

Kansas



Public Health Scope of Practice Toolkit for Nurses & Unlicensed Assistive Personnel

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This document was jointly developed by the Kansas Department of Health and Environment and Kansas Association of Local Health Departments with input from the Kansas Board of Nursing, various schools of nursing, professional nursing and medical assistant associations and unlicensed assistive personnel training programs.

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Purpose of this document

This document is to serve as a guide for local health department administrators, staff and local government officials to determine what roles advanced practice nurses (APRNs), registered nurses (RNs), licensed practical nurses (LPNs), certified nurse assistants (CNAs) and medical assistants (MAs), can do while employed by a health department in Kansas.

Disclaimer

This document is specific to the State of Kansas and may not encompass all statutes, rules, regulations or delegation practices. Content is not intended to be an all-inclusive list of the duties and responsibilities of the job, nor is it intended to be an all-inclusive list of the skills and abilities required to do the job. KALHD and the KDHE Local Public Health Program will update this document to keep the information as current as possible. The information provided in this guide does not, and is not intended to, constitute legal advice; instead, all information, content and materials available in this guide are for general informational purposes only. Please note some information may have changed since this document was published. Readers should contact their attorney to obtain advice with respect to any particular legal matter. No reader of this guide should act or refrain from acting on the basis of information in this guide from their own counsel.

Important links

For a full list of regulations, licensing, and information, please visit the below links:

[American Association of Medical Assistants- Kansas Letter Regarding Delegable Duties in Kansas](#)

[American Nurses Association Nursing Scope of Practice](#)

[Kansas Board of Nursing Website](#)

[Kansas Nurse Practice Act Statutes and Administrative Regulations](#) (updated July 2023)

[Kansas Office Revisor of Statutes](#)

[Kansas Secretary of State Statutes and Regulations](#)

[Forms and applications regarding nursing practice in Kansas](#)

Delegation in Nursing

The [Kansas Nurse Practice Act \(KNPA\)](#), K.S.A. 65-1165, requires all nurses in the state of Kansas to participate in delegation. Delegation is when certain nursing procedures may be delegated by an APRN or a licensed professional nurse (Registered Nurse (RN)) to a Licensed Practical Nurse (LPN). Additionally, certain nursing procedures may be delegated by an APRN, RN, or LPN to designated Unlicensed Assistive Personnel (UAP). Any delegated procedures shall be supervised. For information on the delegation of nursing tasks in the kindergarten through grade 12 school setting, see [this document](#).

According to the American Nurses Association (ANA), the term “Unlicensed Assistive Personnel” (UAP) applies to an unlicensed individual who is trained to function in an assistive role to the licensed individual in providing patient/client activities as delegated by the licensed individual.

In this context, unlicensed assistive personnel (UAP) includes:

- Certified Nurse Aides.
- Community Health Workers.
- Certified (and non-certified) Medical Assistants.
- Interns and nursing students.
- Other non-medical staff.

The degree of supervision required shall be determined by the licensed nurse after an assessment of appropriate factors (as laid out below) ([K.S.A. 65-1165](#)). The responsibility for a task ultimately lies with who delegated it. Factors to be considered related to the degree of supervision include:

- The health status and mental and physical stability of the individual receiving the nursing care.
- The complexity of the procedure to be delegated.
- The training and competency of the unlicensed person to whom the procedure is to be delegated.
- The proximity and availability of the licensed nurse to the designated unlicensed person when the selected nursing procedure will be performed.

When determining when and to whom a nursing task may be delegated to, the American Nurses Association’s “Five Rights of Nursing Delegation” is a useful tool:

1. Right Task.
2. Right Circumstance.
3. Right Person.
4. Right Direction/Communication.
5. Right Supervision.

Tasks that involve **TAPE** (Teaching, Assessment, Planning or Evaluating), are only within an APRN’s or RN’s scope – these should not be delegated (Colorado Public Health Association, 2023). See chart on page 10 for a list of specific tasks at local health departments that can only be performed by an APRN or RN and that cannot be delegated to LPNs or unlicensed assistive personnel. Tasks that constitute the practice of medicine or which state law allows only certain health care professionals to perform or which require the exercise of independent professional judgment or the making of clinical assessments, evaluations or interpretations may not be delegated to unlicensed personnel (American Nurses Association and National Council of State Boards of Nursing, 2019).

