the specific acts and services which shall fall within the respective categories of facilities so long as the above categories for adult care homes are used as guidelines to define and identify the specific acts.
- Sec. 4. K.S.A. 2013 Supp. 39-1401 is hereby amended to read as follows: 39-1401. As used in this act:
 - (a) "Resident" means:
- (1) Any resident, as defined by K.S.A. 39-923, and amendments thereto; or
- (2) any individual kept, cared for, treated, boarded or otherwise accommodated in a medical care facility; or
- (3) any individual, kept, cared for, treated, boarded or otherwise accommodated in a state psychiatric hospital or state institution for people

with intellectual disability.

- (b) "Adult care home" has the meaning ascribed thereto in K.S.A. 39-923, and amendments thereto.
- (c) "In need of protective services" means that a resident is unable to perform or obtain services which are necessary to maintain physical or mental health, or both.
- (d) "Services which are necessary to maintain physical and mental health" include, but are not limited to, the provision of medical care for physical and mental health needs, the relocation of a resident to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent, except as provided in this act.
- (e) "Protective services" means services provided by the state or other governmental agency or any private organizations or individuals which are necessary to prevent abuse, neglect or exploitation. Such protective services shall include, but not be limited to, evaluation of the need for services, assistance in obtaining appropriate social services and assistance in securing medical and legal services.
- (f) "Abuse" means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to a resident, including:
 - (1) Infliction of physical or mental injury;
- (2) any sexual act with a resident when the resident does not consent or when the other person knows or should know that the resident is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship;
- (3) unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm a resident;
- (4) unreasonable use of a physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's or advanced practice registered nurse's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the resident or another resident;
- (5) a threat or menacing conduct directed toward a resident that results or might reasonably be expected to result in fear or emotional or mental distress to a resident;
 - (6) fiduciary abuse; or
- (7) omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.

1 2

(g) "Neglect" means the failure or omission by one's self, caretaker or another person with a duty to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

- (h) "Caretaker" means a person or institution who has assumed the responsibility, whether legally or not, for the care of the resident voluntarily, by contract or by order of a court of competent jurisdiction.
- (i) "Exploitation" means misappropriation of resident property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.
- (j) "Medical care facility" means a facility licensed under K.S.A. 65-425 et seq., and amendments thereto, but shall not include, for purposes of this act, a state psychiatric hospital or state institution for people with intellectual disability, including Larned state hospital, Osawatomie state hospital and Rainbow mental health facility, Kansas neurological institute and Parsons state hospital and training center.
- (k) "Fiduciary abuse" means a situation in which any person who is the caretaker of, or who stands in a position of trust to, a resident, takes, secretes, or appropriates the resident's money or property, to any use or purpose not in the due and lawful execution of such person's trust.
- (l) "State psychiatric hospital" means Larned state hospital, Osawatomie state hospital and Rainbow mental health facility.
- (m) "State institution for people with intellectual disability" means Kansas neurological institute and Parsons state hospital and training center.
- (n) "Report" means a description or accounting of an incident or incidents of abuse, neglect or exploitation under this act and for the purposes of this act shall not include any written assessment or findings.
- (o) "Law enforcement" means the public office which is vested by law with the duty to maintain public order, make arrests for crimes and investigate criminal acts, whether that duty extends to all crimes or is limited to specific crimes.
- (p) "Legal representative" means an agent designated in a durable power of attorney, power of attorney or durable power of attorney for health care decisions or a court appointed guardian, conservator or trustee.
- (q) "Financial institution" means any bank, trust company, escrow company, finance company, saving institution or credit union, chartered and supervised under state or federal law.
- (r) "Governmental assistance provider" means an agency, or employee of such agency, which is funded solely or in part to provide assistance within the Kansas senior care act, K.S.A. 75-5926 et seq., and

amendments thereto, including medicaid and medicare.

No person shall be considered to be abused, neglected or exploited or in need of protective services for the sole reason that such person relies upon spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

- Sec. 5. K.S.A. 2013 Supp. 39-1430 is hereby amended to read as follows: 39-1430. As used in this act:
- (a) "Adult" means an individual 18 years of age or older alleged to be unable to protect their own interest and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction by either another individual or through their own action or inaction when (1) such person is residing in such person's own home, the home of a family member or the home of a friend, (2) such person resides in an adult family home as defined in K.S.A. 39-1501, and amendments thereto, or (3) such person is receiving services through a provider of community services and affiliates thereof operated or funded by the department of social and rehabilitation services or the department on aging or a residential facility licensed pursuant to K.S.A. 75-3307b, and amendments thereto. Such term shall not include persons to whom K.S.A. 39-1401 et seq., and amendments thereto apply.
- (b) "Abuse" means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult, including:
 - (1) Infliction of physical or mental injury;
- (2) any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship;
- (3) unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm an adult;
- (4) unreasonable use of a physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's or advanced practice registered nurse's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the adult;
- (5) a threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult;
 - (6) fiduciary abuse; or
- (7) omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.
 - (c) "Neglect" means the failure or omission by one's self, caretaker or

 another person with a duty to supply or provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

- (d) "Exploitation" means misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.
- (e) "Fiduciary abuse" means a situation in which any person who is the caretaker of, or who stands in a position of trust to, an adult, takes, secretes, or appropriates their money or property, to any use or purpose not in the due and lawful execution of such person's trust or benefit.
- (f) "In need of protective services" means that an adult is unable to provide for or obtain services which are necessary to maintain physical or mental health or both.
- (g) "Services which are necessary to maintain physical or mental health or both" include, but are not limited to, the provision of medical care for physical and mental health needs, the relocation of an adult to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent except as provided in this act.
- (h) "Protective services" means services provided by the state or other governmental agency or by private organizations or individuals which are necessary to prevent abuse, neglect or exploitation. Such protective services shall include, but shall not be limited to, evaluation of the need for services, assistance in obtaining appropriate social services, and assistance in securing medical and legal services.
- (i) "Caretaker" means a person who has assumed the responsibility, whether legally or not, for an adult's care or financial management or both.
- (j) "Secretary" means the secretary of social and rehabilitation services.
- (k) "Report" means a description or accounting of an incident or incidents of abuse, neglect or exploitation under this act and for the purposes of this act shall not include any written assessment or findings.
- (l) "Law enforcement" means the public office which is vested by law with the duty to maintain public order, make arrests for crimes, investigate criminal acts and file criminal charges, whether that duty extends to all crimes or is limited to specific crimes.

1 2

 (m) "Involved adult" means the adult who is the subject of a report of abuse, neglect or exploitation under this act.

(n) "Legal representative," "financial institution" and "governmental assistance provider" shall have the meanings ascribed thereto in K.S.A. 39-1401, and amendments thereto.

No person shall be considered to be abused, neglected or exploited or in need of protective services for the sole reason that such person relies upon spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

- Sec. 6. K.S.A. 2013 Supp. 39-1504 is hereby amended to read as follows: 39-1504. The secretary shall administer the adult family home registration program in accordance with the following requirements:
- (a) (1) The home shall meet health standards and safety regulations of the community and the provisions of chapter 20 of the national fire protection association, life safety code, pamphlet no. 101, 1981 edition.
- (2) The home shall have a written plan to get persons out of the home rapidly in case of fire, tornado or other emergency.
 - (3) No more than two clients shall be in residence at any one time.
- (4) The home shall have adequate living and sleeping space for clients.
 - (5) Each room shall have an operable outside window.
- (6) Electric fans shall be made available to reduce the temperature if there is no air conditioning. Rooms shall be heated, lighted, ventilated and available.
 - (7) Sleeping rooms shall have space for personal items.
 - (8) Each client shall have a bed which is clean and in good condition.
- (9) Lavatory and toilet facilities shall be accessible, available and in working order.
- (10) The kitchen shall be clean with appliances in good working order.
- 32 (b) (1) A healthy and safe environment shall be maintained for 33 clients.
 - (2) There shall be a telephone in the home.
 - (3) The provider may assist a client with the taking of medications when the medication is in a labeled bottle which clearly shows a physician's orders or an advanced practice registered nurse's orders and when the client requires assistance because of tremor, visual impairment, or similar reasons due to health conditions. The provider may assist or perform for the client such physical activities which do not require daily supervision such as assistance with eating, bathing and dressing, help with brace or walker and transferring from wheelchairs.
 - (4) There shall be no use of corporal punishment, restraints or

SB 326 16

punitive measures.

1

2

3 4

5

6

7

8

9

10

11 12

13 14

15 16

17

18 19

20

21

22

23

24 25

26

27 28

29

30 31

32

33

34

35

36

37

- (5) The house shall be free from accumulated dirt, trash and vermin.
- (6) Meals shall be planned and prepared for adequate nutrition, and for diets if directed by a physician.
- (c) (1) The provider shall be at least 18 years of age and in good health at the time of initial application for registration. A written statement must be received from a physician, nurse practitioner, or physician assistant stating that the applicant and the members of the applicant's household are free of any infectious or communicable disease or health condition and are physically and mentally healthy. Such statements shall be renewed every two years.
- (2) The provider shall not be totally dependent on the income from the clients for support of the provider or the provider's family.
- (3) A criminal conviction shall not necessarily exclude registration as an adult family home; but an investigation thereof will be made as part of the determination of the suitability of the home.
- (4) The provider shall be responsible for supervision at all times and shall be in charge of the home and provision of care, or shall have a responsible person on call. Any such substitute responsible person shall meet the same requirements as the provider.
- (5) The provider is responsible for encouraging the client to seek and utilize available services when needed.
- (6) The provider shall comply with the requirements of state and federal regulations concerning civil rights and section 504 of the federal rehabilitation act of 1973.
- (7) The provider shall assure that clients have the privilege of privacy as well as the right to see relatives, friends and participate in regular community activities.
- (8) The provider shall keep client information confidential. The use or disclosure of any information concerning a client for any purpose is prohibited except on written consent of the client or upon order of the court
- (9) The provider shall maintain contact with an assigned social worker and shall allow the secretary and authorized representatives of the secretary access to the home and grounds and to the records related to clients in residence.
- The provider shall inform the social worker immediately of any unscheduled client absence from the home.
- 39 (11) The provider is responsible for helping clients maintain their 40 clothing.
- 41 (12) The provider shall furnish or help clients arrange for 42 transportation. 43
 - (13) The provider shall help a client arrange for emergency and

regular medical care when necessary.

- (14) The provider shall submit any information relating to the operation of the adult family home which is required by the secretary.
- Sec. 7. K.S.A. 40-4602 is hereby amended to read as follows: 40-4602. As used in this act:
- (a) "Emergency medical condition" means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical attention, where failure to provide medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's health in serious jeopardy.
- (b) "Emergency services" means ambulance services and health care items and services furnished or required to evaluate and treat an emergency medical condition, as directed or ordered by a physician *or an advanced practice registered nurse*.
- (c) "Health benefit plan" means any hospital or medical expense policy, health, hospital or medical service corporation contract, a plan provided by a municipal group-funded pool, a policy or agreement entered into by a health insurer or a health maintenance organization contract offered by an employer or any certificate issued under any such policies, contracts or plans. "Health benefit plan" does not include policies or certificates covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement, specified disease, vision care, coverage issued as a supplement to liability insurance, insurance arising out of a workers compensation or similar law, automobile medical-payment insurance, or insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.
- (d) "Health insurer" means any insurance company, nonprofit medical and hospital service corporation, municipal group-funded pool, fraternal benefit society, health maintenance organization, or any other entity which offers a health benefit plan subject to the Kansas Statutes Annotated.
 - (e) "Insured" means a person who is covered by a health benefit plan.
- (f) "Participating provider" means a provider who, under a contract with the health insurer or with its contractor or subcontractor, has agreed to provide one or more health care services to insureds with an expectation of receiving payment, other than coinsurance, copayments or deductibles, directly or indirectly from the health insurer.
- (g) "Provider" means a physician, *advanced practice registered nurse*, hospital or other person which is licensed, accredited or certified to perform specified health care services.
- (h) "Provider network" means those participating providers who have entered into a contract or agreement with a health insurer to provide items

1 2

or health care services to individuals covered by a health benefit plan offered by such health insurer.

