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100-1-1	Article 1.-Board of Healing Arts	Seals	Amended	Nov. 8, 2024	65-2819 and 65-2865	65-2819	Seal used to authenticate official acts and documents of the board.	necessary	Yes	No	No	No	n/a	No	n/a	Conflict with the statutory requirement of K.S.A. 65-2819.	In active use	n/a	none
100-1-2	Article 1.-Board of Healing Arts	Revoked																	
100-1-3	Article 1.-Board of Healing Arts	Revoked																	
100-2-1	Article 2.-Officers	Revoked																	
100-2-2	Article 2.-Officers	Term	Amended	Nov. 8, 2024	65-2865	65-2818	Defines the term of office for the president and vice-president of Board.	necessary	Yes	No	No	No	n/a	No	n/a	Remove requirement for annual change in leadership of Board.	In active use	n/a	none
100-2-3	Article 2.-Officers	President; duties	Amended	Nov. 8, 2024	65-2865	65-2818	Defines duties of president of Board.	necessary	Yes	No	No	No	n/a	No	n/a	Remove power of president to preside at Board meetings.	In active use	n/a	none
100-2-4	Article 2.-Officers	Vice-president; duties	Amended	Nov. 8, 2024	65-2865	65-2818	Defines duties of vice-president of Board.	necessary	Yes	No	No	No	n/a	No	n/a	Remove power of vice-president preside at Board meetings in the absence of president.	In active use	n/a	none
100-2-5	Article 2.-Officers	Revoked																	
100-2-6	Article 2.-Officers	Revoked																	
100-3-1	Article 3.-Committees	Revoked																	
100-4-1	Article 4.-Vacancies	Causes	Amended	Nov. 8, 2024	65-2865	65-2818 and 65-2819	Defines when a vacancy occurs in Board leadership. Ensures administrative continuity and clear succession protocols for the agency's presiding officers.	necessary	Yes	No	No	No	n/a	No	n/a	Disrupts Board leadership and administrative continuity. Delays regulatory actions and disciplinary proceedings. Reduces agency efficiency and accountability during leadership transitions.	In active use	n/a	none
100-4-2	Article 4.-Vacancies	Filling	Amended	Nov. 8, 2024	65-2865	65-2818 and 65-2819	Establishes a succession process for Board leadership. Ensures continuous operations and administrative stability when the presidency becomes vacant.	necessary	Yes	No	No	No	n/a	No	n/a	Disrupts Board leadership and administrative continuity. Lack of a clear succession plan delays regulatory actions and disciplinary proceedings. Kansans face reduced agency efficiency and accountability during leadership transitions.	In active use	n/a	none
100-5-1	Article 5.-Meetings	Meetings	Amended	Nov. 8, 2024	65-2865	65-2818 and 65-2819	Ensures transparency by designating Board meeting dates, times, and locations for public access.	necessary	Yes	No	No	No	n/a	No	n/a	Replaces predictable public oversight with an unpredictable administrative process. Reduces transparency and hinders the public's ability to monitor Board actions and regulatory decisions.	In active use	n/a	none
100-5-2	Article 5.-Meetings	Special meetings	Amended	Nov. 8, 2024	65-2865	65-2819	Establishes protocols for urgent meetings. Ensures transparency and notice while allowing swift action on time-sensitive regulatory matters.	necessary	Yes	No	No	No	n/a	No	n/a	Disrupts the response to urgent public health threats. Eliminates the legal mechanism to quickly restrict or suspend dangerous practitioners between regular sessions. Kansans face increased risk of harm if unfit professionals continue practicing without immediate regulatory intervention.	In active use	n/a	none
100-5-3	Article 5.-Meetings	Revoked																	

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100-5-4	Article 5.-Meetings	Order of business	New	Feb. 15, 1977	65-2865		Establishes a structured order of business and adopts Robert's Rules of Order. Standardizing meeting flow ensures efficient operations, organized decision-making, and clear public records of Board actions.	necessary	Yes	No	No	No	n/a	No	n/a	Removes the structure for public meetings, leading to disorganized proceedings and potential procedural errors. Inconsistent meeting conduct reduces transparency and makes it difficult for the public to follow or predict Board decisions regarding healthcare licensure and safety.	In active use	n/a	none
100-6-1	Article 6.-Licenses	Granting	Amended	Feb. 15, 1977	65-2865		Ensures that healing arts licenses are only issued to applicants who meet statutory standards through examination or endorsement, protecting public health by verifying practitioner competency.	could be revoked	Yes	No	No	No	n/a	No	n/a	No impact. Licensure requirements are already mandated by the Kansas Healing Arts Act; removing this redundant regulation simply streamlines the administrative code.	No	n/a	Revocation is proposed because the regulation is redundant and merely refers to granting licenses pursuant to existing statutes. the rule adds no additional requirements or necessary guidance beyond current law.