**** Please note there is a lack of uniform competencies, certifying bodies and regulatory language associated with Unlicensed Assistive Personnel (UAP), which adds to the complexity of legal language specific to delegation authority.***

Medical Assistants (MAs)

[Section 65-2872\(g\)](#) of the Kansas Healing Arts Act states that the following individuals are deemed to not be engaged in the practice of medicine: “Persons whose professional services are performed under the supervision or by order of or referral from a practitioner who is licensed under this Act [viz., a physician].”

According to the American Association of Medical Assistants (AAMA), “This language permits physicians to delegate a reasonable scope of clinical and administrative tasks (including venipuncture/phlebotomy and administration of medication orally and by intramuscular, intradermal, and subcutaneous injection [including vaccinations/ immunizations]) to knowledgeable and competent unlicensed professionals such as medical assistants working under their direct/onsite supervision in outpatient settings. However, if there is a likelihood of significant harm to patients if an injectable medication is prepared improperly, it is my legal opinion that the delegating physician must verify the dosage and the identity of the injectable substance before it is administered.” (Balasa, 2023).

The AAMA states that, “delegated services shall be routine, technical services, the performance of which do not require the special skill or decision-making ability of an advanced practice nurse, certified registered nurse anesthetist or professional nurse.”

The AAMA is a special interest group and their determinations are not binding on the regulatory agencies in Kansas. Medical assistants do not have to be certified and there is no agency that licenses medical assistants in Kansas. Some medical offices or clinics may require an AAMA certification as a standard of employment.

Independent practitioners – Advanced Practice Registered Nurses (APRNs)

Advanced Practice Registered Nurses (APRNs) are permitted do the following (KSBN, 2022):

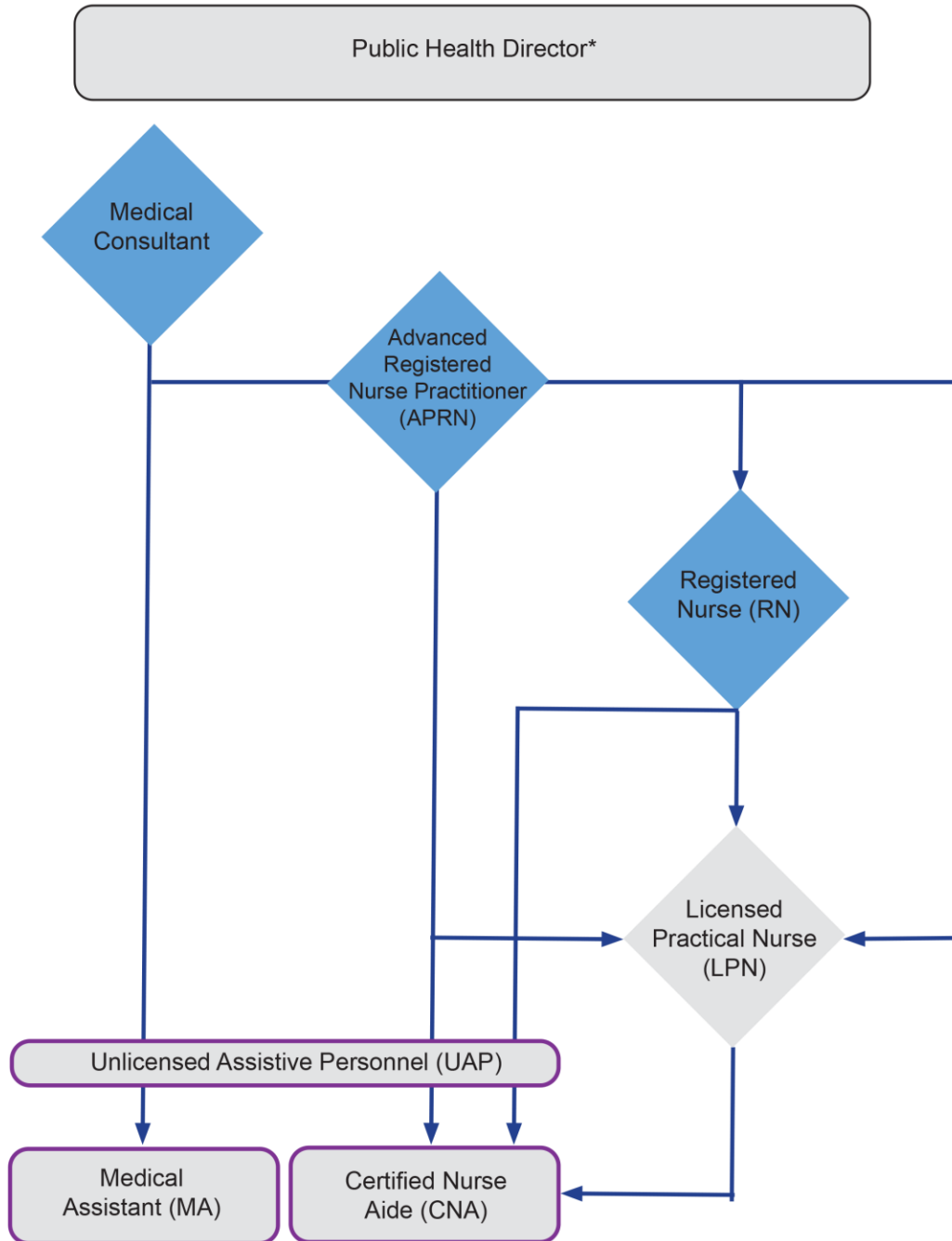
- Provide health promotion and maintenance, disease prevention, independent nursing diagnosis and treatment of acute and chronic diseases.
- Develop and manage medical plans of care for patients and clients.
- Provide health care services for which the nurse practitioner is educationally prepared and for which competency has been established and maintained.
- Provide health care for individuals by managing health problems encountered by patients and clients.
- Provide innovation in evidence-based nursing practice based on advanced clinical expertise, decision-making and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions.
- Prescribe and administer durable medical equipment and drugs consistent with the licensee’s specific role. Delegation of prescription administration to RNs and LPNs is allowed.