- (i) "Physician" means a person licensed by the state board of healing arts to practice medicine and surgery.
- Sec. 8. K.S.A. 59-2976 is hereby amended to read as follows: 59-2976. (a) Medications and other treatments shall be prescribed, ordered and administered only in conformity with accepted clinical practice. Medication shall be administered only upon the written order of a physician or an advanced practice registered nurse or upon a verbal order noted in the patient's medical records and subsequently signed by the physician or an advanced practice registered nurse. The attending physician or an advanced practice registered nurse shall review regularly the drug regimen of each patient under the physician's or an advanced practice registered nurse's care and shall monitor any symptoms of harmful side effects. Prescriptions for psychotropic medications shall be written with a termination date not exceeding 30 days thereafter but may be renewed.
- (b) During the course of treatment the responsible physician, advanced practice registered nurse or psychologist or such person's designee shall reasonably consult with the patient, the patient's legal guardian, or a minor patient's parent and give consideration to the views the patient, legal guardian or parent expresses concerning treatment and any alternatives. No medication or other treatment may be administered to any voluntary patient without the patient's consent, or the consent of such patient's legal guardian or of such patient's parent if the patient is a minor.
- (c) Consent for medical or surgical treatments not intended primarily to treat a patient's mental disorder shall be obtained in accordance with applicable law.
- (d) Whenever any patient is receiving treatment pursuant to K.S.A. 59-2954, 59-2958, 59-2959, 59-2964, 59-2966 or 59-2967, and amendments thereto, and the treatment facility is administering to the patient any medication or other treatment which alters the patient's mental state in such a way as to adversely affect the patient's judgment or hamper the patient in preparing for or participating in any hearing provided for by this act, then two days prior to and during any such hearing, the treatment facility may not administer such medication or other treatment unless such medication or other treatment is necessary to sustain the patient's life or to protect the patient or others. Prior to the hearing, a report of all such medications or other treatment which have been administered to the patient, along with a copy of any written consent(s) which the patient may have signed, shall be submitted to the court. Counsel for the patient may preliminarily examine the attending physician regarding the administration of any medication to the patient within two days of the hearing with regard

to the affect that medication may have had upon the patient's judgment or ability to prepare for or participate in the hearing. On the basis thereof, if the court determines that medication or other treatment has been administered which adversely affects the patient's judgment or ability to prepare for or participate in the hearing, the court may grant to the patient a reasonable continuance in order to allow for the patient to be better able to prepare for or participate in the hearing and the court shall order that such medication or other treatment be discontinued until the conclusion of the hearing, unless the court finds that such medication or other treatment is necessary to sustain the patient's life or to protect the patient or others, in which case the court shall order that the hearing proceed.

- (e) Whenever a patient receiving treatment pursuant to K.S.A. 59-2954, 59-2958, 59-2959, 59-2964, 59-2966 or 59-2967, and amendments thereto, objects to taking any medication prescribed for psychiatric treatment, and after full explanation of the benefits and risks of such medication continues their objection, the medication may be administered over the patient's objection; except that the objection shall be recorded in the patient's medical record and at the same time written notice thereof shall be forwarded to the medical director of the treatment facility or the director's designee. Within five days after receiving such notice, excluding Saturdays, Sundays and legal holidays, the medical director or designee shall deliver to the patient and the patient's physician the medical director's or designee's written decision concerning the administration of that medication, and a copy of that decision shall be placed in the patient's medical record.
- (f) In no case shall experimental medication be administered without the patient's consent, which consent shall be obtained in accordance with subsection (a)(6) of K.S.A. 59-2978, and amendments thereto.
- Sec. 9. K.S.A. 2013 Supp. 65-468 is hereby amended to read as follows: 65-468. As used in K.S.A. 65-468 to 65-474, inclusive, and amendments thereto:
- (a) "Health care provider" means any person licensed or otherwise authorized by law to provide health care services in this state or a professional corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by law to form such corporation and who are health care providers as defined by this subsection, or an officer, employee or agent thereof, acting in the course and scope of employment or agency.
- (b) "Member" means any hospital, emergency medical service, local health department, home health agency, adult care home, medical clinic, mental health center or clinic or nonemergency transportation system.
- (c) "Mid-level practitioner" means a physician assistant or advanced practice registered nurse who has entered into a written protocol with a

rural health network physician.

1

2

3

4

5

7

8

9

10

11 12

13

14 15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

- (d) "Advanced practice registered nurse" means an advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto.
- (e) "Physician" means a person licensed to practice medicine and surgery.
- (e)(f) "Rural health network" means an alliance of members including at least one critical access hospital and at least one other hospital which has developed a comprehensive plan submitted to and approved by the secretary of health and environment regarding patient referral and transfer; the provision of emergency and nonemergency transportation among members; the development of a network-wide emergency services plan; and the development of a plan for sharing patient information and services between hospital members concerning medical staff credentialing, risk management, quality assurance and peer review.
- (f)(g) "Critical access hospital" means a member of a rural health network which makes available twenty-four hour emergency care services; provides not more than 25 acute care inpatient beds or in the case of a facility with an approved swing-bed agreement a combined total of extended care and acute care beds that does not exceed 25 beds; provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient; and provides nursing services under the direction of a licensed professional nurse and continuous licensed professional nursing services for not less than 24 hours of every day when any bed is occupied or the facility is open to provide services for patients unless an exemption is granted by the licensing agency pursuant to rules and regulations. The critical access hospital may provide any services otherwise required to be provided by a full-time, on-site dietician, pharmacist, laboratory technician, medical technologist and radiological technologist on a part-time, off-site basis under written agreements or arrangements with one or more providers or suppliers recognized under medicare. The critical access hospital may provide inpatient services by a physician assistant, advanced practice registered nurse or a clinical nurse specialist subject to the oversight of a physician who need not be present in the facility or by an advanced practice registered nurse. In addition to the facility's 25 acute beds or swing beds, or both, the critical access hospital may have a psychiatric unit or a rehabilitation unit, or both. Each unit shall not exceed 10 beds and neither unit will count toward the 25-bed limit, nor will these units be subject to the average 96-hour length of stay restriction.
- $\frac{g}{h}$ "Hospital" means a hospital other than a critical access hospital which has entered into a written agreement with at least one critical access

hospital to form a rural health network and to provide medical or administrative supporting services within the limit of the hospital's capabilities.

- Sec. 10. K.S.A. 2013 Supp. 65-1626 is hereby amended to read as follows: 65-1626. For the purposes of this act:
- (a) "Administer" means the direct application of a drug, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:
 - (1) A practitioner or pursuant to the lawful direction of a practitioner;
- (2) the patient or research subject at the direction and in the presence of the practitioner; or
- (3) a pharmacist as authorized in K.S.A. 65-1635a, and amendments thereto.
- (b) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor or dispenser but shall not include a common carrier, public warehouseman or employee of the carrier or warehouseman when acting in the usual and lawful course of the carrier's or warehouseman's business.
- (c) "Application service provider" means an entity that sells electronic prescription or pharmacy prescription applications as a hosted service where the entity controls access to the application and maintains the software and records on its server.
- (d) "Authorized distributor of record" means a wholesale distributor with whom a manufacturer has established an ongoing relationship to distribute the manufacturer's prescription drug. An ongoing relationship is deemed to exist between such wholesale distributor and a manufacturer when the wholesale distributor, including any affiliated group of the wholesale distributor, as defined in section 1504 of the internal revenue code, complies with any one of the following: (1) The wholesale distributor has a written agreement currently in effect with the manufacturer evidencing such ongoing relationship; and (2) the wholesale distributor is listed on the manufacturer's current list of authorized distributors of record, which is updated by the manufacturer on no less than a monthly basis.
- (e) "Board" means the state board of pharmacy created by K.S.A. 74-1603, and amendments thereto.
- (f) "Brand exchange" means the dispensing of a different drug product of the same dosage form and strength and of the same generic name as the brand name drug product prescribed.
- (g) "Brand name" means the registered trademark name given to a drug product by its manufacturer, labeler or distributor.
- (h) "Chain pharmacy warehouse" means a permanent physical location for drugs or devices, or both, that acts as a central warehouse and

1 2

performs intracompany sales or transfers of prescription drugs or devices to chain pharmacies that have the same ownership or control. Chain pharmacy warehouses must be registered as wholesale distributors.

- (i) "Co-licensee" means a pharmaceutical manufacturer that has entered into an agreement with another pharmaceutical manufacturer to engage in a business activity or occupation related to the manufacture or distribution of a prescription drug and the national drug code on the drug product label shall be used to determine the identity of the drug manufacturer.
- (j) "DEA" means the U.S. department of justice, drug enforcement administration.
- (k) "Deliver" or "delivery" means the actual, constructive or attempted transfer from one person to another of any drug whether or not an agency relationship exists.
- (l) "Direct supervision" means the process by which the responsible pharmacist shall observe and direct the activities of a pharmacy student or pharmacy technician to a sufficient degree to assure that all such activities are performed accurately, safely and without risk or harm to patients, and complete the final check before dispensing.
- (m) "Dispense" means to deliver prescription medication to the ultimate user or research subject by or pursuant to the lawful order of a practitioner or pursuant to the prescription of a mid-level practitioner.
- (n) "Dispenser" means a practitioner or pharmacist who dispenses prescription medication.
- (o) "Distribute" means to deliver, other than by administering or dispensing, any drug.
 - (p) "Distributor" means a person who distributes a drug.
- (q) "Drop shipment" means the sale, by a manufacturer, that manufacturer's co-licensee, that manufacturer's third party logistics provider, or that manufacturer's exclusive distributor, of the manufacturer's prescription drug, to a wholesale distributor whereby the wholesale distributor takes title but not possession of such prescription drug and the wholesale distributor invoices the pharmacy, the chain pharmacy warehouse, or other designated person authorized by law to dispense or administer such prescription drug, and the pharmacy, the chain pharmacy warehouse, or other designated person authorized by law to dispense or administer such prescription drug receives delivery of the prescription drug directly from the manufacturer, that manufacturer's co-licensee, that manufacturer's third party logistics provider, or that manufacturer's exclusive distributor, of such prescription drug. Drop shipment shall be part of the "normal distribution channel."
- (r) "Drug" means: (1) Articles recognized in the official United States pharmacopoeia, or other such official compendiums of the United States,

 or official national formulary, or any supplement of any of them; (2) articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals; (3) articles, other than food, intended to affect the structure or any function of the body of man or other animals; and (4) articles intended for use as a component of any articles specified in clause (1), (2) or (3) of this subsection; but does not include devices or their components, parts or accessories, except that the term "drug" shall not include amygdalin (laetrile) or any livestock remedy, if such livestock remedy had been registered in accordance with the provisions of article 5 of chapter 47 of the Kansas Statutes Annotated, prior to its repeal.

- (s) "Durable medical equipment" means technologically sophisticated medical devices that may be used in a residence, including the following: (1) Oxygen and oxygen delivery system; (2) ventilators; (3) respiratory disease management devices; (4) continuous positive airway pressure (CPAP) devices; (5) electronic and computerized wheelchairs and seating systems; (6) apnea monitors; (7) transcutaneous electrical nerve stimulator (TENS) units; (8) low air loss cutaneous pressure management devices; (9) sequential compression devices; (10) feeding pumps; (11) home phototherapy devices; (12) infusion delivery devices; (13) distribution of medical gases to end users for human consumption; (14) hospital beds; (15) nebulizers; or (16) other similar equipment determined by the board in rules and regulations adopted by the board.
- (t) "Electronic prescription" means an electronically prepared prescription that is authorized and transmitted from the prescriber to the pharmacy by means of electronic transmission.
- (u) "Electronic prescription application" means software that is used to create electronic prescriptions and that is intended to be installed on the prescriber's computers and servers where access and records are controlled by the prescriber.
- (v) "Electronic signature" means a confidential personalized digital key, code, number or other method for secure electronic data transmissions which identifies a particular person as the source of the message, authenticates the signatory of the message and indicates the person's approval of the information contained in the transmission.
- (w) "Electronic transmission" means the transmission of an electronic prescription, formatted as an electronic data file, from a prescriber's electronic prescription application to a pharmacy's computer, where the data file is imported into the pharmacy prescription application.
- (x) "Electronically prepared prescription" means a prescription that is generated using an electronic prescription application.
- (y) "Exclusive distributor" means any entity that: (1) Contracts with a manufacturer to provide or coordinate warehousing, wholesale distribution

1 2

or other services on behalf of a manufacturer and who takes title to that manufacturer's prescription drug, but who does not have general responsibility to direct the sale or disposition of the manufacturer's prescription drug; (2) is registered as a wholesale distributor under the pharmacy act of the state of Kansas; and (3) to be considered part of the normal distribution channel, must be an authorized distributor of record.

- (z) "Facsimile transmission" or "fax transmission" means the transmission of a digital image of a prescription from the prescriber or the prescriber's agent to the pharmacy. "Facsimile transmission" includes, but is not limited to, transmission of a written prescription between the prescriber's fax machine and the pharmacy's fax machine; transmission of an electronically prepared prescription from the prescriber's electronic prescription application to the pharmacy's fax machine, computer or printer; or transmission of an electronically prepared prescription from the prescriber's fax machine to the pharmacy's fax machine, computer or printer.
- (aa) "Generic name" means the established chemical name or official name of a drug or drug product.
- (bb) (1) "Institutional drug room" means any location where prescription-only drugs are stored and from which prescription-only drugs are administered or dispensed and which is maintained or operated for the purpose of providing the drug needs of:
 - (A) Inmates of a jail or correctional institution or facility;
- (B) residents of a juvenile detention facility, as defined by the revised Kansas code for care of children and the revised Kansas juvenile justice code:
- (C) students of a public or private university or college, a community college or any other institution of higher learning which is located in Kansas;
 - (D) employees of a business or other employer; or
 - (E) persons receiving inpatient hospice services.
 - (2) "Institutional drug room" does not include:
 - (A) Any registered pharmacy;
 - (B) any office of a practitioner; or
- 35 (C) a location where no prescription-only drugs are dispensed and no 36 prescription-only drugs other than individual prescriptions are stored or 37 administered.
 - (cc) "Intermediary" means any technology system that receives and transmits an electronic prescription between the prescriber and the pharmacy.
- 41 (dd) "Intracompany transaction" means any transaction or transfer 42 between any division, subsidiary, parent or affiliated or related company 43 under common ownership or control of a corporate entity, or any

transaction or transfer between co-licensees of a co-licensed product.