100-6-2	Article 6.-Licenses	Education and training requirements	Amended	May 7, 2021	65-2865	65-2873 and 65-2875	Sets minimum education and postgraduate training standards for medical, osteopathic, and chiropractic licensure. Ensures practitioners possess the clinical experience and academic qualifications necessary to provide safe patient care.	necessary	Yes	No	No	No	n/a	No	n/a	Eliminates mandated competency standards. Without these requirements, individuals with insufficient training could obtain licenses, increasing risk of medical errors. Kansans lose assurance that providers meet professional benchmarks.	In active use	n/a	none
100-6-2a	Article 6.-Licenses	Resident active license qualifications	New	March 19, 2021	65-2865	65-2873b	Defines qualifications and cancellation triggers for resident active licenses. Ensures residents practicing outside their training programs meet competency, insurance, and supervision standards to protect patients.	necessary	Yes	No	No	No	n/a	No	n/a	Removes oversight for residents practicing independently. Eliminates requirements for liability insurance and program director approval. Kansans would face increased risk of care from unsupervised, under-insured practitioners lacking full licensure.	In active use	n/a	none
100-6-3	Article 6.-Licenses	Approved school of medicine and surgery	Amended	May 1, 1986	65-2865		Defines minimum accreditation and curriculum standards for approved medical and osteopathic schools. Ensures licensed practitioners graduate from institutions with adequate faculty, facilities, and clinical training to provide safe medical care.	necessary	Yes	No	No	No	n/a	No	n/a	Removes the Board's ability to verify the quality of medical education. Without these standards, individuals from substandard or unverified programs could qualify for licensure. This increases the risk of medical errors and compromises the safety of healthcare delivered to Kansans.	In active use	n/a	none

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100-6-4	Article 6.-Licenses	Applications for licensure by examination	Amended	Feb. 15, 1977	65-2865, K.S.A. 1976 Supp. 65-2873		Establishes requirements for licensure by examination. Mandates identity verification, educational proof, and character references to ensure only qualified, vetted individuals enter the healing arts professions through the examination pathway.	necessary	Yes	No	No	No	n/a	No	n/a	Eliminates the vetting process for the licensure by examination pathway. Without these standards, the Board cannot reliably verify identity, moral character, or educational credentials. This increases the risk of fraudulent or unqualified individuals obtaining licenses, endangering patient safety.	In active use	n/a	none
100-6-5	Article 6.-Licenses	Application for licensure of foreign graduates by examination	Amended	May 1, 1979	65-2865		Establishes supplemental requirements for foreign medical graduates seeking licensure by examination. Mandates ECFMG certification, curriculum verification, and English proficiency to ensure internationally trained practitioners meet Kansas safety and competency standards.	necessary	Yes	No	No	No	n/a	No	n/a	Eliminates the ability to verify the credentials of internationally trained applicants. Without these standards, the Board could not ensure foreign graduates possess equivalent education or the communication skills necessary for safe practice.	In active use	n/a	none
100-6-6	Article 6.-Licenses	Reentry active license; medicine and surgery and osteopathic medicine	Amended	Nov. 10, 2023	65-2809	65-2809	Ensures physicians returning to practice after a two-year gap are clinically competent. It protects the public by requiring a supervised reentry plan, assessment, and insurance before a practitioner returns to active patient care.	necessary	Yes	No	No	No	n/a	No	n/a	Allow physicians with long gaps in practice to return to patient care without any verification of current skills.	In active use	n/a	none
100-6-7	Article 6.-Licenses	Application for licensure pursuant to K.S.A. 48-3406	New	Nov. 5, 2021	2020 Supp. 48-3406, as amended by L. 2021, ch. 70, sec. 1, and K.S.A. 65-2865	2020 Supp. 48-3406, as amended by L. 2021, ch. 70, sec. 1	Implements K.S.A. 48-3406 to provide expedited licensure for military members and spouses. Ensures these applicants meet essential verification and insurance requirements for safe practice in Kansas.	necessary	Yes	No	No	No	n/a	No	n/a	Violates the mandate of K.S.A. 48-3406. Eliminates the verified process for military-affiliated applicants to obtain licensure and prove insurance coverage. Revocation delays the entry of qualified providers into the workforce and increases patient risk by removing credential oversight.	In active use	n/a	Directly implements K.S.A. 48-3406. The regulation provides the administrative structure necessary to fulfill the legislative intent of supporting military families while maintaining professional standards for healing arts practitioners.