APRNs can prescribe the following without collaborative agreements (KSBN, 2022):

- Durable medical equipment.
- Prescribe, procure and administer any drug consistent with the APRN’s specific role and population focus, except drugs intended to cause abortion or part of a controlled drug class as specified in [K.S.A.](#)

[65-1130](#) and amendments. Any drug that is a controlled substance shall be prescribed, procured or administered in accordance with the uniform controlled substances act.

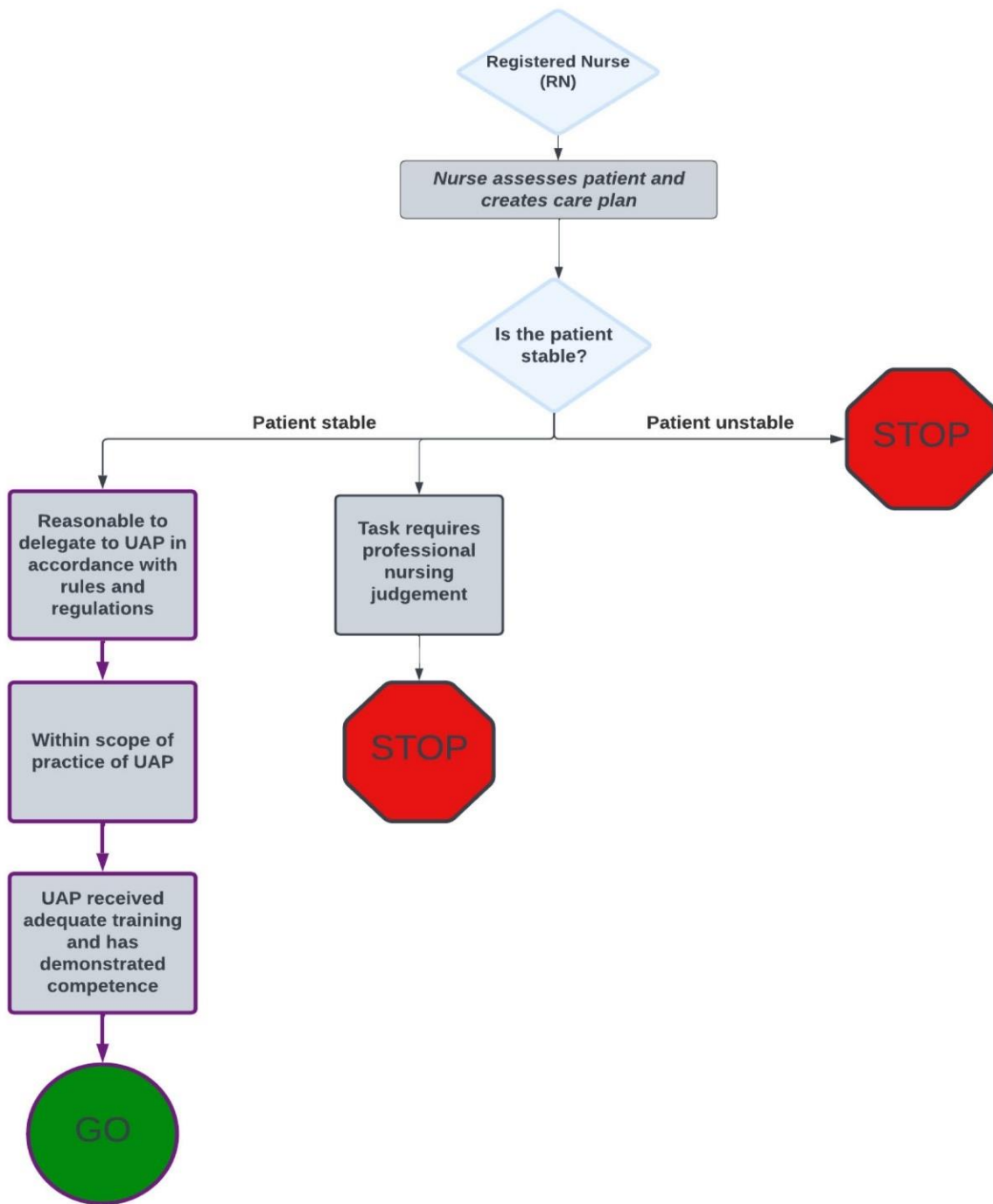
Health Department Delegation Chart



** Please note, a Public Health Director has no authority to delegate a medical task unless they are a medical professional with a license at which time they would delegate per their professional scope of practice act.*

(Adapted from CPHA, 2022).

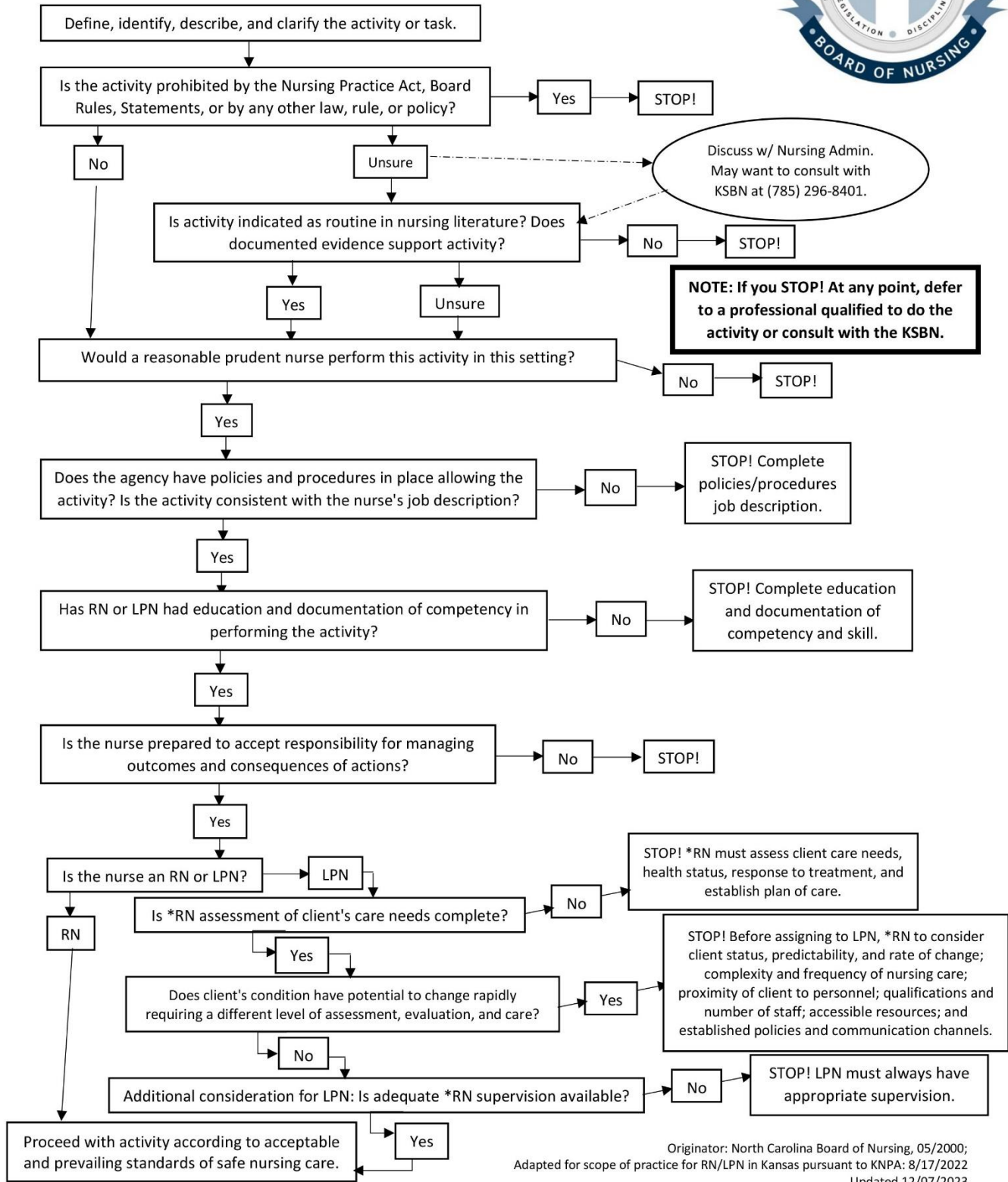
Delegation Authority for RNs in Local Health Departments