- (ee) "Medical care facility" shall have the meaning provided in K.S.A. 65-425, and amendments thereto, except that the term shall also include facilities licensed under the provisions of K.S.A. 75-3307b, and amendments thereto, except community mental health centers and facilities for people with intellectual disability.
- (ff) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a drug either directly or indirectly by extraction from substances of natural origin, independently by means of chemical synthesis or by a combination of extraction and chemical synthesis and includes any packaging or repackaging of the drug or labeling or relabeling of its container, except that this term shall not include the preparation or compounding of a drug by an individual for the individual's own use or the preparation, compounding, packaging or labeling of a drug by:
- (1) A practitioner or a practitioner's authorized agent incident to such practitioner's administering or dispensing of a drug in the course of the practitioner's professional practice;
- (2) a practitioner, by a practitioner's authorized agent or under a practitioner's supervision for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale; or
- (3) a pharmacist or the pharmacist's authorized agent acting under the direct supervision of the pharmacist for the purpose of, or incident to, the dispensing of a drug by the pharmacist.
- (gg) "Manufacturer" means a person licensed or approved by the FDA to engage in the manufacture of drugs and devices.
- (hh) "Mid-level practitioner" means—an advanced practice registered nurse issued a license pursuant to K.S.A. 65-1131, and amendments—thereto, who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-1130, and amendments—thereto, or a physician assistant licensed pursuant to the physician assistant licensure act who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-28a08, and amendments thereto.
- (ii) "Normal distribution channel" means a chain of custody for a prescription-only drug that goes from a manufacturer of the prescription-only drug, from that manufacturer to that manufacturer's co-licensed partner, from that manufacturer to that manufacturer's third-party logistics provider, or from that manufacturer to that manufacturer's exclusive distributor, directly or by drop shipment, to:
- (1) A pharmacy to a patient or to other designated persons authorized by law to dispense or administer such drug to a patient;
 - (2) a wholesale distributor to a pharmacy to a patient or other

designated persons authorized by law to dispense or administer such drug to a patient;

- (3) a wholesale distributor to a chain pharmacy warehouse to that chain pharmacy warehouse's intracompany pharmacy to a patient or other designated persons authorized by law to dispense or administer such drug to a patient; or
- (4) a chain pharmacy warehouse to the chain pharmacy warehouse's intracompany pharmacy to a patient or other designated persons authorized by law to dispense or administer such drug to a patient.
- (jj) "Person" means individual, corporation, government, governmental subdivision or agency, partnership, association or any other legal entity.
- (kk) "Pharmacist" means any natural person licensed under this act to practice pharmacy.
- (ll) "Pharmacist-in-charge" means the pharmacist who is responsible to the board for a registered establishment's compliance with the laws and regulations of this state pertaining to the practice of pharmacy, manufacturing of drugs and the distribution of drugs. The pharmacist-in-charge shall supervise such establishment on a full-time or a part-time basis and perform such other duties relating to supervision of a registered establishment as may be prescribed by the board by rules and regulations. Nothing in this definition shall relieve other pharmacists or persons from their responsibility to comply with state and federal laws and regulations.
- (mm) "Pharmacist intern" means: (1) A student currently enrolled in an accredited pharmacy program; (2) a graduate of an accredited pharmacy program serving an internship; or (3) a graduate of a pharmacy program located outside of the United States which is not accredited and who has successfully passed equivalency examinations approved by the board.
- (nn) "Pharmacy," "drugstore" or "apothecary" means premises, laboratory, area or other place: (1) Where drugs are offered for sale where the profession of pharmacy is practiced and where prescriptions are compounded and dispensed; or (2) which has displayed upon it or within it the words "pharmacist," "pharmaceutical chemist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "drug sundries" or any of these words or combinations of these words or words of similar import either in English or any sign containing any of these words; or (3) where the characteristic symbols of pharmacy or the characteristic prescription sign "Rx" may be exhibited. As used in this subsection, premises refers only to the portion of any building or structure leased, used or controlled by the licensee in the conduct of the business registered by the board at the address for which the registration was issued.
- (oo) "Pharmacy prescription application" means software that is used to process prescription information, is installed on a pharmacy's computers

or servers, and is controlled by the pharmacy.

- (pp) "Pharmacy technician" means an individual who, under the direct supervision and control of a pharmacist, may perform packaging, manipulative, repetitive or other nondiscretionary tasks related to the processing of a prescription or medication order and who assists the pharmacist in the performance of pharmacy related duties, but who does not perform duties restricted to a pharmacist.
- (qq) "Practitioner" means a person licensed to practice medicine and surgery, dentist, podiatrist, veterinarian, optometrist, advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto, or scientific investigator or other person authorized by law to use a prescription-only drug in teaching or chemical analysis or to conduct research with respect to a prescription-only drug.
- (rr) "Preceptor" means a licensed pharmacist who possesses at least two years' experience as a pharmacist and who supervises students obtaining the pharmaceutical experience required by law as a condition to taking the examination for licensure as a pharmacist.
 - (ss) "Prescriber" means a practitioner or a mid-level practitioner.
- (tt) "Prescription" or "prescription order" means: (1) An order to be filled by a pharmacist for prescription medication issued and signed by a prescriber in the authorized course of such prescriber's professional practice; or (2) an order transmitted to a pharmacist through word of mouth, note, telephone or other means of communication directed by such prescriber, regardless of whether the communication is oral, electronic, facsimile or in printed form.
- (uu) "Prescription medication" means any drug, including label and container according to context, which is dispensed pursuant to a prescription order.
- (vv) "Prescription-only drug" means any drug whether intended for use by man or animal, required by federal or state law, including 21 U.S.C. § 353, to be dispensed only pursuant to a written or oral prescription or order of a practitioner or is restricted to use by practitioners only.
- (ww) "Probation" means the practice or operation under a temporary license, registration or permit or a conditional license, registration or permit of a business or profession for which a license, registration or permit is granted by the board under the provisions of the pharmacy act of the state of Kansas requiring certain actions to be accomplished or certain actions not to occur before a regular license, registration or permit is issued.
 - (xx) "Professional incompetency" means:
 - (1) One or more instances involving failure to adhere to the

applicable standard of pharmaceutical 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 pharmaceutical care to a degree which constitutes ordinary negligence, as determined by the board; or
- (3) a pattern of pharmacy practice or other behavior which demonstrates a manifest incapacity or incompetence to practice pharmacy.
- (yy) "Readily retrievable" means that records kept by automatic data processing applications or other electronic or mechanized record-keeping systems can be separated out from all other records within a reasonable time not to exceed 48 hours of a request from the board or other authorized agent or that hard-copy records are kept on which certain items are asterisked, redlined or in some other manner visually identifiable apart from other items appearing on the records.
- (zz) "Retail dealer" means a person selling at retail nonprescription drugs which are prepackaged, fully prepared by the manufacturer or distributor for use by the consumer and labeled in accordance with the requirements of the state and federal food, drug and cosmetic acts. Such nonprescription drugs shall not include: (1) A controlled substance; (2) a prescription-only drug; or (3) a drug intended for human use by hypodermic injection.
 - (aaa) "Secretary" means the executive secretary of the board.
- (bbb) "Third party logistics provider" means an entity that: (1) Provides or coordinates warehousing, distribution or other services on behalf of a manufacturer, but does not take title to the prescription drug or have general responsibility to direct the prescription drug's sale or disposition; (2) is registered as a wholesale distributor under the pharmacy act of the state of Kansas; and (3) to be considered part of the normal distribution channel, must also be an authorized distributor of record.
 - (ccc) "Unprofessional conduct" means:
 - (1) Fraud in securing a registration or permit;
- (2) intentional adulteration or mislabeling of any drug, medicine, chemical or poison;
- (3) causing any drug, medicine, chemical or poison to be adulterated or mislabeled, knowing the same to be adulterated or mislabeled;
 - (4) intentionally falsifying or altering records or prescriptions;
- (5) unlawful possession of drugs and unlawful diversion of drugs to others;
- 39 (6) willful betrayal of confidential information under K.S.A. 65-1654, and amendments thereto;
 - (7) conduct likely to deceive, defraud or harm the public;
 - (8) making a false or misleading statement regarding the licensee's professional practice or the efficacy or value of a drug;

1 2

(9) commission of any act of sexual abuse, misconduct or exploitation related to the licensee's professional practice; or

- (10) performing unnecessary tests, examinations or services which have no legitimate pharmaceutical purpose.
- (ddd) "Vaccination protocol" means a written protocol, agreed to by a pharmacist and a person licensed to practice medicine and surgery by the state board of healing arts, which establishes procedures and recordkeeping and reporting requirements for administering a vaccine by the pharmacist for a period of time specified therein, not to exceed two years.
- (eee) "Valid prescription order" means a prescription that is issued for a legitimate medical purpose by an individual prescriber licensed by law to administer and prescribe drugs and acting in the usual course of such prescriber's professional practice. A prescription issued solely on the basis of an internet-based questionnaire or consultation without an appropriate prescriber-patient relationship is not a valid prescription order.
- (fff) "Veterinary medical teaching hospital pharmacy" means any location where prescription-only drugs are stored as part of an accredited college of veterinary medicine and from which prescription-only drugs are distributed for use in treatment of or administration to a nonhuman.
- (ggg) "Wholesale distributor" means any person engaged in wholesale distribution of prescription drugs or devices in or into the state, including, but not limited to, manufacturers, repackagers, own-label distributors, private-label distributors, jobbers, brokers, warehouses, including manufacturers' and distributors' warehouses, co-licensees, exclusive distributors, third party logistics providers, chain pharmacy warehouses that conduct wholesale distributions, and wholesale drug warehouses, independent wholesale drug traders and retail pharmacies that conduct wholesale distributions. Wholesale distributor shall not include persons engaged in the sale of durable medical equipment to consumers or patients.
- (hhh) "Wholesale distribution" means the distribution of prescription drugs or devices by wholesale distributors to persons other than consumers or patients, and includes the transfer of prescription drugs by a pharmacy to another pharmacy if the total number of units of transferred drugs during a twelve-month period does not exceed 5% of the total number of all units dispensed by the pharmacy during the immediately preceding twelve-month period. Wholesale distribution does not include:
- (1) The sale, purchase or trade of a prescription drug or device, an offer to sell, purchase or trade a prescription drug or device or the dispensing of a prescription drug or device pursuant to a prescription;
- (2) the sale, purchase or trade of a prescription drug or device or an offer to sell, purchase or trade a prescription drug or device for emergency

medical reasons;

- (3) intracompany transactions, as defined in this section, unless in violation of own use provisions;
- (4) the sale, purchase or trade of a prescription drug or device or an offer to sell, purchase or trade a prescription drug or device among hospitals, chain pharmacy warehouses, pharmacies or other health care entities that are under common control;
- (5) the sale, purchase or trade of a prescription drug or device or the offer to sell, purchase or trade a prescription drug or device by a charitable organization described in 503(c)(3) of the internal revenue code of 1954 to a nonprofit affiliate of the organization to the extent otherwise permitted by law;
- (6) the purchase or other acquisition by a hospital or other similar health care entity that is a member of a group purchasing organization of a prescription drug or device for its own use from the group purchasing organization or from other hospitals or similar health care entities that are members of these organizations;
- (7) the transfer of prescription drugs or devices between pharmacies pursuant to a centralized prescription processing agreement;
- (8) the sale, purchase or trade of blood and blood components intended for transfusion;
- (9) the return of recalled, expired, damaged or otherwise non-salable prescription drugs, when conducted by a hospital, health care entity, pharmacy, chain pharmacy warehouse or charitable institution in accordance with the board's rules and regulations;
- (10) the sale, transfer, merger or consolidation of all or part of the business of a retail pharmacy or pharmacies from or with another retail pharmacy or pharmacies, whether accomplished as a purchase and sale of stock or business assets, in accordance with the board's rules and regulations;
- (11) the distribution of drug samples by manufacturers' and authorized distributors' representatives;
- (12) the sale of minimal quantities of drugs by retail pharmacies to licensed practitioners for office use; or
- (13) the sale or transfer from a retail pharmacy or chain pharmacy warehouse of expired, damaged, returned or recalled prescription drugs to the original manufacturer, originating wholesale distributor or to a third party returns processor in accordance with the board's rules and regulations.
- Sec. 11. K.S.A. 65-1660 is hereby amended to read as follows: 65-1660. (a) Except as otherwise provided in this section, the provisions of the pharmacy act of the state of Kansas shall not apply to dialysates, devices or drugs which are designated by the board for the purposes of this

 section relating to treatment of a person with chronic kidney failure receiving dialysis and which are prescribed or ordered by a physician, *an advanced practice registered nurse* or a mid-level practitioner for administration or delivery to a person with chronic kidney failure if:

- (1) The wholesale distributor is registered with the board and lawfully holds the drug or device; and
- (2) the wholesale distributor: (A) Delivers the drug or device to: (i) A person with chronic kidney failure for self-administration at the person's home or specified address; (ii) a physician for administration or delivery to a person with chronic kidney failure; or (iii) a medicare approved renal dialysis facility for administering or delivering to a person with chronic kidney failure; and (B) has sufficient and qualified supervision to adequately protect the public health.
- (b) The wholesale distributor pursuant to subsection (a) shall be supervised by a pharmacist consultant pursuant to rules and regulations adopted by the board.
- (c) The board shall adopt such rules or regulations as are necessary to effectuate the provisions of this section.
- (d) As used in this section, "physician" means a person licensed to practice medicine and surgery; "mid-level practitioner" means mid-level practitioner as such term is defined—in subsection (ii) of by K.S.A. 65-1626, and amendments thereto; "advanced practice registered nurse" means an advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto.
- (e) This section shall be part of and supplemental to the pharmacy act of the state of Kansas.
- Sec. 12. K.S.A. 2013 Supp. 65-1682 is hereby amended to read as follows: 65-1682. As used in this act, unless the context otherwise requires:
 - (a) "Board" means the state board of pharmacy.
- (b) "Dispenser" means a practitioner or pharmacist who delivers a scheduled substance or drug of concern to an ultimate user, but does not include:
- (1) A licensed hospital pharmacy that distributes such substances for the purpose of inpatient hospital care;
- (2) a medical care facility as defined in K.S.A. 65-425, and amendments thereto, practitioner or other authorized person who administers such a substance;
 - (3) a registered wholesale distributor of such substances;
- (4) a veterinarian licensed by the Kansas board of veterinary examiners who dispenses or prescribes a scheduled substance or drug of

concern; or

- (5) a practitioner who has been exempted from the reporting requirements of this act in rules and regulations promulgated by the board.
- (c) "Drug of concern" means any drug that demonstrates a potential for abuse and is designated as a drug of concern in rules and regulations promulgated by the board.
- (d) "Patient" means the person who is the ultimate user of a drug for whom a prescription is issued or for whom a drug is dispensed, or both.
- (e) "Pharmacist" means an individual currently licensed by the board to practice the profession of pharmacy in this state.
- (f) "Practitioner" means a person licensed to practice medicine and surgery, dentist, podiatrist, optometrist, advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto, or other person authorized by law to prescribe or dispense scheduled substances and drugs of concern.
- (g) "Scheduled substance" means controlled substances included in schedules II, III or IV of the schedules designated in K.S.A. 65-4107, 65-4109 and 65-4111, and amendments thereto, respectively, or the federal controlled substances act (21 U.S.C. § 812).
- Sec. 13. K.S.A. 2013 Supp. 65-2837a is hereby amended to read as follows: 65-2837a. (a) It shall be unlawful for any person licensed to practice medicine and surgery to prescribe, order, dispense, administer, sell, supply or give *or for any person licensed as an advanced practice registered nurse* or for a mid-level practitioner as defined in subsection (ii) of by K.S.A. 65-1626, and amendments thereto, to prescribe, administer, supply or give any amphetamine or sympathomimetic amine designated in schedule II, III or IV under the uniform controlled substances act, except as provided in this section. Failure to comply with this section by a licensee shall constitute unprofessional conduct under K.S.A. 65-2837, and amendments thereto.
- (b) When any licensee prescribes, orders, dispenses, administers, sells, supplies or gives or when *any advanced practice registered nurse or* any mid-level practitioner as defined—in subsection (ii) of by K.S.A. 65-1626, and amendments thereto, prescribes, administers, sells, supplies or gives any amphetamine or sympathomimetic amine designated in schedule II, III or IV under the uniform controlled substances act, the patient's medical record shall adequately document the purpose for which the drug is being given. Such purpose shall be restricted to one or more of the following:
- (1) The treatment of narcolepsy.
- 42 (2) The treatment of drug-induced brain dysfunction.
 - (3) The treatment of hyperkinesis.

1

2

3

4 5

6

7

8

9

10

11

12

13

14 15

16

17

18

19

20

21

22

23

2425

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

- (4) The differential diagnostic psychiatric evaluation of depression.
- (5) The treatment of depression shown by adequate medical records and documentation to be unresponsive to other forms of treatment.
- (6) The clinical investigation of the effects of such drugs or compounds, in which case, before the investigation is begun, the licensee shall, in addition to other requirements of applicable laws, apply for and obtain approval of the investigation from the board of healing arts.
- (7) The treatment of obesity with controlled substances, as may be defined by rules and regulations adopted by the board of healing arts.
- (8) The treatment of any other disorder or disease for which such drugs or compounds have been found to be safe and effective by competent scientific research which findings have been generally accepted by the scientific community, in which case, the licensee before prescribing, ordering, dispensing, administering, selling, supplying or giving the drug or compound for a particular condition, or the licensee before authorizing a mid-level practitioner to prescribe the drug or compound for a particular condition, or the advanced practice registered nurse before prescribing, ordering, administering or giving the drug for a particular condition, shall obtain a determination from the board of healing arts that the drug or compound can be used for that particular condition.
- Sec. 14. K.S.A. 65-2892 is hereby amended to read as follows: 65-2892. Any physician or advanced practice registered nurse, upon consultation by any person under eighteen (18) (18) years of age as a patient, may, with the consent of such person who is hereby granted the right of giving such consent, make a diagnostic examination for venereal disease and prescribe for and treat such person for venereal disease including prophylactic treatment for exposure to venereal disease whenever such person is suspected of having a venereal disease or contact with anyone having a venereal disease. All such examinations and treatment may be performed without the consent of, or notification to, the parent, parents, guardian or any other person having custody of such person. Any physician or advanced practice registered nurse examining or treating such person for venereal disease may, but shall not be obligated to, in accord with his opinion of what will be most beneficial for such person, inform the spouse, parent, custodian, guardian or fiance of such person as to the treatment given or needed without the consent of such person. Such informing shall not constitute libel or slander or a violation of the right of privacy or privilege or otherwise subject the physician or advanced practice registered nurse to any liability whatsoever. In any such case, the physician or advanced practice registered nurse shall incur no civil or criminal liability by reason of having made such diagnostic examination or rendered such treatment, but such immunity shall not apply to any negligent acts or omissions. The physician or advanced practice registered

nurse shall incur no civil or criminal liability by reason of any adverse reaction to medication administered, provided reasonable care has been taken to elicit from such person under-eighteen (18) 18 years of age any history of sensitivity or previous adverse reaction to the medication.

- Sec. 15. K.S.A. 2013 Supp. 65-2921 is hereby amended to read as follows: 65-2921. (a) Except as otherwise provided in subsection (d), a physical therapist may evaluate and initiate physical therapy treatment on a patient without referral from a licensed health care practitioner. If treating a patient without a referral from a licensed health care practitioner and the patient is not progressing toward documented treatment goals as demonstrated by objective, measurable or functional improvement, or any combination thereof, after 10 patient visits or in a period of 15 business days from the initial treatment visits following the initial evaluation visit, the physical therapist shall obtain a referral from an appropriate licensed health care practitioner prior to continuing treatment.
- (b) Physical therapists may provide, without a referral, services to: (1) Employees solely for the purpose of education and instruction related to workplace injury prevention; or (2) the public for the purpose of fitness, health promotion and education.
- (c) Physical therapists may provide services without a referral to special education students who need physical therapy services to fulfill the provisions of their individualized education plan (IEP) or individualized family service plan (IFSP).
- (d) Nothing in this section shall be construed to prevent a hospital or ambulatory surgical center from requiring a physician order or referral for physical therapy services for a patient currently being treated in such facility.
- (e) When a patient self-refers to a physical therapist pursuant to this section, the physical therapist, prior to commencing treatment, shall provide written notice to the patient that a physical therapy diagnosis is not a medical diagnosis by a physician.
- (f) Physical therapists shall perform wound debridement services only after approval by a person licensed to practice medicine and surgery or other licensed health care practitioner in appropriately related cases.
- (g) As used in this section, "licensed health care practitioner" means a person licensed to practice medicine and surgery, a licensed podiatrist, a licensed physician assistant or a licensed advanced practice registered nurse working pursuant to the order or direction of a person licensed to practice medicine and surgery, a licensed chiropractor, a licensed dentist or, a licensed optometrist or a licensed advanced practice registered nurse in appropriately related cases.
- Sec. 16. K.S.A. 2013 Supp. 65-4101 is hereby amended to read as follows: 65-4101. As used in this act: (a) "Administer" means the direct

application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:

- (1) A practitioner or pursuant to the lawful direction of a practitioner; or
- (2) the patient or research subject at the direction and in the presence of the practitioner.
- (b) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor or dispenser. It does not include a common carrier, public warehouseman or employee of the carrier or warehouseman
- (c) "Application service provider" means an entity that sells electronic prescription or pharmacy prescription applications as a hosted service where the entity controls access to the application and maintains the software and records on its server.
 - (d) "Board" means the state board of pharmacy.
- (e) "Bureau" means the bureau of narcotics and dangerous drugs, United States department of justice, or its successor agency.
- (f) "Controlled substance" means any drug, substance or immediate precursor included in any of the schedules designated in K.S.A. 65-4105, 65-4107, 65-4109, 65-4111 and 65-4113, and amendments thereto.
- (g) (1) "Controlled substance analog" means a substance that is intended for human consumption, and:
- (A) The chemical structure of which is substantially similar to the chemical structure of a controlled substance listed in or added to the schedules designated in K.S.A. 65-4105 or 65-4107, and amendments thereto;
- (B) which has a stimulant, depressant or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance included in the schedules designated in K.S.A. 65-4105 or 65-4107, and amendments thereto; or
- (C) with respect to a particular individual, which such individual represents or intends to have a stimulant, depressant or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance included in the schedules designated in K.S.A. 65-4105 or 65-4107, and amendments thereto.
 - (2) "Controlled substance analog" does not include:
 - (A) A controlled substance:
- 41 (B) a substance for which there is an approved new drug application; 42 or
 - (C) a substance with respect to which an exemption is in effect for

investigational use by a particular person under section 505 of the federal food, drug and cosmetic act, 21 U.S.C. § 355, to the extent conduct with respect to the substance is permitted by the exemption.

- (h) "Counterfeit substance" means a controlled substance which, or the container or labeling of which, without authorization bears the trademark, trade name or other identifying mark, imprint, number or device or any likeness thereof of a manufacturer, distributor or dispenser other than the person who in fact manufactured, distributed or dispensed the substance.
- (i) "Cultivate" means the planting or promotion of growth of five or more plants which contain or can produce controlled substances.
- (j) "DEA" means the U.S. department of justice, drug enforcement administration.
- (k) "Deliver" or "delivery" means the actual, constructive or attempted transfer from one person to another of a controlled substance, whether or not there is an agency relationship.
- (l) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the packaging, labeling or compounding necessary to prepare the substance for that delivery, or pursuant to the prescription of a mid-level practitioner.
 - (m) "Dispenser" means a practitioner or pharmacist who dispenses.
- (n) "Distribute" means to deliver other than by administering or dispensing a controlled substance.
 - (o) "Distributor" means a person who distributes.
- (p) "Drug" means: (1) Substances recognized as drugs in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States or official national formulary or any supplement to any of them; (2) substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or animals; (3) substances (other than food) intended to affect the structure or any function of the body of man or animals; and (4) substances intended for use as a component of any article specified in clause (1), (2) or (3) of this subsection. It does not include devices or their components, parts or accessories.
- (q) "Immediate precursor" means a substance which the board has found to be and by rule and regulation designates as being the principal compound commonly used or produced primarily for use and which is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail or limit manufacture.
- (r) "Electronic prescription" means an electronically prepared prescription that is authorized and transmitted from the prescriber to the pharmacy by means of electronic transmission.

(s) "Electronic prescription application" means software that is used to create electronic prescriptions and that is intended to be installed on the prescriber's computers and servers where access and records are controlled by the prescriber.