100-7-1	Article 7.-Examinations	Designated examinations for medicine and surgery and osteopathic medicine and surgery; limitation on attempts	Amended	Nov. 13, 2020	65-2828 and K.S.A. 65-2865	65-2828, K.S.A. 65-2833, and K.S.A. 65-2873	Establishes the specific examination sequences and attempt limits required for licensure. This ensures a uniform, objective standard for evaluating applicant qualifications as authorized by K.S.A. 65-2828.	necessary	Yes	No	No	No	n/a	No	n/a	Remove the objective criteria for determining licensure eligibility. This would lead to inconsistent licensing standards and the absence of a verified measurement of professional knowledge.	In active use	n/a	none
100-7-2	Article 7.-Examinations	Revoked																	
100-7-3	Article 7.-Examinations	Revoked																	
100-7-4	Article 7.-Examinations	Revoked																	
100-7-5	Article 7.-Examinations	Revoked																	

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100-8-1	Article 8.-License by Endorsement	Issuance; requirement	Amended	May 1, 1979	65-2833, 65-2834 and 65-2965		Establishes criteria for evaluating educational and examination standards of international applicants seeking licensure by endorsement. This ensures international training is substantially equivalent to Kansas requirements as authorized by K.S.A. 65-2833.	necessary	Yes	No	No	No	n/a	No	n/a	Conflicts with the K.S.A. 65-2833 mandate to evaluate equivalent standards. Removes the ability to vet international credentials, potentially allowing individuals from substandard programs to obtain licenses. Undermines professional benchmarks and increases the risk of medical harm to the public.	In active use	n/a	none
100-8-2	Article 8.-License by Endorsement	Applications	Amended	May 1, 1979	65-2833, 65-2834, 65-2865, 65-2873		Establishes the specific documentation and identification requirements for licensure by endorsement. This ensures the Board can verify the identity, educational history, and professional standing of applicants previously licensed in other jurisdictions as authorized by K.S.A. 65-2833.	necessary	Yes	No	No	No	n/a	No	n/a	Conflicts with K.S.A. 65-2833. Removes the vetting process for endorsement applicants. Without these standards, the Board cannot verify identity, education, or professional standing. This allows unqualified or fraudulent practitioners to obtain licenses, directly endangering patient safety..	In active use	n/a	none
100-8-3	Article 8.-License by Endorsement	Endorsement licenses; active practice requirements	New	May 7, 2021	65-2865	65-2833	Defines the "active practice" standards required for licensure by endorsement. Mandates recent direct patient care experience and excludes research or administrative roles to ensure applicants possess current clinical skills.	necessary	Yes	No	No	No	n/a	No	n/a	Undermines K.S.A. 65-2833. Allows practitioners with stale skills or disciplinary histories in other states to obtain Kansas licenses. Kansans face increased risk of medical error from providers who lack recent patient care experience or are evading restrictions from other jurisdictions.	In active use	n/a	Directly implements K.S.A. 65-2833. This regulation prevents "forum shopping" by practitioners under investigation elsewhere. It ensures that every physician entering Kansas via endorsement is clinically active and in good standing, maintaining a high standard of care for the state.
100-8-4	Article 8.-License by Endorsement	Endorsement from this state	Amended	May 1, 1988	65-2865	65-2878, as amended by L. 1987, Ch. 240, Sec. 10	Authorizes the executive director to certify the licensure status of Kansas practitioners seeking licensure in other jurisdictions. This ensures a formal administrative process for the verification of professional credentials.	necessary	Yes	No	No	No	n/a	No	n/a	Blocks Kansas practitioners from obtaining licenses in other states or countries by removing the official verification process. This limits professional mobility and halts the interstate sharing of disciplinary data needed for national patient safety.	In active use	n/a	none
100-9-1	Article 9.-Temporary License	Visiting professor license	Amended	Feb. 15, 1977	65-2865, K.S.A. 1976 Supp. 65-2898		Authorizes a temporary license for visiting professors at state medical schools. Allows expert educators to teach and practice in academic settings without full licensure, facilitating high-level medical education in Kansas.	could be revoked	Yes	No	No	No	n/a	No	n/a	Prevents state medical schools from bringing in outside experts for specialized teaching and clinical instruction. This would degrade the quality of medical education in Kansas and limit the exposure of local students and residents to advanced techniques or research from leading global professors.	In active use	n/a	none
100-9-2	Article 9.-Temporary License	Revoked																	
100-10-1	Article 10.-Temporary Permit (not in active use)□	Revoked																	

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100-10a-1	Article 10a.-Exempt License	Applications	Amended	March 10, 2000	65-2865	1998 Supp. 65-2809	Establishes the application process for an exempt license. It ensures practitioners who are no longer actively practicing acknowledge they cannot treat the public, are not covered by the health care stabilization fund, and are not required to maintain professional liability insurance.	necessary	Yes	No	No	No	n/a	No	n/a	Removal of the standardized application and mandatory disclosures reduces regulatory clarity. This leads to public uncertainty regarding a practitioner's active status, insurance requirements, and liability coverage under the Healthcare Stabilization Fund.	In active use	n/a	none
100-10a-2	Article 10a.-Exempt License	Request for changes	New	May 1, 1988	65-2865	1986 Supp. 65-2809, as amended by L. 1987, Ch. 242, Sec. 2	Requires exempt license holders to notify the Board of any changes to their professional activities. This ensures the Board can verify that a licensee's new activities still qualify for exempt status and do not involve unauthorized clinical practice.	necessary	Yes	No	No	No	n/a	No	n/a	Allows exempt practitioners to change their professional activities without oversight. This would permit individuals to shift into clinical roles while remaining exempt from insurance and education requirements, bypassing safety laws and leaving Kansans unprotected.	In active use	n/a	none