(CPHA, 2022).

More details on delegation and questions to consider can be found in the Kansas Board of Nursing's "Scope of Practice Decision Tree for the RN and LPN" on the following page.

SCOPE OF PRACTICE DECISION TREE FOR THE RN AND LPN





SCOPE OF PRACTICE DECISION TREE FOR THE RN AND LPN

RN and LPN scopes of practice are defined by the Kansas Nursing Practice Act. Because the roles and responsibilities of nurses are influenced by the healthcare system, which is ever-changing and increasing in complexity, it is important that the nurse makes valid, reliable decisions regarding his/her own scope of practice. This tool is intended to provide direction in that decision making process. These questions offer additional guidance for the nurse's consideration. The nurse may at any time, seek legal advice at their own expense. This guide is not intended to be legal advice.

- I. Define the Activity/Task
 - a. Describe, clarify the problem/need.
 - b. Does it require a healthcare provider's order?
 - c. Is the activity an independent RN action?
 - d. Does the task require an RN or other practitioner's direction?
 - e. What is the clinical environment in which the task will be completed?
 - f. What will be needed to safely complete the activity?
 - g. Who should be involved in the decision?
- II. Legality
 - a. Could the nurse perform the activity or task and meet the standards of safe nursing practice as defined by Kansas Nurse Practice Act?
 - b. Is the task prohibited by nursing law or rules, or precluded by any other law or rule (e.g., Pharmacy Practice Act, Medical Practice Act, ADA, HIPAA, etc.?)
 - c. Does the facility have a policy in place including the RN and/or LPN as appropriate to complete the activity?
 - d. Is the activity consistent with nursing education programs or approved continuing education?
 - e. Is there evidence to support that the activity is within acceptable and prevailing standards of safe nursing care (i.e., national nursing organization/association standards, nursing literature/research, agency accreditation standards, and/or community standard)?
- III. Competency
 - a. Is there documentation the nurse has completed appropriate education to perform the activity?
 - b. Is there documentation the nurse has demonstrated appropriate knowledge, skill and ability to complete the activity?
- IV. Safety
 - a. Is the activity safe and appropriate to perform with this patient/client at this time?
 - b. Is the activity safe and appropriate to perform only in specific environment where necessary assistive equipment and personnel will be available in case of an unexpected response to assure patient safety and quality of care?
 - c. What is the potential outcome for patient if you do or do not perform procedure?
- V. Accountability
 - a. Is the nurse willing to be accountable for the activity?
 - b. Is the nurse prepared to accept the consequences of activity?
 - c. Would a reasonable or prudent nurse complete the activity?
- VI. Additional considerations for LPN
 - a. Will adequate RN supervision be available?
 - b. Does activity have potential to significantly change the medical status of patient/client, resulting in the need to provide assessment and care requiring a different level of professional licensure?