- (t) "Electronic signature" means a confidential personalized digital key, code, number or other method for secure electronic data transmissions which identifies a particular person as the source of the message, authenticates the signatory of the message and indicates the person's approval of the information contained in the transmission.
- (u) "Electronic transmission" means the transmission of an electronic prescription, formatted as an electronic data file, from a prescriber's electronic prescription application to a pharmacy's computer, where the data file is imported into the pharmacy prescription application.
- (v) "Electronically prepared prescription" means a prescription that is generated using an electronic prescription application.
- (w) "Facsimile transmission" or "fax transmission" means the transmission of a digital image of a prescription from the prescriber or the prescriber's agent to the pharmacy. "Facsimile transmission" includes, but is not limited to, transmission of a written prescription between the prescriber's fax machine and the pharmacy's fax machine; transmission of an electronically prepared prescription from the prescriber's electronic prescription application to the pharmacy's fax machine, computer or printer; or transmission of an electronically prepared prescription from the prescriber's fax machine to the pharmacy's fax machine, computer or printer.
- (x) "Intermediary" means any technology system that receives and transmits an electronic prescription between the prescriber and the pharmacy.
 - (y) "Isomer" means all enantiomers and diastereomers.
- (z) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance either directly or indirectly or by extraction from substances of natural origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a controlled substance by an individual for the individual's own lawful use or the preparation, compounding, packaging or labeling of a controlled substance:
- (1) By a practitioner or the practitioner's agent pursuant to a lawful order of a practitioner as an incident to the practitioner's administering or dispensing of a controlled substance in the course of the practitioner's professional practice; or

 (2) by a practitioner or by the practitioner's authorized agent under such practitioner's supervision for the purpose of or as an incident to research, teaching or chemical analysis or by a pharmacist or medical care facility as an incident to dispensing of a controlled substance.

(aa) "Marijuana" means all parts of all varieties of the plant Cannabis whether growing or not, the seeds thereof, the resin extracted from any part of the plant and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stalks, except the resin extracted therefrom, fiber, oil, or cake or the sterilized seed of the plant which is incapable of germination.

- (bb) "Medical care facility" shall have the meaning ascribed to that term in K.S.A. 65-425, and amendments thereto.
- (cc) "Mid-level practitioner" means an advanced practice registered nurse issued a license pursuant to K.S.A. 65-1131, and amendments thereto, who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-1130, and amendments thereto, or a physician assistant licensed under the physician assistant licensure act who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-28a08, and amendments thereto.
- (dd) "Narcotic drug" means any of the following whether produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis:
- (1) Opium and opiate and any salt, compound, derivative or preparation of opium or opiate;
- (2) any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in clause (1) but not including the isoquinoline alkaloids of opium;
 - (3) opium poppy and poppy straw;
- (4) coca leaves and any salt, compound, derivative or preparation of coca leaves, and any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions of coca leaves which do not contain cocaine or ecgonine.
- (ee) "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. It does not include, unless specifically designated as controlled

under K.S.A. 65-4102, and amendments thereto, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does include its racemic and levorotatory forms.

- (ff) "Opium poppy" means the plant of the species Papaver somniferum l. except its seeds.
- (gg) "Person" means an individual, corporation, government, or governmental subdivision or agency, business trust, estate, trust, partnership or association or any other legal entity.
- (hh) "Pharmacist" means any natural person licensed under K.S.A. 65-1625 et seq., to practice pharmacy.
- (ii) "Pharmacist intern" means: (1) A student currently enrolled in an accredited pharmacy program; (2) a graduate of an accredited pharmacy program serving such person's internship; or (3) a graduate of a pharmacy program located outside of the United States which is not accredited and who had successfully passed equivalency examinations approved by the board.
- (jj) "Pharmacy prescription application" means software that is used to process prescription information, is installed on a pharmacy's computers and servers, and is controlled by the pharmacy.
- (kk) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.
- (ll) "Practitioner" means a person licensed to practice medicine and surgery, dentist, podiatrist, veterinarian, optometrist, advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto, or scientific investigator or other person authorized by law to use a controlled substance in teaching or chemical analysis or to conduct research with respect to a controlled substance.
 - (mm) "Prescriber" means a practitioner or a mid-level practitioner.
- (nn) "Production" includes the manufacture, planting, cultivation, growing or harvesting of a controlled substance.
- (oo) "Readily retrievable" means that records kept by automatic data processing applications or other electronic or mechanized recordkeeping systems can be separated out from all other records within a reasonable time not to exceed 48 hours of a request from the board or other authorized agent or that hard-copy records are kept on which certain items are asterisked, redlined or in some other manner visually identifiable apart from other items appearing on the records.
- (pp) "Ultimate user" means a person who lawfully possesses a controlled substance for such person's own use or for the use of a member of such person's household or for administering to an animal owned by such person or by a member of such person's household.

SB 326 40

1 2

3 4

5

6

7

8

9

10

11 12

13

14

15 16

17

18 19

20

21

22

23

24

25

26 27

28

29 30

31

32

33

34

35

36

37

38

39

40

41

42

Sec. 17. K.S.A. 2013 Supp. 65-4116 is hereby amended to read as follows: 65-4116. (a) Every person who manufactures, distributes or dispenses any controlled substance within this state or who proposes to engage in the manufacture, distribution or dispensing of any controlled substance within this state shall obtain annually a registration issued by the board in accordance with the uniform controlled substances act and with rules and regulations adopted by the board.

- (b) Persons registered by the board under this act to manufacture, distribute, dispense or conduct research with controlled substances may possess, manufacture, distribute, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of this act.
- (c) The following persons need not register and may lawfully possess controlled substances under this act, as specified in this subsection:
- (1) An agent or employee of any registered manufacturer, distributor or dispenser of any controlled substance if the agent or employee is acting in the usual course of such agent or employee's business or employment;
- (2) a common carrier or warehouseman or an employee thereof whose possession of any controlled substance is in the usual course of business or employment:
- (3) an ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a practitioner or a mid-level practitioner or in lawful possession of a schedule V substance;
- (4) persons licensed and registered by the board under the provisions of the acts contained in article 16 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, to manufacture, dispense or distribute drugs are considered to be in compliance with the registration provision of the uniform controlled substances act without additional proceedings before the board or the payment of additional fees, except that manufacturers and distributors shall complete and file the application form required under the uniform controlled substances act;
- (5) any person licensed by the state board of healing arts under the Kansas healing arts act;
 - (6) any person licensed by the state board of veterinary examiners;
 - (7) any person licensed by the Kansas dental board;
 - (8) a mid-level practitioner; and
- (9) any person who is a member of the Native American Church, with respect to use or possession of peyote, whose use or possession of peyote is in, or for use in, bona fide religious ceremonies of the Native American Church, but nothing in this paragraph shall authorize the use or possession of peyote in any place used for the confinement or housing of persons arrested, charged or convicted of criminal offenses or in the state security hospital; and

(10) any person licensed as an advanced practice registered nurse under K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto.

- (d) (1) The board may waive by rules and regulations the requirement for registration of certain manufacturers, distributors or dispensers if the board finds it consistent with the public health and safety, except that licensure of any person by the state board of healing arts to practice any branch of the healing arts, Kansas dental board—or, the state board of veterinary examiners or the board of nursing of advanced practice registered nurses shall constitute compliance with the registration requirements of the uniform controlled substances act by such person for such person's place of professional practice.
- (2) Evidence of abuse as determined by the board relating to a person licensed by the state board of healing arts shall be submitted to the state board of healing arts and the attorney general within 60 days. The state board of healing arts shall, within 60 days, make findings of fact and take such action against such person as it deems necessary. All findings of fact and any action taken shall be reported by the state board of healing arts to the board of pharmacy and the attorney general.
- (3) Evidence of abuse as determined by the board relating to a person licensed by the state board of veterinary examiners shall be submitted to the state board of veterinary examiners and the attorney general within 60 days. The state board of veterinary examiners shall, within 60 days, make findings of fact and take such action against such person as it deems necessary. All findings of fact and any action taken shall be reported by the state board of veterinary examiners to the board of pharmacy and the attorney general.
- (4) Evidence of abuse as determined by the board relating to a dentist licensed by the Kansas dental board shall be submitted to the Kansas dental board and the attorney general within 60 days. The Kansas dental board shall, within 60 days, make findings of fact and take such action against such dentist as it deems necessary. All findings of fact and any action taken shall be reported by the Kansas dental board to the board of pharmacy and the attorney general.
- (5) Evidence of abuse as determined by the board relating to an advanced practice registered nurse licensed by the board of nursing shall be submitted to the board of nursing and the attorney general within 60 days. The board of nursing shall, within 60 days, make findings of fact and take such action against such advanced practice registered nurse as it deems necessary. All findings of fact and any action taken shall be reported by the board of nursing to the board of pharmacy and the attorney general.

 (e) A separate annual registration is required at each place of business or professional practice where the applicant manufactures, distributes or dispenses controlled substances.

- (f) The board may inspect the establishment of a registrant or applicant for registration in accordance with the board's rules and regulations.
- (g) (1) The registration of any person or location shall terminate when such person or authorized representative of a location dies, ceases legal existence, discontinues business or professional practice or changes the location as shown on the certificate of registration. Any registrant who ceases legal existence, discontinues business or professional practice, or changes location as shown on the certificate of registration, shall notify the board promptly of such fact and forthwith deliver the certificate of registration directly to the secretary or executive secretary of the board. In the event of a change in name or mailing address the person or authorized representative of the location shall notify the board promptly in advance of the effective date of this change by filing the change of name or mailing address with the board. This change shall be noted on the original application on file with the board.
- (2) No registration or any authority conferred thereby shall be assigned or otherwise transferred except upon such conditions as the board may specifically designate and then only pursuant to the written consent of the board.
- Sec. 18. K.S.A. 65-4134 is hereby amended to read as follows: 65-4134. A practitioner engaged in medical practice or research, a practitioner who is an advanced practice registered nurse acting in the usual course of such practitioner's practice or a mid-level practitioner acting in the usual course of such mid-level practitioner's practice is not required or compelled to furnish the name or identity of a patient or research subject to the board, nor may such practitioner or mid-level practitioner be compelled in any state or local civil, criminal, administrative, legislative or other proceedings to furnish the name or identity of an individual that the practitioner or mid-level practitioner is obligated to keep confidential.
- Sec. 19. K.S.A. 2013 Supp. 65-4202 is hereby amended to read as follows: 65-4202. As used in this act: (a) "Board" means the state board of nursing.
- (b) The "practice of mental health technology" means the performance, under the direction of a physician licensed to practice medicine and surgery or registered professional nurse, of services in caring for and treatment of the mentally ill, emotionally disturbed, or people with intellectual disability for compensation or personal profit, which services:
 - (1) Involve responsible nursing and therapeutic procedures for

 patients with mental illness or intellectual disability requiring interpersonal and technical skills in the observations and recognition of symptoms and reactions of such patients, the accurate recording of such symptoms and reactions and the carrying out of treatments and medications as prescribed by a licensed physician, *a licensed advanced practice registered nurse* or a mid-level practitioner as defined-in subsection (ii) of by K.S.A. 65-1626, and amendments thereto; and

- (2) require an application of techniques and procedures that involve understanding of cause and effect and the safeguarding of life and health of the patient and others; and
- (3) require the performance of duties that are necessary to facilitate rehabilitation of the patient or are necessary in the physical, therapeutic and psychiatric care of the patient and require close work with persons licensed to practice medicine and surgery, psychiatrists, psychologists, rehabilitation therapists, social workers, registered nurses, and other professional personnel.
- (c) A "licensed mental health technician" means a person who lawfully practices mental health technology as defined in this act.
- (d) An "approved course in mental health technology" means a program of training and study including a basic curriculum which shall be prescribed and approved by the board in accordance with the standards prescribed herein, the successful completion of which shall be required before licensure as a mental health technician, except as hereinafter provided.
- Sec. 20. K.S.A. 2013 Supp. 65-5402 is hereby amended to read as follows: 65-5402. As used in K.S.A. 65-5401 to 65-5417, inclusive, and K.S.A. 65-5418 to 65-5420, inclusive, and amendments thereto:
 - (a) "Board" means the state board of healing arts.
- (b) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful occupations (goal-directed activities) to evaluate and treat, pursuant to the referral, supervision, order or direction of a physician, a licensed podiatrist, a licensed dentist, a licensed physician assistant, or a licensed advanced practice registered nurse—working—pursuant to the order or direction of a person licensed to practice medicine and surgery, a licensed chiropractor, or a licensed optometrist, individuals who have a disease or disorder, impairment, activity limitation or participation restriction that interferes with their ability to function independently in daily life roles and to promote health and wellness. Occupational therapy intervention may include:
- (1) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological cognitive processes;
 - (2) adaptation of tasks, process, or the environment or the teaching of

 compensatory techniques in order to enhance performance;

- (3) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and
- (4) health promotion strategies and practices that enhance performance abilities.
 - (c) "Occupational therapy services" include, but are not limited to:
- (1) Evaluating, developing, improving, sustaining, or restoring skills in activities of daily living (ADL), work or productive activities, including instrumental activities of daily living (IADL) and play and leisure activities;
- (2) evaluating, developing, remediating, or restoring sensorimotor, cognitive or psychosocial components of performance;
- (3) designing, fabricating, applying, or training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices;
- (4) adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles:
- (5) applying physical agent modalities as an adjunct to or in preparation for engagement in occupations;
- (6) evaluating and providing intervention in collaboration with the client, family, caregiver or others;
- (7) educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions; and
- (8) consulting with groups, programs, organizations or communities to provide population-based services.
- (d) "Occupational therapist" means a person licensed to practice occupational therapy as defined in this act.
- (e) "Occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy under the supervision of an occupational therapist.
- (f) "Person" means any individual, partnership, unincorporated organization or corporation.
- (g) "Physician" means a person licensed to practice medicine and surgery.
- (h) "Occupational therapy aide," "occupational therapy tech" or "occupational therapy paraprofessional" means a person who provides supportive services to occupational therapists and occupational therapy assistants in accordance with K.S.A. 65-5419, and amendments thereto.
- Sec. 21. K.S.A. 2013 Supp. 65-5418 is hereby amended to read as follows: 65-5418. (a) Nothing in the occupational therapy practice act is intended to limit, preclude or otherwise interfere with the practices of other health care providers formally trained and licensed, registered, credentialed or certified by appropriate agencies of the state of Kansas.