100-10a-3	Article 10a.-Exempt License	Renewal applications	Amended	March 10, 2000	65-2865	1998 Supp. 65-2809	Ensures exempt licensees maintain current status through a standardized renewal process.	necessary	Yes	No	No	No	n/a	No	n/a	Removes the renewal process for exempt licenses. The Board could not maintain an accurate registry of non-practicing professionals, leading to outdated public records and a loss of oversight needed to ensure these individuals remain in a non-clinical status.	In active use	n/a	none
100-10a-4	Article 10a.-Exempt License	Criteria	Amended	June 24, 1991	1990 Supp. 65-2865	1990 Supp. 65-2809	Defines authorized activities for exempt licenses, such as administrative or charitable work. This prevents individuals from practicing for-profit medicine without mandatory insurance or current training.	necessary	No	No	No	No	n/a	No	n/a	Removes legal boundaries for exempt licenses. Practitioners could perform high-risk procedures without insurance or current training. This increases the risk of uninsured medical errors and endangers patient safety.	In active use	n/a	none
100-10a-5	Article 10a.-Exempt License	Conversion	New	May 1, 1988	1986 Supp. 65-2809, as amended by L. 1987, Ch. 242, Sec. 2	1986 Supp. 65-2809, as amended by L. 1987, Ch. 242, Sec. 2	Sets the process for converting an exempt license to active status. It mandates continuing education and competency checks to ensure practitioners are safely prepared to return to clinical practice.	necessary	Yes	No	No	No	n/a	No	n/a	Removes safety checks for returning to clinical work. Practitioners could treat patients after years of inactivity without proving current skills, increasing medical errors and endangering public safety.	In active use	n/a	none
100-10a-6	Article 10a.-Exempt License	Activities not divulged	New	May 1, 1988	65-2865	1986 Supp. 65-2809, as amended by L. 1987, Ch. 242, Sec. 2	Prohibits exempt licensees from engaging in professional activities not previously disclosed to and approved by the Board. It establishes that unauthorized practice constitutes "dishonorable conduct," providing a clear enforcement mechanism to ensure practitioners do not exceed their restricted scope of practice.	necessary	Yes	No	No	No	n/a	No	n/a	Allows exempt practitioners to perform unapproved medical activities without Board knowledge. This bypasses state safety standards and leaves the public at risk of receiving care from unvetted or uninsured individuals.	In active use	n/a	none

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100-11-1	Article 11.-Fees	Amount	Amended	Sept. 8, 2023	65-2865	65-2809, K.S.A. 65-2811, K.S.A. 65-2811a, K.S.A. 65-2835, K.S.A. 65-2844, K.S.A. 65-2852, K.S.A. 65-2873b, K.S.A. 65-2895, K.S.A. 65-28,100, K.S.A. 65-28,124, and K.S.A. 65-28,125	Establishes the fee schedule for all licenses, permits, and administrative services. These fees fund the Board's operations, including licensing, investigations, and enforcement, ensuring the agency has the resources to regulate the healing arts and protect public safety.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would eliminate the Board's primary funding source. Without these fees, the Board could not process licenses or investigate complaints. This would halt the entry of new doctors into the workforce and leave the public unprotected from incompetent or unethical practitioners.	In active use	n/a	none
100-11-2	Article 11.-Fees	Revoked																	
100-11-3	Article 11.-Fees	Revoked																	
100-11-4	Article 11.-Fees	Revoked																	
100-11-5	Article 11.-Fees	Revoked																	
100-12-1	Article 12.-Records	Records	Amended	May 1, 1988	65-2865	65-2808	Establishes procedures for public inspection of Board records, including location, supervision, and written request requirements, ensuring transparency and record integrity.	could be revoked	Yes	No	No	No	n/a	No	n/a	No impact. Public access to records is governed and guaranteed by the Kansas Open Records Act (KORA).	No	n/a	The Board is considering revocation because the regulation is largely covered or superseded by KORA.
100-13-1	Article 13.-Records (not in active use)□	Revoked																	
100-13-2	Article 13.-Records (not in active use)□	Revoked																	
100-14-1	Article 14.-Certificate (not in active use)□	Revoked																	
100-15-1	Article 15.-License Renewal; Continuing Education	Expiration dates	Amended	12-May-23	65-2865	65-2809 and 65-2873b	Establishes specific annual expiration dates for various branches of the healing arts. Staggering these dates ensures the Board can efficiently manage the high volume of renewals, preventing administrative delays and ensuring practitioners remain in good standing.	necessary	Yes	No	No	No	n/a	No	n/a	Removes the timeline for license expiration. This would cause administrative chaos, as there would be no clear deadline for practitioners to prove their continued fitness to practice, leading to lapsed oversight and a risk of unlicensed medical practice across the state.	In active use	n/a	none
100-15-2	Article 15.-License Renewal; Continuing Education	Revoked																	
100-15-3	Article 15.-License Renewal; Continuing Education	Continuing education; institutional licensees	New	May 1, 1988	65-2895, as amended by (L) 1987, Ch. 239, Sec. 5 and as further amended by L. 1987, Ch. 240, Sec. 11	65-2895, as amended by (L) 1987, Ch. 239, Sec. 5 and as further amended by L. 1987, Ch. 240, Sec. 11	Mandates 100 hours of continuing education every two years for institutional licensees to ensure they maintain clinical knowledge while practicing in state-run facilities. It also provides a hardship extension for practitioners who suffer significant illness or accidents.	necessary	Yes	No	No	No	n/a	No	n/a	Eliminates training mandates for institutional providers. Patients in state facilities would risk care from practitioners with outdated skills, increasing medical errors.	In active use	n/a	none

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100-15-4	Article 15.-License Renewal; Continuing Education	Continuing education standards; definitions	Amended	May 7, 2021	65-2809 and 65-2865	65-2809	Defines continuing education standards to ensure activities improve patient care, ethics, and professional skills. Establishing these categories and quality requirements ensures practitioners maintain the clinical competence necessary to protect public health.	necessary	Yes	No	No	No	n/a	No	n/a	Eliminates quality standards for medical training. Practitioners could use irrelevant content for credit, leading to outdated skills and increasing the risk of substandard patient care.	In active use	n/a	The Board is updating this regulation to revise credit requirements and strike outdated provisions. These updates ensure the regulation remains an effective tool for maintaining practitioner competency while aligning with current Board standards.