Health Department Nursing Tasks Chart

UAP- Unlicensed Assistive Personnel.

Health Department Duty	APRN	RN	LPN	MA (UAP)	CNA (UAP)
Administer medications including oral, topical, and rectal	Yes [*]	Yes ^{**}	Yes, as delegated by a APRN or RN. ^{**}	Yes, delegated by a physician, with direct or onsite supervision of a physician. ^{11 11}	No ^{55 # **}
Provide vaccinations	Yes [*]	Yes ^{**}	Yes, as delegated by a APRN or RN. ^{**}	Yes, delegated by a physician, with direct or onsite supervision of a physician. ^{11 11}	No ^{55 # **}
Patient care services, including taking vital signs and collecting specimens	Yes [*]	Yes ^{**}	Yes ^{**}	Yes, delegated by a physician, with direct or onsite supervision of a physician. ^{11 11}	As delegated by an APRN, RN or LPN, CNAs can measure and record vital signs, and collect urine, fecal or sputum specimens. ^{55 # **}
Family planning (FP) duties, including administering birth control medication, administering Depo Provera, and sexually-transmitted infection (STI) assessments	Yes ^{††}	Yes ^{††}	LPNs can administer oral birth control and Depo Provera already being taken by the client (not a new prescription). They cannot perform STI assessments. As delegated by a RN or APRN, they can assist with components of a FP or STI visit, such as obtaining vitals and collecting specimens. ^{††}	As delegated by a physician, with direct or onsite supervision of a physician, MAs can assist with components of a FP or STI visit, such as obtaining vitals, specimen collection and dispensing or administering a client's established form of contraception. They cannot perform STI assessments. ^{†† 11 11}	As delegated by an APRN or RN, CNAs can measure and record vital signs, and collect urine, fecal or sputum specimens. ^{55 # **}
WIC duties, including clerk roles, nutrition assessments, education, exams, etc.	Yes. (However, only a Registered Dietitian (RD) can perform High Risk nutrition education visits). ^{11 5}	Yes. (However, only a Registered Dietitian (RD) can perform High Risk nutrition education visits). ^{11 5}	LPNs can fulfill clerk roles and can assist with components of WIC visits, but they cannot complete nutrition assessments. They can maintain and calibrate equipment and collect height, weight and blood work data. ^{11 5}	As delegated by a physician, with direct or onsite supervision of a physician, MAs can fulfill receptionist and clerk roles. They cannot complete nutrition assessments. ^{11 11 5}	CNAs can fulfill receptionist and clerk roles and assist with components of WIC visits, but they cannot complete the nutrition assessments. ^{11 5}
Perform KanBeHealthy assessments	Yes [†]	Yes [†]	No [†]	No [†]	No [†]
Conduct disease investigation	Yes; with adequate training. ^{††††}	Yes; with adequate training. ^{††††}	Yes; with adequate training. ^{††††}	Yes; with adequate training. ^{††††}	Yes, with adequate training. ^{††††}
Maternal and Child Health home visiting	Yes, including supervising home visitors. Must complete KDHE training. ¹¹¹¹	Yes, including supervising home visitors. Must complete KDHE training. ¹¹¹¹	Yes, including supervising visitors. Must complete KDHE training. ¹¹¹¹	Yes, as delegated by a physician, with direct or onsite supervision of a physician and completion of KDHE training. Must be able to able to differentiate between home visitor and nurse responsibilities. ^{11 11}	Yes, with completion of KDHE training. Must be able to able to differentiate between home visitor and nurse responsibilities. ¹¹¹¹

This table provides information about what health department clinic employees can do and what can be delegated to other staff. This is not an exhaustive list. Standing orders, approved and signed by a health department's medical consultant, detailing these duties are strongly recommended. Please also note that while the Kansas Nurse Practice Act provides details about the roles of RNs and LPNs in the school setting, this level of detail is not provided for RNs and LPNs working in other settings. In addition, Kansas Statute (e.g., [K.S.A. 65-1113](#)) does not provide details of exact duties. Its language is broad to allow for professional organizations, such as the American Nurses Association and the National Council of State Boards of Nursing, to define standards of practice and code of ethics.