1 2

(b) The practice of occupational therapy shall not be construed to include the following:

- (1) Persons rendering assistance in the case of an emergency;
- (2) members of any church practicing their religious tenets;
- (3) persons whose services are performed pursuant to the delegation of and under the supervision of an occupational therapist who is licensed under this act;
- (4) any person employed as an occupational therapist or occupational therapy assistant by the government of the United States or any agency thereof, if such person practices occupational therapy solely under the direction or control of the organization by which such person is employed;
- (5) licensees under the healing arts act when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to a delegation authorized under subsection (g) of K.S.A. 65-2872, and amendments thereto;
- (6) dentists practicing their professions, when licensed and practicing in accordance with the provisions of law;
- (7) nurses practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensed nurse under subsection (m) of K.S.A. 65-1124, and amendments thereto;
- (8) health care providers who have been formally trained and are practicing in accordance with the training or have received specific training in one or more functions included in the occupational therapy practice act pursuant to established educational protocols, or both;
- (9) any person pursuing a supervised course of study leading to a degree or certificate in occupational therapy at an accredited or approved educational program, if the person is designated by the title which clearly indicates such person's status as a student or trainee;
- (10) any person fulfilling the supervised fieldwork experience requirements as part of the experience necessary to meet the requirement of the occupational therapy practice act;
- (11) self-care by a patient or gratuitous care by a friend or family member who does not represent or hold oneself out to the public to be an occupational therapist or an occupational therapy assistant;
- (12) optometrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
- (13) podiatrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
- (14) physical therapists practicing their profession when licensed and practicing in accordance with K.S.A. 65-2901 et seq., and amendments

thereto;

- (15) physician assistants practicing their profession when licensed and practicing in accordance with the physician assistant licensure act;
- (16) athletic trainers practicing their profession when licensed and practicing in accordance with the athletic trainers licensure act;
 - (17) manufacturers of prosthetic devices;
- (18) any person performing occupational therapy services, if these services are performed for no more than 45 days in a calendar year in association with an occupational therapist licensed under the occupational therapy practice act so long as (A) the person is registered or licensed under the laws of another state which has licensure requirements at least as stringent as the licensure requirements of this act, or (B) the person meets the requirements for certification as an occupational therapist registered (OTR) or a certified occupational therapy assistant (COTA) established by the national board for certification in occupational therapy (NBCOT).
- (c) Any patient monitoring, assessment or other procedures designed to evaluate the effectiveness of prescribed occupational therapy must be performed by or pursuant to the delegation of a licensed occupational therapist or other health care provider.
- (d) Education related therapy services provided by an occupational therapist to school systems or consultation regarding prevention, ergonomics and wellness within the occupational therapy scope of practice shall not require a referral, supervision, order or direction of a physician, an advanced practice registered nurse, a licensed podiatrist, a licensed dentist or a licensed optometrist. However, when in the course of providing such services an occupational therapist reasonably believes that an individual may have an underlying injury, illness, disease, disorder or impairment, the occupational therapist shall refer the individual to a physician, an advanced practice registered nurse, a licensed podiatrist, a licensed dentist or a licensed optometrist, as appropriate.
- (e) Nothing in the occupational therapy practice act shall be construed to permit the practice of medicine and surgery. No statute granting authority to licensees of the state board of healing arts shall be construed to confer authority upon occupational therapists to engage in any activity not conferred by the occupational therapy practice act.
- (f) This section shall be part of and supplemental to the occupational therapy practice act.
- Sec. 22. K.S.A. 65-5502 is hereby amended to read as follows: 65-5502. As used in K.S.A. 65-5501 to 65-5517, inclusive, and amendments thereto:
 - (a) "Board" means the state board of healing arts.
- (b) "Respiratory therapy" is a health care profession whose therapists practice under the supervision of a qualified medical director and with the

prescription of a licensed physician *or an advanced practice registered nurse* providing therapy, management, rehabilitation, respiratory assessment and care of patients with deficiencies and abnormalities which affect the pulmonary system and associated other systems functions. The duties which may be performed by a respiratory therapist include:

- (1) Direct and indirect respiratory therapy services that are safe, aseptic, preventative and restorative to the patient.
- (2) Direct and indirect respiratory therapy services, including but not limited to, the administration of pharmacological and diagnostic and therapeutic agents related to respiratory therapy procedures to implement a treatment, disease prevention or pulmonary rehabilitative regimen prescribed by a physician *or an advanced practice registered nurse*.
- (3) Administration of medical gases, exclusive of general anesthesia, aerosols, humidification and environmental control systems.
- (4) Transcription and implementation of written or verbal orders of a physician *or an advanced practice registered nurse* pertaining to the practice of respiratory therapy.
- (5) Implementation of respiratory therapy protocols as defined by the medical staff of an institution or a qualified medical director or other written protocol, changes in treatment pursuant to the written or verbal orders of a physician *or an advanced practice registered nurse* or the initiation of emergency procedures as authorized by written protocols.
- (c) "Respiratory therapist" means a person who is licensed to practice respiratory therapy as defined in this act.
- (d) "Person" means any individual, partnership, unincorporated organization or corporation.
- (e) "Physician" means a person who is licensed by the board to practice medicine and surgery.
- (f) "Qualified medical director" means the medical director of any inpatient or outpatient respiratory therapy service, department or home care agency. The medical director shall be a physician who has interest and knowledge in the diagnosis and treatment of respiratory problems. This physician shall be responsible for the quality, safety and appropriateness of the respiratory services provided and require that respiratory therapy be ordered by a physician or an advanced practice registered nurse who has medical responsibility for the patient. The medical director shall be readily accessible to the respiratory therapy practitioner.
- (g) "Advanced practice registered nurse" means an advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto.
- Sec. 23. K.S.A. 2013 Supp. 65-6112 is hereby amended to read as follows: 65-6112. As used in this act:

1 2

(a) "Administrator" means the executive director of the emergency medical services board.

- (b) "Advanced emergency medical technician" means a person who holds an advanced emergency medical technician certificate issued pursuant to this act.
- (c) "Advanced practice registered nurse" means an advanced practice registered nurse as defined in K.S.A. 65-1113, and amendments thereto.
- (d) "Ambulance" means any privately or publicly owned motor vehicle, airplane or helicopter designed, constructed, prepared, staffed and equipped for use in transporting and providing emergency care for individuals who are ill or injured.
- (e) "Ambulance service" means any organization operated for the purpose of transporting sick or injured persons to or from a place where medical care is furnished, whether or not such persons may be in need of emergency or medical care in transit.
- (f) "Attendant" means a first responder, an emergency medical responder, emergency medical technician, emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate/defibrillator, advanced emergency medical technician, mobile intensive care technician or paramedic certified pursuant to this act.
- (g) "Board" means the emergency medical services board established pursuant to K.S.A. 65-6102, and amendments thereto.
- (h) "Emergency medical service" means the effective and coordinated delivery of such care as may be required by an emergency which includes the care and transportation of individuals by ambulance services and the performance of authorized emergency care by a physician, advanced practice registered nurse, professional nurse, a licensed physician assistant or attendant.
- (i) "Emergency medical technician" means a person who holds an emergency medical technician certificate issued pursuant to this act.
- (j) "Emergency medical technician-defibrillator" means a person who holds an emergency medical technician-defibrillator certificate issued pursuant to this act.
- (k) "Emergency medical technician-intermediate" means a person who holds an emergency medical technician-intermediate certificate issued pursuant to this act.
- (l) "Emergency medical technician-intermediate/defibrillator" means a person who holds both an emergency medical technician-intermediate and emergency medical technician-defibrillator certificate issued pursuant to this act.
- (m) "Emergency medical responder" means a person who holds an emergency medical responder certificate issued pursuant to this act.

1 2

(n) "First responder" means a person who holds a first responder certificate issued pursuant to this act.

- (o) "Hospital" means a hospital as defined by K.S.A. 65-425, and amendments thereto.
- (p) "Instructor-coordinator" means a person who is certified under this act to teach initial certification and continuing education classes.
 - (q) "Medical director" means a physician.
- (r) "Medical protocols" mean written guidelines which authorize attendants to perform certain medical procedures prior to contacting a physician, physician assistant authorized by a physician, advanced practice registered nurse authorized by a physician or professional nurse authorized by a physician. The medical protocols shall be approved by a county medical society or the medical staff of a hospital to which the ambulance service primarily transports patients, or if neither of the above are able or available to approve the medical protocols, then the medical protocols shall be submitted to the medical advisory council for approval.
- (s) "Mobile intensive care technician" means a person who holds a mobile intensive care technician certificate issued pursuant to this act.
- (t) "Municipality" means any city, county, township, fire district or ambulance service district.
- (u) "Nonemergency transportation" means the care and transport of a sick or injured person under a foreseen combination of circumstances calling for continuing care of such person. As used in this subsection, transportation includes performance of the authorized level of services of the attendant whether within or outside the vehicle as part of such transportation services.
- (v) "Operator" means a person or municipality who has a permit to operate an ambulance service in the state of Kansas.
- (w) "Paramedic" means a person who holds a paramedic certificate issued pursuant to this act.
- (x) "Person" means an individual, a partnership, an association, a joint-stock company or a corporation.
- (y) "Physician" means a person licensed by the state board of healing arts to practice medicine and surgery.
- (z) "Physician assistant" means a person who is licensed under the physician assistant licensure act and who is acting under the direction of a responsible physician.
- (aa) "Professional nurse" means a licensed professional nurse as defined by K.S.A. 65-1113, and amendments thereto.
- (bb) "Provider of training" means a corporation, partnership, accredited postsecondary education institution, ambulance service, fire department, hospital or municipality that conducts training programs that include, but are not limited to, initial courses of instruction and continuing

 education for attendants, instructor-coordinators or training officers.

- (cc) "Responsible physician" means responsible physician as such term is defined under K.S.A. 65-28a02, and amendments thereto.
- (dd) "Training officer" means a person who is certified pursuant to this act to teach, coordinate or both, initial courses of instruction for first responders or emergency medical responders and continuing education as prescribed by the board.
- Sec. 24. K.S.A. 2013 Supp. 65-6119 is hereby amended to read as follows: 65-6119. (a) Notwithstanding any other provision of law, mobile intensive care technicians may:
- (1) Perform all the authorized activities identified in K.S.A. 65-6120, 65-6121, 65-6123, 65-6144, and amendments thereto;
- (2) when voice contact or a telemetered electrocardiogram is monitored by a physician, physician assistant where authorized by a physician, an advanced practice registered nurse—where authorized by a physician or licensed professional nurse where authorized by a physician and direct communication is maintained, and upon order of such person may administer such medications or procedures as may be deemed necessary by a person identified in subsection (a)(2);
- (3) perform, during an emergency, those activities specified in subsection (a)(2) before contacting a person identified in subsection (a)(2) when specifically authorized to perform such activities by medical protocols; and
- (4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.
- (b) An individual who holds a valid certificate as a mobile intensive care technician once meeting the continuing education requirements prescribed by the rules and regulations of the board, upon application for renewal, shall be deemed to hold a certificate as a paramedic under this act, and such individual shall not be required to file an original application as a paramedic for certification under this act.
- (c) "Renewal" as used in subsection (b), refers to the first opportunity that a mobile intensive care technician has to apply for renewal of a certificate following the effective date of this act.
- (d) Upon transition notwithstanding any other provision of law, a paramedic may:
- (1) Perform all the authorized activities identified in K.S.A. 65-6120, 65-6121, 65-6144, and amendments thereto;
- (2) when voice contact or a telemetered electrocardiogram is monitored by a physician, physician assistant where authorized by a physician or an advanced practice registered nurse where authorized by a physician or licensed professional nurse where authorized by a physician

and direct communication is maintained, and upon order of such person, may administer such medications or procedures as may be deemed necessary by a person identified in subsection (d)(2);

- (3) perform, during an emergency, those activities specified in subsection (d)(2) before contacting a person identified in subsection (d)(2) when specifically authorized to perform such activities by medical protocols; and
- (4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.
- Sec. 25. K.S.A. 2013 Supp. 65-6120 is hereby amended to read as follows: 65-6120. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician-intermediate may:
- (1) Perform any of the activities identified by K.S.A. 65-6121, and amendments thereto;
- (2) when approved by medical protocols or where voice contact by radio or telephone is monitored by a physician, physician assistant where authorized by a physician, advanced practice registered nurse—where—authorized by a physician or licensed professional nurse where authorized by a physician, and direct communication is maintained, upon order of such person, may perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions or ringers lactate IV solutions, endotracheal intubation and administration of nebulized albuterol;
- (3) perform, during an emergency, those activities specified in subsection (a)(2) before contacting the persons identified in subsection (a) (2) when specifically authorized to perform such activities by medical protocols; or
- (4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.
- (b) An individual who holds a valid certificate as an emergency medical technician-intermediate once successfully completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an advanced emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an advanced emergency medical technician under this act, provided such individual has completed all continuing education hour requirements inclusive of the successful completion of a transition course and such individual shall not be required to file an original application for certification as an advanced emergency medical technician under this act.