100-15-5	Article 15.-License Renewal; Continuing Education	Continuing education requirement	Amended	May 7, 2021	65-2809 and K.S.A. 65-2865	65-2809	Ensures practitioners maintain clinical competency by establishing specific continuing education requirements and credit categories necessary for license renewal and reinstatement.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation removes proof-of-competency requirements. Unqualified or outdated practitioners could renew licenses, increasing the risk of medical errors and prescription drug abuse.	In active use	n/a	The Board is updating this regulation to revise credit requirements and strike outdated provisions. These updates ensure the regulation remains an effective tool for maintaining practitioner competency while aligning with current Board standards.
100-15-6	Article 15.-License Renewal; Continuing Education	Documentation of continuing education	Amended	April 6, 2007	2006 Supp. 65-2809 and K.S.A. 65-2865	2006 Supp. 65-2809	Establishes a mandatory record-keeping system for continuing education. It requires licensees to maintain proof of their credits for four years and provides the Board with the authority to audit these records to ensure that the certifications made during license renewal are truthful and accurate.	necessary	Yes	No	No	No	n/a	No	n/a	Eliminates the Board's ability to verify education. Practitioners could bypass training without accountability, increasing the risk of care from unqualified providers.	In active use	n/a	none
100-15-7	Article 15.-License Renewal; Continuing Education	Category I continuing education using distance-learning media	New	July 22, 2005	65-2809 and 65-2865	65-2865	Sets standards for distance-learning to qualify as Category I credit. It requires interactive components and knowledge evaluations to ensure online education is as rigorous as in-person training.	necessary	Yes	No	No	No	n/a	No	n/a	Removes quality controls for online training. Practitioners could obtain credits through unverified media, leading to outdated skills and lower patient care standards.	In active use	n/a	none
100-16-1	Article 16.-Revocation	Revoked																	
100-16-2	Article 16.-Revocation	Revoked																	
100-16-3	Article 16.-Revocation	Revoked																	
100-16-4	Article 16.-Revocation	Grounds	Amended	Feb. 15, 1977	65-2865		Provides the formal legal grounds for the Board to discipline a practitioner.	necessary	Yes	No	No	No	n/a	No	n/a	Would create a significant gap in the Board's enforcement authority. Without this regulation explicitly linking statutory grounds to the Board's power to revoke or limit a license, it would be much harder to remove dangerous or unethical practitioners from the workforce, leaving Kansans at a higher risk of medical malpractice and harm.	In active use	n/a	none
100-16-5	Article 16.-Revocation	Revoked																	
100-16-6	Article 16.-Revocation	Revoked																	
100-17-1	Article 17.-Professional Signs; Letterheads (not in active use)□	Revoked																	
100-17-2	Article 17.-Professional Signs; Letterheads (not in active use)□	Revoked																	

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100-18-1	Article 18.-Advertising (not in active use)□	Revoked																	
100-18-2	Article 18.-Advertising (not in active use)□	Revoked																	
100-18a-1	Article 18a.-Advertising	Free offers	New	May 1, 1985	65-2865	1984 Supp. 65-2836, 65-2837	Protects patients from deceptive marketing and unexpected medical costs. It requires licensees to honor free offers and provide clear cost disclosures before performing additional paid services. This ensures financial transparency and prevents predatory billing.	necessary	Yes	No	No	No	n/a	No	n/a	Leaves patients vulnerable to deceptive advertising and predatory billing practices.	In active use	n/a	none
100-19-1	Article 19.-Administrative Procedures	Types of hearings	Amended	May 1, 1988	65-2865	1986 Supp. 77-513, 77-533-541	Defines the types of administrative hearings (summary, conference, and formal) used by the Board to ensure due process and compliance with the Kansas Administrative Procedure Act. (KAPA)	could be revoked	Yes	No	No	No	n/a	No	n/a	No impact. Due process and hearing procedures are fully protected under the Kansas Administrative Procedure Act (KAPA).	No	n/a	Revocation is proposed because the regulation is duplicative of the Kansas Administrative Procedure Act (KAPA).