^{*} K.S.A. 65-1113

[†] KAN Be Healthy EPSDT Manual

^{††} Title X Program Handbook July 2022, Pg. 17 (#7)

[¶] [WIC Policy and Procedures Manual: KWIC Staff Access and Roles \(Policy ADM 07.02.01\)](#)

[§] [WIC Policy and Procedures Manual: General Staff Responsibilities \(Policy ADM 10.01.00\)](#)

[¶] [American Association of Medical Assistants Letter Regarding Delegable Duties in Kansas](#)

[#] [Joint Statement on Delegation - American Nurses Association \(ANA\) and the National Council of State Boards of Nursing \(NCSBN\) Position Statement](#)

^{**} [National Council of State Boards of Nursing \(NCSBN\) National Guidelines for Nursing Delegation](#)

⁺⁺⁺ [Disease Investigation Requirements](#)

^{¶¶} [Kansas State Board of Healing Arts Practice Handbook](#)

^{§§} [Kansas Department of Administration Certified Nurse Aides I and II Occupational Concept](#)

^{||||} [Maternal & Child Health Service Manual](#)

Kansas State Statutes and Regulation Pertaining to Nurse Scope of Practice

The following pertain to delegation and nursing within the scope of public health practice.

Specific information on delegation in the school setting can be found in [60-15-101 to 60-15-104 of the Kansas Nurse Practice Act](#).

K.S.A. 65-1113 Definitions.

(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.

(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 paragraph (1), 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.

K.S.A. 65-1124. Acts which are not prohibited. No provision of this law shall be construed as prohibiting:

- (a) Gratuitous nursing by friends or members of the family;
- (b) the incidental care of the sick by domestic servants or persons primarily employed as housekeepers;
- (c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;
- (d) nursing assistance in the case of an emergency;
- (e) the practice of nursing by students as part of a clinical course offered through a school of professional or practical nursing or program of advanced registered professional nursing approved in the United States or its territories;
- (f) the practice of nursing in this state by legally qualified nurses of any of the other states as long as the engagement of any such nurse requires the nurse to accompany and care for a patient temporarily residing in this state during the period of one such engagement not to exceed six months in length, and as long as such nurses do not represent or hold themselves out as nurses licensed to practice in this state;
- (g) the practice by any nurse who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of official duties;
- (h) auxiliary patient care services performed in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry or the supervision of a registered professional nurse or a licensed practical nurse;
- (i) the administration of medications to residents of adult care homes or to patients in hospital-based long-term care units, including state operated institutions for people with intellectual disability, by an unlicensed person who has been certified as having satisfactorily completed a training program in medication administration approved by the secretary of health and environment and has completed the program on continuing education adopted by the secretary, or by an unlicensed person while engaged in and as a part of such training program in medication administration;
- (j) the practice of mental health technology by licensed mental health technicians as authorized under the mental health technicians' licensure act;
- (k) performance in the school setting of nursing procedures when delegated by a licensed professional nurse in accordance with the rules and regulations of the board;
- (l) performance of attendant care services directed by or on behalf of an individual in

need of in-home care as the terms "attendant care services," and "individual in need of in-home care" are defined under K.S.A. [65-6201](#), and amendments thereto;

- (m) performance of a nursing procedure by a person when that procedure is delegated by a licensed nurse, within the reasonable exercise of independent nursing judgment and is performed with reasonable skill and safety by that person under the supervision of a registered professional nurse or a licensed practical nurse;
- (n) the practice of nursing by an applicant for Kansas nurse licensure in the supervised clinical portion of a refresher course; or
- (o) the teaching of the nursing process in this state by legally qualified nurses of any of the other states while in consultation with a licensed Kansas nurse as long as such individuals do not represent or hold themselves out as nurses licensed to practice in this state.

K.S.A. 65-1130. Advanced practice registered nurse; standards and requirements for licensure; rules and regulations; roles, titles and abbreviations; prescription of drugs authorized; licensure of currently registered individuals; malpractice insurance coverage required, exceptions.