(c) "Renewal" as used in subsection (b), refers to the first or second opportunity after December 31, 2011, that an emergency medical technician-intermediate has to apply for renewal of a certificate.

- (d) Emergency medical technician-intermediates who fail to meet the transition requirements as specified may complete either the board prescribed emergency medical technician transition course or emergency medical responder transition course, provide validation of cognitive and psychomotor competency and all continuing education hour requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the board. Upon completion, such emergency medical technician-intermediate may apply to transition to become an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Alternatively, upon application for renewal of an emergency medical technician-intermediate certificate, the applicant shall be renewed as an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Such individual shall not be required to file an original application for certification as an emergency medical technician or emergency medical responder.
- (e) Failure to successfully complete either an advanced emergency medical technician transition course, an emergency medical technician transition course or emergency medical responder transition course will result in loss of certification.
- (f) Upon transition, notwithstanding any other provision of law to the contrary, an advanced emergency medical technician may:
- (1) Perform any of the activities identified by K.S.A. 65-6121, and amendments thereto; and
- (2) perform any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, as specifically identified in rules and regulations, after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or upon order when direct communication is maintained by radio, telephone or video conference with a physician, physician assistant where authorized by a physician, an advanced practice registered nurse—where authorized by a physician, or licensed professional nurse where authorized by a physician upon order of such a person: (A) Continuous positive airway pressure devices; (B) advanced airway management; (C) referral of patient of alternate medical care site based on assessment; (D) transportation of a patient with a capped arterial line; (E) veni-puncture for obtaining blood sample; (F) initiation and maintenance of intravenous infusion or saline lock; (G) initiation of intraosseous infusion; (H) nebulized therapy; (I)

1 2

manual defibrillation and cardioversion; (J) cardiac monitoring; (K) electrocardiogram interpretation; (L) administration of generic or trade name medications by one or more of the following methods: (i) Aerosolization; (ii) nebulization; (iii) intravenous; (iv) intranasal; (v) rectal; (vi) subcutaneous; (vii) intraosseous; (viii) intramuscular; or (ix) sublingual.

- (g) An individual who holds a valid certificate as both an emergency medical technician-intermediate and as an emergency medical technician-defibrillator once successfully completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to an advanced emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an advanced emergency medical technician under this act, provided such individual has completed all continuing education hour requirements inclusive of successful completion of a transition course, and such individual shall not be required to file an original application for certification as an advanced emergency medical technician under this act.
- (h) "Renewal" as used in subsection (g), refers to the first or second opportunity after December 31, 2011, that an emergency medical technician-intermediate and emergency medical technician-defibrillator has to apply for renewal of a certificate.
- (i) An individual who holds both an emergency medical technicianintermediate certificate and an emergency medical technician-defibrillator certificate, who fails to meet the transition requirements as specified may complete either the board prescribed emergency medical technician transition course or emergency medical responder transition course, and provide validation of cognitive and psychomotor competency and all continuing education hour requirements inclusive of successful completion of a transition course as determined by rules and regulations of the board. Upon completion, such individual may apply to transition to become an emergency medical technician or emergency medical responder, depending on the transition course that was successfully completed. Alternatively, upon application for renewal of an emergency medical technicianintermediate certificate and an emergency medical technician-defibrillator certificate, the applicant shall be renewed as an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Such individual shall not be required to file an original application for certification as an emergency medical technician or emergency medical responder.
- (j) Failure to successfully complete either the advanced emergency medical technician transition requirements, an emergency medical technician transition course or the emergency medical responder transition

1 course will result in loss of certification.

Sec. 26. K.S.A. 2013 Supp. 65-6121 is hereby amended to read as follows: 65-6121. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any of the following activities:

- (1) Patient assessment and vital signs;
- (2) airway maintenance including the use of:
- (A) Oropharyngeal and nasopharyngeal airways;
- 9 (B) esophageal obturator airways with or without gastric suction 10 device;
 - (C) multi-lumen airway; and
 - (D) oxygen demand valves.
 - (3) Oxygen therapy;

2

3

4 5

6

7

8

11

12

13

14

17

18 19

20 21

22

23

24

25

26 27

28

29 30

31

32

33

34

38

39

40

- (4) oropharyngeal suctioning;
- 15 (5) cardiopulmonary resuscitation procedures;
- 16 (6) control accessible bleeding;
 - (7) apply pneumatic anti-shock garment;
 - (8) manage outpatient medical emergencies;
 - (9) extricate patients and utilize lifting and moving techniques:
 - (10) manage musculoskeletal and soft tissue injuries including dressing and bandaging wounds or the splinting of fractures, dislocations, sprains or strains;
 - (11) use of backboards to immobilize the spine;
 - (12) administer activated charcoal and glucose;
 - (13) monitor intravenous line delivering intravenous fluids during interfacility transport with the following restrictions:
 - (A) The physician approves the transfer by an emergency medical technician;
 - (B) no medications or nutrients have been added to the intravenous fluids; and
 - (C) the emergency medical technician may monitor, maintain and shut off the flow of intravenous fluid;
 - (14) use automated external defibrillators;
 - (15) administer epinephrine auto-injectors provided that:
- 35 (A) The emergency medical technician successfully completes a 36 course of instruction approved by the board in the administration of 37 epinephrine;
 - (B) the emergency medical technician serves with an ambulance service or a first response organization that provides emergency medical services; and
- 41 (C) the emergency medical technician is acting pursuant to medical 42 protocols;
 - (16) perform, during nonemergency transportation, those activities

1 2

 specified in this section when specifically authorized to perform such activities by medical protocols; or

- (17) when authorized by medical protocol, assist the patient in the administration of the following medications which have been prescribed for that patient: Auto-injection epinephrine, sublingual nitroglycerin and inhalers for asthma and emphysema.
- (b) An individual who holds a valid certificate as an emergency medical technician at the current basic level once successfully completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an emergency medical technician under this act, provided such individual has completed all continuing education hour requirements inclusive of successful completion of a transition course, and such individual shall not be required to file an original application for certification as an emergency medical technician.
- (c) "Renewal" as used in subsection (b), refers to the first opportunity after December 31, 2011, that an emergency medical technician has to apply for renewal of a certificate following the effective date of this act.
- (d) Emergency medical technicians who fail to meet the transition requirements as specified may successfully complete the board prescribed emergency medical responder transition course, provide validation of cognitive and psychomotor competency and all continuing education hour requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the board. Alternatively, upon application for renewal of an emergency medical technician certificate, the applicant shall be deemed to hold a certificate as an emergency medical responder under this act, and such individual shall not be required to file an original application for certification as an emergency medical responder.
- (e) Failure to successfully complete either an emergency medical technician transition course or emergency medical responder transition course will result in loss of certification.
- (f) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any activities identified in K.S.A. 65-6144, and amendments thereto, and any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician assistant when

authorized by a physician, an advanced practice registered nurse—when authorized by a physician or a licensed professional nurse when authorized by a physician, upon order of such person:

- (1) Airway maintenance including use of:
- (A) Single lumen airways as approved by the board;
- (B) multilumen airways;
- (C) ventilator devices:
- 8 (D) forceps removal of airway obstruction;
 - (E) CO2 monitoring;

4 5

6

7

9

11

12

14

15 16

17

18 19

20 21

22

23

24 25

26

27

28

29

30 31

32

33

34

35

36 37

38

39

40 41

42

- 10 (F) airway suctioning;
 - (2) apply pneumatic anti-shock garment;
 - (3) assist with childbirth;
- 13 (4) monitoring urinary catheter;
 - (5) capillary blood sampling;
 - (6) cardiac monitoring;
 - (7) administration of patient assisted medications as approved by the board:
 - (8) administration of medications as approved by the board by appropriate routes; and
 - (9) monitor, maintain or discontinue flow of IV line if a physician approves transfer by an emergency medical technician.
 - Sec. 27. K.S.A. 2013 Supp. 65-6123 is hereby amended to read as follows: 65-6123. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician-defibrillator may:
 - (1) Perform any of the activities identified in K.S.A. 65-6121, and amendments thereto;
 - (2) when approved by medical protocols or where voice contact by radio or telephone is monitored by a physician, physician assistant where authorized by a physician, advanced practice registered nurse—where—authorized by a physician, or licensed professional nurse where authorized by a physician, and direct communication is maintained, upon order of such person, may perform electrocardiographic monitoring and defibrillation;
 - (3) perform, during an emergency, those activities specified in subsection (b) before contacting the persons identified in subsection (b) when specifically authorized to perform such activities by medical protocols; or
 - (4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.
 - (b) An individual who holds a valid certificate as an emergency medical technician-defibrillator once successfully completing an emergency medical technician-intermediate, initial course of instruction

and the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an advanced emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an advanced emergency medical technician under this act, provided such individual has completed all continuing education hour requirements inclusive of successful completion of a transition course, and such individual shall not be required to file an original application for certification as an advanced emergency medical technician.

- (c) "Renewal" as used in subsection (b), refers to the second opportunity after December 31, 2011, that an attendant has to apply for renewal of a certificate.
- (d) Emergency medical technician-defibrillator attendants who fail to meet the transition requirements as specified may complete either the board prescribed emergency medical technician transition course or emergency medical responder transition course, provide validation of cognitive and psychomotor competency provided such individual has completed all continuing education hour requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the board. Upon completion, such emergency medical technician-defibrillator may apply to transition to become an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Alternatively, upon application for renewal of an emergency medical technician-defibrillator certificate, the applicant shall be renewed as an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Such individual shall not be required to file an original application for certification as an emergency medical technician or emergency medical responder.
- (e) Failure to complete either the advanced emergency medical technician transition requirements, an emergency medical technician transition course or an emergency medical responder transition course will result in loss of certification.
- Sec. 28. K.S.A. 2013 Supp. 65-6124 is hereby amended to read as follows: 65-6124. (a) No physician, physician assistant, advanced practice registered nurse or licensed professional nurse, who gives emergency instructions to an attendant as defined by K.S.A. 65-6112, and amendments thereto, during an emergency, shall be liable for any civil damages as a result of issuing the instructions, except such damages which may result from gross negligence in giving such instructions.
- (b) No attendant as defined by K.S.A. 65-6112, and amendments thereto, who renders emergency care during an emergency pursuant to

instructions given by a physician, an advanced practice registered nurse, the responsible physician for a physician assistant, advanced practice registered nurse or licensed professional nurse shall be liable for civil damages as a result of implementing such instructions, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of such attendant as defined by K.S.A. 65-6112, and amendments thereto.

- (c) No person certified as an instructor-coordinator and no training officer shall be liable for any civil damages which may result from such instructor-coordinator's or training officer's course of instruction, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of the instructor-coordinator or training officer.
- (d) No medical adviser who reviews, approves and monitors the activities of attendants shall be liable for any civil damages as a result of such review, approval or monitoring, except such damages which may result from gross negligence in such review, approval or monitoring.
- Sec. 29. K.S.A. 2013 Supp. 65-6144 is hereby amended to read as follows: 65-6144. (a) A first responder may perform any of the following activities:
- (1) Initial scene management including, but not limited to, gaining access to the individual in need of emergency care, extricating, lifting and moving the individual;
 - (2) cardiopulmonary resuscitation and airway management;
- (3) control of bleeding;

- (4) extremity splinting excluding traction splinting;
- (5) stabilization of the condition of the individual in need of emergency care;
 - (6) oxygen therapy;
 - (7) use of oropharyngeal airways;
 - (8) use of bag valve masks;
 - (9) use automated external defibrillators; and
- (10) other techniques of preliminary care a first responder is trained to provide as approved by the board.
- (b) An individual who holds a valid certificate as a first responder, once completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an emergency medical responder. Alternatively, upon application for renewal of such certificate, such individual shall be deemed to hold a certificate as an emergency medical responder under this act, provided such individual has completed all continuing education hour requirements inclusive of a transition course and such individual shall not be required to file an

1

2

3

4

5

6

7

8

9

10

11 12

13

14 15

16

17

18 19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40 41

42

43

original application for certification as an emergency medical responder.