100-20-1	Article 20.-Amendment to Rules (not in active use)□	Revoked																	
100-21-1	Article 21.-Dispensing Physicians	Definition of dispensing physician	New	May 1, 1981	65-2865	[***KLRD Note:*** It is not unusual for a rule and regulation from this time period to list no "implementing " statutes.]	Defines a dispensing physician as a licensee who purchases, compounds, and supplies drugs directly to their patients. This definition establishes the legal scope for physicians acting in a pharmacy-like capacity, ensuring they fall under specific regulatory oversight to protect patient safety.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation removes the legal distinction for doctors who provide medication directly. This creates regulatory gaps in drug handling and increases the risk of unsafe dispensing practices.	In active use	n/a	none
100-21-2	Article 21.-Dispensing Physicians	Drug label	New	May 1, 1981	65-2865		Ensures patient safety by requiring that all medications dispensed directly by a physician are clearly and accurately labeled. This prevents medication errors, ensures patients have critical contact information for their doctor, provides clear instructions for use.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation allows physicians to dispense unlabeled medications. Patients would lack instructions and safety warnings, significantly increasing the risk of overdose, drug interactions, and death.	In active use	n/a	none
100-21-3	Article 21.-Dispensing Physicians	Packaging	New	May 1, 1981	65-2865		Requires dispensing physicians to use child-safety caps and light-blocking, air-tight vials. These standards prevent children from accidentally swallowing medicine and protect the drugs from sunlight or moisture that could make them less effective or dangerous.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation allows physicians to dispense drugs in unsafe containers. This increases risks of pediatric poisoning and drug degradation, rendering life-saving medications ineffective or toxic.	In active use	n/a	none

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100-21-4	Article 21.-Dispensing Physicians	Record keeping and inventories	New	May 1, 1981	65-2865		Requires dispensing physicians to maintain drug records and inventories for three years. This oversight prevents drug theft and misuse while allowing the Board to monitor prescribing patterns to protect public safety.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation eliminates drug tracking. Without records, the state cannot detect drug diversion or errors, increasing the risk of addiction and unmonitored distribution of dangerous substances.	In active use	n/a	none
100-21-5	Article 21.-Dispensing Physicians	Storage and security	New	May 1, 1981	65-2865		Prevents theft and diversion of controlled substances by requiring physicians to maintain secure storage. It also protects patients from ineffective or degraded medicine by mandating that all drugs are kept in proper environmental conditions to maintain their chemical integrity and safety.	necessary	Yes	No	No	No	n/a	No	n/a	Leaves medical drug stocks vulnerable to theft and illicit sale, fueling local drug abuse. Furthermore, without storage standards, patients may be treated with spoiled or "dead" medications that failed due to heat or light exposure, leading to untreated illnesses and serious health complications.	In active use	n/a	none
100-22-1	Article 22.-Dishonorable Conduct	Release of records	Amended	Nov. 13, 1998	65-2865	1997 Supp. 65-2836, as amended by L. 1998, Ch. 142, Sec. 12	Ensures patients can access their medical records or transfer them to other providers. It protects patient autonomy while allowing licensees to withhold records only if disclosure would harm the patient's health. This facilitates continuity of care and informed decision-making.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow providers to block access to medical records. This prevents patients from seeking second opinions or switching doctors, delaying treatment and compromising patient safety.	In active use	n/a	none
100-22-2	Article 22.-Dishonorable Conduct	Description of professional activities	New	May 1, 1988	65-2865	1986 Supp. 65-2836 as amended by L. 1987, Ch. 176, Sec. 5 as further amended by L. 1987, Ch. 242, Sec. 2	Requires exempt license applicants and holders to disclose all intended professional activities. This allows the Board to monitor the scope of practice for those not in active clinical work, ensuring they remain within legal limits and maintain professional standards.	necessary	Yes	No	No	No	n/a	No	n/a	Eliminates oversight of exempt practitioners. Without disclosure, the Board cannot prevent unauthorized medical activities, increasing the risk of unregulated and unsafe practices.	In active use	n/a	none
100-22-3	Article 22.-Dishonorable Conduct	Business transactions with patients	New	May 5, 2000	65-2865	1998 Supp. 65-2836	Prevents licensees from exploiting the physician-patient relationship for financial gain through non-medical sales or business recruitment. It ensures the clinical environment remains focused on care.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow providers to pressure vulnerable patients into buying unrelated products or joining business ventures. This compromises the trust and objectivity essential to medical treatment.	In active use	n/a	none
100-22-4	Article 22.-Dishonorable Conduct	Description of affiliation with specialty board	New	May 23, 2003	65-2865	2001 Supp. 65-2836	Ensures transparency in medical advertising. By requiring licensees to identify the specific specialty board providing their "board-certified" title, it prevents misleading or vague credentials.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow practitioners to claim "board certification" from illegitimate or "diploma mill" boards without disclosure. This deceives patients regarding a provider's true expertise.	In active use	n/a	none

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100-22-6	Article 22.-Dishonorable Conduct	Notice to the public of licensure	New	Nov. 2, 2007	65-2865	65-2836	Informs patients of a provider's licensure and how to contact the Board. This visible notice ensures transparency, confirms the practitioner is legally authorized to practice, and provides patients with a direct path to report misconduct or verify credentials.	necessary	Yes	No	No	No	n/a	No	n/a	Reduces transparency, making it harder for patients to know if their doctor is licensed or how to file a complaint. This lack of awareness can lead to unreported misconduct and decreased provider accountability.	In active use	n/a	none