- (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) (1) 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.
(2) (A) On and after July 1, 2023, an applicant for initial licensure as an advanced practice registered nurse shall have a current advanced practice registered nurse certification in such applicant's specific role and population focus that has been granted by a national certifying organization recognized by the board and whose certification standards are approved by the board as equal to or greater than the corresponding standards established by the board; and (B) an advanced practice registered nurse whose initial licensure is prior to July 1, 2023, may submit evidence of such certification to the board upon renewal.
- (c) The board shall adopt rules and regulations consistent with the Kansas nurse practice act applicable to advanced practice registered nurses that:

- (1) Establish roles and identify titles and abbreviations of advanced practice registered nurses that are consistent with nursing practice specialties recognized by the nursing profession.
 - (2) Establish education and qualifications necessary for licensure for each role of advanced practice registered nurse established by the board at a level adequate to assure the competent performance by 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 paragraph that is consistent with the education and qualifications required to obtain a license as an advanced practice registered nurse that protects the public from persons performing functions and procedures as advanced practice registered nurses for which they lack adequate education and qualifications and that 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 post basic 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 in accordance with the laws of this state; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with post basic education in nursing.
- (d) (1) An advanced practice registered nurse may prescribe durable medical equipment and prescribe, procure, and administer any drug consistent with such licensee's specific role and population focus, except an advanced practice registered nurse shall not prescribe any drug that is intended to cause an abortion. Any drug that is a controlled substance shall be prescribed, procured, or administered in accordance with the uniform controlled substances act.
- (2) A prescription order shall include the name, address, and telephone number of the advanced practice registered nurse. An advanced practice registered nurse may not dispense drugs but may request, receive, and sign for professional samples and may distribute professional samples to patients.
- (3) In order to prescribe controlled substances, the advanced practice registered nurse shall:
- (A) Register with the federal drug enforcement administration; and
 - (B) comply with federal drug enforcement administration requirements related to controlled substances.
- (4) 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](#) through [65-1164](#), and amendments thereto, shall be subject to the

provisions of K.S.A. [65-1151](#) through [65-1164](#), and amendments thereto, with respect to drugs and anesthetic agents and shall not be subject to the provisions of this subsection.

(5) An advanced practice registered nurse shall maintain malpractice insurance coverage as a condition of rendering professional clinical services as an advanced practice registered nurse in this state and shall provide proof of insurance at the time of licensure and renewal of license. The requirements of this subsection shall not apply to an advanced practice registered nurse who:

(i) Practices solely in employment for which the advanced practice registered nurse is covered under the federal tort claims act or the Kansas tort claims act;

(ii) practices solely as a charitable healthcare provider under K.S.A. [75-6102](#), and amendments thereto; or

(iii) is serving on active duty in the armed forces of the United States.

(e) 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.

(g) An advanced practice registered nurse certified in the role of certified nurse-midwife and engaging in the independent practice of midwifery under the independent practice of midwifery act with respect to prescribing drugs shall be subject to the provisions of the independent practice of midwifery act and shall not be subject to the provisions of this section.

(h) This section shall not supersede the requirements outlined in K.S.A. [65-4a08\(b\)](#), and amendments thereto.

K.S.A. 65-1165 Supervision of delegated nursing procedures.

- (a) All nursing procedures, including but not limited to administration of medication, delegated by a licensed nurse to a designated unlicensed person shall be supervised. The degree of supervision required shall be determined by the licensed nurse after an assessment of appropriate factors which may include:
 - (1) The health status and mental and physical stability of the individual receiving the nursing care;
 - (2) the complexity of the procedure to be delegated.
 - (3) the training and competency of the unlicensed person to whom the procedure is to be delegated; and
 - (4) the proximity and availability of the licensed nurse to the designated unlicensed person when the selected nursing procedure will be performed.
- (b) As used in this section, "supervision" has the meaning ascribed to such term under subsection (a) of K.S.A. [65-1136](#) and amendments thereto.
- (c) This section shall be part of and supplemental to the Kansas nurse practice act.

K.A.R. 60-3-109a Standards of practice.

- (a) Each registered professional nurse shall be familiar with the Kansas nurse practice act, the standards of practice of the profession and the code of ethics for professional nurses.
- (b) Each licensed practical nurse shall be familiar with the Kansas nurse practice act, the standards of practice and the code of ethics for practical nurses.

Specific information on delegation in the K-12 school setting can be found in [60-15-101 to 60-15-104 of the Kansas Nurse Practice Act](#).

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