- (c) "Renewal" as used in subsection (b), refers to the first opportunity after December 31, 2011, that an attendant has to apply for renewal of a certificate.
- (d) First responder attendants who fail to meet the transition requirements as specified will forfeit their certification.
- (e) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical responder may perform any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician assistant when authorized by a physician, an advanced practice registered nurse-whenauthorized by a physician or a licensed professional nurse when authorized by a physician, upon order of such person: (1) Emergency vehicle operations; (2) initial scene management; (3) patient assessment and stabilization; (4) cardiopulmonary resuscitation and airway management; (5) control of bleeding; (6) extremity splinting; (7) spinal immobilization; (8) oxygen therapy; (9) use of bag-valve-mask; (10) use of automated external defibrillator; (11) nebulizer therapy; (12) intramuscular injections with auto-injector; (13) administration of oral glucose; (14) administration of aspirin; (15) recognize and comply with advanced directives; (16) insertion and maintenance of oral and nasal pharyngeal airways; (17) use of blood glucose monitoring; and (18) other techniques and devices of preliminary care an emergency medical responder is trained to provide as approved by the board.
- Sec. 30. K.S.A. 2013 Supp. 65-7003 is hereby amended to read as follows: 65-7003. As used in K.S.A. 65-7001 through 65-7015, and amendments thereto:
 - (a) "Act" means the Kansas chemical control act;
- (b) "administer" means the application of a regulated chemical whether by injection, inhalation, ingestion or any other means, directly into the body of a patient or research subject, such administration to be conducted by: (1) A practitioner, or in the practitioner's presence, by such practitioner's authorized agent; or
- (2) the patient or research subject at the direction and in the presence of the practitioner;
- (c) "agent or representative" means a person who is authorized to receive, possess, manufacture or distribute or in any other manner control or has access to a regulated chemical on behalf of another person;
 - (d) "bureau" means the Kansas bureau of investigation;

1 2

(e) "department" means the Kansas department of health and environment;

- (f) "director" means the director of the Kansas bureau of investigation;
- (g) "dispense" means to deliver a regulated chemical to an ultimate user, patient or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the regulated chemical for that delivery;
- (h) "distribute" means to deliver other than by administering or dispensing a regulated chemical;
- (i) "manufacture" means to produce, prepare, propagate, compound, convert or process a regulated chemical directly or indirectly, by extraction from substances of natural origin, chemical synthesis or a combination of extraction and chemical synthesis, and includes packaging or repackaging of the substance or labeling or relabeling of its container. The term excludes the preparation, compounding, packaging, repackaging, labeling or relabeling of a regulated chemical:
- (1) By a practitioner as an incident to the practitioner's administering or dispensing of a regulated chemical in the course of the practitioner's professional practice; or
- (2) by a practitioner, or by the practitioner's authorized agent under the practitioner's supervision, for the purpose of, or as an incident to research, teaching or chemical analysis and not for sale;
- (j) "person" means individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity;
- (k) "practitioner" means a person licensed to practice medicine and surgery, pharmacist, dentist, podiatrist, veterinarian, optometrist, advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto, or scientific investigator or other person authorized by law to use a controlled substance in teaching or chemical analysis or to conduct research with respect to a controlled substance;
- (l) "regulated chemical" means a chemical that is used directly or indirectly to manufacture a controlled substance or other regulated chemical, or is used as a controlled substance analog, in violation of the state controlled substances act or this act. The fact that a chemical may be used for a purpose other than the manufacturing of a controlled substance or regulated chemical does not exempt it from the provisions of this act. Regulated chemical includes:
 - (1) Acetic anhydride (CAS No. 108-24-7);

1 (2) benzaldehyde (CAS No. 100-52-7);

2

3

4 5

6

7

8

9

10

11 12

13

16 17

18

19

20

21

22

23

25

26

2728

29

30 31

32

33

34

35

36 37

38

39

40

41

- (3) benzyl chloride (CAS No. 100-44-7);
 - (4) benzyl cyanide (CAS No. 140-29-4);
 - (5) diethylamine and its salts (CAS No. 109-89-7);
- (6) ephedrine, its salts, optical isomers and salts of optical isomers (CAS No. 299-42-3), except products containing ephedra or ma huang, which do not contain any chemically synthesized ephedrine alkaloids, and are lawfully marketed as dietary supplements under federal law;
 - (7) hydriodic acid (CAS No. 10034-85-2);
 - (8) iodine (CAS No. 7553-56-2);
 - (9) lithium (CAS No. 7439-93-2);
 - (10) methylamine and its salts (CAS No. 74-89-5);
- (11) nitroethane (CAS No. 79-24-3);
- 14 (12) chloroephedrine, its salts, optical isomers, and salts of optical isomers (CAS No. 30572-91-9);
 - (13) phenylacetic acid, its esters and salts (CAS No. 103-82-2);
 - (14) phenylpropanolamine, its salts, optical isomers, and salts of optical isomers (CAS No. 14838-15-4);
 - (15) piperidine and its salts (CAS No. 110-89-4);
 - (16) pseudoephedrine, its salts, optical isomers, and salts of optical isomers (CAS No. 90-82-4);
 - (17) red phosphorous (CAS No. 7723-14-0);
 - (18) sodium (CAS No. 7440-23-5); and
- 24 (19) thionylchloride (CAS No. 7719-09-7);
 - (20) gamma butyrolactone (GBL), including butyrolactone; butyrolactone gamma; 4-butyrolactone; 2(3H)-furanone dihydro; dihydro-2(3H)-furanone; tetrahydro-2-furanone; 1,2-butanolide; 1,4-butanolide; 4-butanolide; gamma-hydroxybutyric acid lactone; 3-hydroxybutyric acid lactone and 4-hydroxybutanoic acid lactone; CAS No. 96-48-0; and
 - (21) 1,4 butanediol, including butanediol; butane-1,4-diol; 1,4-butylene glycol; butylene glycol; 1,4-dihydroxybutane; 1,4-tetramethylene glycol; tetramethylene 1,4-diol; CAS No. 110-63-4;
 - (m) "regulated chemical distributor" means any person subject to the provisions of the Kansas chemical control act who manufactures or distributes a regulated chemical;
 - (n) "regulated chemical retailer" means any person who sells regulated chemicals directly to the public;
 - (o) "regulated chemical transaction" means the manufacture of a regulated chemical or the distribution, sale, exchange or other transfer of a regulated chemical within or into the state or from this state into another state; and
 - (p) "secretary" means the secretary of health and environment.
- Sec. 31. K.S.A. 2013 Supp. 65-7302 is hereby amended to read as

follows: 65-7302. As used in this act:

1 2

- (a) "Board" means the state board of healing arts.
- (b) "Ionizing radiation" means x-rays, gamma rays, alpha and beta particles, high speed electrons, protons, neutrons and other nuclear particles capable of producing ions directly or indirectly in its passage through matter.
- (c) "License" means a certificate issued by the board authorizing the licensee to perform radiologic technology procedures on humans for diagnostic or therapeutic purposes.
- (d) "Licensed practitioner" means a person licensed to practice medicine and surgery, dentistry, podiatry—or, chiropractic or advanced practice registered nursing in this state.
- (e) "Licensure" and "licensing" mean a method of regulation by which the state grants permission to persons who meet predetermined qualifications to engage in a health related occupation or profession.
- (f) "Nuclear medicine technologist" means a person who uses radio pharmaceutical agents on humans for diagnostic or therapeutic purposes.
- (g) "Nuclear medicine technology" means the use of radio nuclides on human beings for diagnostic or therapeutic purposes.
- (h) "Radiation therapist" means a person who applies radiation to humans for therapeutic purposes.
- (i) "Radiation therapy" means the use of any radiation procedure or article intended for the cure, mitigation or prevention of disease in humans.
- (j) "Radiographer" means a person who applies radiation to humans for diagnostic purposes.
- (k) "Radiography" means the use of ionizing radiation on human beings for diagnostic purposes.
- (l) "Radiologic technologist" means any person who is a radiographer, radiation therapist or nuclear medicine technologist.
- (m) "Radiologic technology" means the use of radioactive substance or equipment emitting or detecting ionizing radiation on humans for diagnostic or therapeutic purposes upon prescription of a licensed practitioner. The term includes the practice of radiography, nuclear medicine technology and radiation therapy, but does not include echocardiography, diagnostic sonography and magnetic resonance imaging.
 - (n) This section shall take effect on and after July 1, 2005.
- Sec. 32. K.S.A. 2013 Supp. 72-5213 is hereby amended to read as follows: 72-5213. (a) Every board of education shall require all employees of the school district, who come in regular contact with the pupils of the school district, to submit a certification of health on a form prescribed by the secretary of health and environment and signed by a person licensed to

practice medicine and surgery under the laws of any state, or by a person who is licensed as a physician assistant under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery, or by a person holding a license to practice as an advanced practice registered nurse under the laws of this state—when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery. The certification shall include a statement that there is no evidence of *a* physical condition that would conflict with the health, safety, or welfare of the pupils; and that freedom from tuberculosis has been established by chest x-ray or negative tuberculin skin test. If at any time there is reasonable cause to believe that any such employee of the school district is suffering from an illness detrimental to the health of the pupils, the school board may require a new certification of health.

- (b) Upon presentation of a signed statement by the employee of a school district, to whom the provisions of subsection (a) apply, that the employee is an adherent of a religious denomination whose religious teachings are opposed to physical examinations, the employee shall be permitted to submit, as an alternative to the certification of health required under subsection (a), certification signed by a person licensed to practice medicine and surgery under the laws of any state, or by a person who is licensed as a physician assistant under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery, or by a person holding a license to practice as an advanced practice registered nurse under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery that freedom of the employee from tuberculosis has been established.
- (c) Every board of education may require persons, other than employees of the school district, to submit to the same certification of health requirements as are imposed upon employees of the school district under the provisions of subsection (a) if such persons perform or provide services to or for a school district which require such persons to come in regular contact with the pupils of the school district. No such person shall be required to submit a certification of health if the person presents a signed statement that the person is an adherent of a religious denomination whose religious teachings are opposed to physical examinations. Such persons shall be permitted to submit, as an alternative to a certification of health, certification signed by a person licensed to practice medicine and surgery under the laws of any state, or by a person who is licensed as a physician assistant under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery, or by a person holding a license to practice

as an advanced practice registered nurse under the laws of this state—when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery that freedom of such persons from tuberculosis has been established.

- (d) The expense of obtaining certifications of health and certifications of freedom from tuberculosis may be borne by the board of education.
- Sec. 33. K.S.A. 2013 Supp. 75-7429 is hereby amended to read as follows: 75-7429. (a) As used in this section, "medical home" means a health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, or with an advanced practice registered nurse to provide comprehensive, accessible and continuous evidence-based primary and preventive care, and to coordinate the patient's health care needs across the health care system in order to improve quality and health outcomes in a cost effective manner.
- (b) The department of health and environment shall incorporate the use of the medical home delivery system within:
- (1) The Kansas program of medical assistance established in accordance with title XIX of the federal social security act, 42 U.S.C. § 1396 et seq., and amendments thereto;
- (2) the health benefits program for children established under K.S.A. 38-2001 et seq., and amendments thereto, and developed and submitted in accordance with federal guidelines established under title XXI of the federal social security act, section 4901 of public law 105-33, 42 U.S.C. § 1397aa et seq., and amendments thereto; and
 - (3) the state mediKan program.
- (c) The Kansas state employees health care commission established under K.S.A. 75-6502, and amendments thereto, shall incorporate the use of a medical home delivery system within the state health care benefits program as provided in K.S.A. 75-6501 through 75-6523, and amendments thereto. Except that compliance with a medical home delivery system shall not be required of program participants receiving treatment in accordance with a religious method of healing pursuant to the provisions of K.S.A. 2013 Supp. 75-6501, and amendments thereto.
- Sec. 34. K.S.A. 40-4602, 59-2976, 65-1660, 65-2892, 65-4134 and 65-5502 and K.S.A. 2013 Supp. 39-923, 39-1401, 39-1430, 39-1504, 65-468, 65-1113, 65-1130, 65-1626, 65-1682, 65-2837a, 65-2921, 65-4101, 65-4116, 65-4202, 65-5402, 65-5418, 65-6112, 65-6119, 65-6120, 65-6121, 65-6123, 65-6124, 65-6144, 65-7003, 65-7302, 72-5213 and 75-7429 are hereby repealed.
- Sec. 35. This act shall take effect and be in force from and after July 1, 2015, and its publication in the statute book.