100-22-7	Article 22.-Dishonorable Conduct	Orders to dispense prescription-only medical devices	New	July 6, 2007	65-2865 and K.S.A. 2006 Supp. 65-28,127	65-2836 and K.S.A. 2006 Supp. 65-28,127	Regulates the distribution of prescription-only medical devices. By requiring written orders and 10-year record retention, it ensures these tools are only used by competent, authorized individuals under physician supervision. This prevents the misuse of complex medical technology and protects patients from injuries caused by unqualified operators.	necessary	Yes	No	No	No	n/a	No	n/a	Allows complex medical devices to be distributed without written oversight or long-term records. This creates a risk that unqualified individuals could obtain and use dangerous equipment on patients without physician supervision, leading to serious physical harm or improper diagnoses.	In active use	n/a	none
100-22-8	Article 22.-Dishonorable Conduct	Revoked																	
100-22-8a	Article 22.-Dishonorable Conduct	Phosphatidylcholine and sodium deoxycholate	New	April 4, 2008	65-2865	65-2836	Regulates the use of PCDC (often used in "lipodissolve") because it lacks FDA approval. It protects the public by requiring strict medical supervision, IRB oversight, and informed consent. This ensures patients understand the risks of experimental injections while mandating adverse event reporting to monitor safety.	necessary	Yes	No	No	No	n/a	No	n/a	Allows the unrestricted injection of non-FDA-approved chemicals by practitioners without oversight or informed consent. This significantly increases the risk of severe medical complications, disfigurement, and permanent injury, as there would be no requirement to report adverse events or ensure procedures are performed by supervised professionals.	In active use	n/a	none
100-23-1	Article 23.-Treatment of Obesity	Treatment of obesity	Amended	March 20, 1998	1997 Supp. 65-2837a	1997 Supp. 65-2837a	Sets safety standards for prescribing controlled substances for weight loss. It bans amphetamines for obesity, mandates physical exams, and requires nutritional counseling. These rules prevent drug abuse and ensure medical weight loss remains safe.	necessary	Yes	No	No	No	n/a	No	n/a	Removes essential safety barriers against the indiscriminate prescribing of addictive substances for weight loss. Revocation could lead to a resurgence of "diet pill" clinics, increased rates of heart and lung complications from unmonitored drug use, and a rise in prescription drug diversion within Kansas communities.	In active use	n/a	none

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100-24-1	Article 24.-Patient Records	Adequacy; minimal requirements	Amended	Nov. 13, 1998	65-2865	1997 Supp. 65-2837, as amended by L. 1998, ch. 142, Sec.19 and L. 1998, ch. 170, Sec.2	Sets minimum standards for medical records to ensure they are readable, accurate, and complete. It requires doctors to track diagnoses, treatments, and medications. These records protect patients by ensuring any healthcare provider can understand their medical history and provide safe, continuous care.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation results in messy or missing medical files. This causes dangerous gaps in patient history, leads to more medical mistakes, and prevents the Board from investigating claims of poor care.	In active use	n/a	none
100-24-2	Article 24.-Patient Records	Patient record storage	New	Nov. 13, 1998	65-2865	1997 Supp. 65-2837, as amended by L. 1998, Ch. 170, Sec. 2	Requires licensees to store medical records for at least 10 years and establishes rules for electronic or microfilm storage. This ensures long-term access to patient histories for continuing care, legal verification, and Board investigations while protecting patient confidentiality.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation allows doctors to destroy records prematurely. Patients lose their long-term medical history, making it harder to track chronic illnesses or prove past treatments and injuries.	In active use	n/a	none
100-24-3	Article 24.-Patient Records	Notice of location of records upon termination of active practice	New	May 7, 1999	65-2865	1997 Supp. 65-2837, as amended by L. 1998, ch. 142, Sec. 19 and L. 1998, ch. 170, Sec. 2 and K.S.A. 65-2865	Requires practitioners leaving active practice to notify the Board of their records location and the contact information for their storage unit. This ensures patients can find and retrieve their medical files after a doctor retires or moves, preventing the loss of vital health histories.	necessary	Yes	No	No	No	n/a	No	n/a	Patients could not locate their medical records if a doctor closes their office. This loss of history delays treatments, forces redundant testing, and leaves patients without proof of past care.	In active use	n/a	none
100-25-1	Article 25.-Office Requirements	Definitions	New	March 17, 2006	65-2865	65-2837	Defines terms for office-based surgery and anesthesia. This establishes a uniform vocabulary for the Board and practitioners, ensuring everyone understands the legal boundaries between minor procedures and high-risk surgeries that require stricter safety oversight.	necessary	Yes	No	No	No	n/a	No	n/a	Creates ambiguity regarding which office procedures require specific safety equipment or staffing. Without these definitions, practitioners could perform major surgeries under the guise of "minor" procedures without adequate oversight, significantly increasing the risk of patient injury or death due to improper anesthesia management.	In active use	n/a	none
100-25-2	Article 25.-Office Requirements	General requirements	New	March 17, 2006	65-2865	65-2837	Sets mandatory standards for office sanitation, infection control, and facility safety. It requires written procedures for sterilizing instruments, managing hazardous waste, and securing drugs to prevent disease transmission and environmental hazards. This ensures that medical offices provide a sterile and safe environment for outpatient care.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation removes essential hygiene and safety oversight. Offices could operate with poor sanitation or improper waste disposal, significantly increasing the risk of infections and injuries.	In active use	n/a	none

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100-25-3	Article 25.-Office Requirements	Requirements for office-based surgery and special procedures	New	March 17, 2006	65-2865	65-2837	Ensures office surgeries meet hospital safety standards. Mandates qualified staff, emergency equipment, and transfer plans to prevent complications and ensure rapid response to emergencies.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation removes life-saving requirements for office surgeries. Without mandated monitoring or transfer plans, patients face a significantly higher risk of injury or death during procedures.	In active use	n/a	none
100-25-4	Article 25.-Office Requirements	Office-based surgery and special procedures using general anesthesia or a spinal or epidural block	New	March 17, 2006	65-2865	65-2837	Imposes the highest safety standards for high-risk procedures involving general anesthesia or spinal blocks in offices. It mandates specialized emergency medications (dantrolene), advanced equipment, and dedicated monitoring personnel while requiring offices to meet national accreditation standards to ensure surgical environments are as safe as hospital settings.	necessary	Yes	No	No	No	n/a	No	n/a	Allows practitioners to perform major, life-altering anesthesia without specialized emergency kits or national accreditation. This creates a high risk of death from rare but treatable complications like malignant hyperthermia and removes the requirement for dedicated staff to watch a patient's vitals during deep unconsciousness.	In active use	n/a	none
100-25-5	Article 25.-Office Requirements	Standard of care	New	March 17, 2006	65-2865	65-2837	Legally establishes that the safety and sanitation requirements for office-based surgery and patient care constitute the mandatory standard of care. This allows the Board to hold practitioners accountable for negligence or misconduct if they fail to follow the specific safety protocols defined in this article.	necessary	Yes	No	No	No	n/a	No	n/a	Creates a legal loophole where the safety protocols for office surgeries could be viewed as "suggestions" rather than requirements. This would make it significantly harder for the Board to discipline practitioners who cut corners on safety, leaving patients with less protection against medical negligence.	In active use	n/a	none
100-26-1	Article 26.-Services Rendered to Individuals Located in This State; Out-of-State Practitioners	Services rendered to individuals located in this state	Amended	March 17, 2006	65-2865 and 65-2872, as amended by L. 2005, Ch. 117, □1	65-2872, as amended by L. 2005, Ch. 117, Sec.1	Establishes that anyone practicing the healing arts on patients in Kansas is subject to state law, regardless of their physical location. This ensures that telemedicine and out-of-state practitioners are held to Kansas safety and competency standards while allowing incidental communication for continuity of care.	necessary	Yes	No	No	No	n/a	No	n/a	Would allow out-of-state individuals to practice medicine on Kansas residents via telemedicine without a Kansas license or oversight. This removes the State's ability to protect citizens from unqualified or predatory practitioners, as there would be no jurisdictional authority to enforce medical standards or discipline providers located outside state lines.	In active use	n/a	none
100-26-2	Article 26.-Services Rendered to Individuals Located in This State; Out-of-State Practitioners	Definitions	New	March 17, 2006	65-2872, as amended by L. 2005, Ch. 117, Sec. 1	65-2872, as amended by L. 2005, Ch. 117, Sec. 1	Defines terms for out-of-state practitioners ordering services in Kansas. It ensures medical orders from non-residents meet state standards, protecting patients who receive care across state lines.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation creates legal gaps for interstate care. Patients might receive services based on invalid orders from unqualified out-of-state doctors, making it impossible to enforce safety standards.	In active use	n/a	none

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100-26-3	Article 26.-Services Rendered to Individuals Located in This State; Out-of-State Practitioners	Orders for diagnostic professional services and therapeutic professional services	New	March 17, 2006	65-2872, as amended by L. 2005, Ch. 117, Sec. 1	65-2872, as amended by L. 2005, Ch. 117, Sec. 1	Authorizes Kansas health facilities and professionals to fulfill medical orders from out-of-state practitioners. This ensures Kansans can receive necessary diagnostic tests and treatments locally even when their primary physician is located in another state, facilitating interstate healthcare and continuity of care.	necessary	Yes	No	No	No	n/a	No	n/a	Prevents Kansas labs, hospitals, and therapists from legally acting on orders from out-of-state doctors. Patients who see specialists across state lines would be forced to travel out of state for every minor test or therapy session, as local providers would lack the clear legal authority.	In active use	n/a	none
100-27-1	Article 27.-Light-Based Medical Treatment	Supervision of light-based medical treatment	Amended	Sept. 15, 2006	65-2865	2005 Supp. 65-28,127	Protects patient safety by setting standards for medical lasers and light-based devices. It requires physician supervision, safety protocols, informed consent, and proper recordkeeping. These requirements prevent physical injury and ensure medical oversight for hazardous surgical procedures.	necessary	Yes	No	No	No	n/a	No	n/a	Kansans would face increased risks of severe burns, scarring, and eye damage from medical lasers used without oversight. Removing these standards allows non-physicians to perform high-risk treatments without medical protocols or physician availability.	In active use	n/a	none
100-28a-1	Article 28a.-Physician Assistants	Fees	Amended	Feb. 13, 2009	2007 Supp. 65-28a08	2007 Supp. 65-28a08	The fee schedule establishes the costs for physician assistant licensure, renewals, and administrative services to fund the Board's regulatory operations.	necessary	Yes	No	No	No	n/a	No	n/a	Kansans would lose the assurance of a qualified and regulated physician assistant workforce. Eliminating these fees would remove the Board's financial ability to vet education and ethical standing, increasing the risk of medical errors and fraud.	In active use	n/a	none
100-28a-1a	Article 28a.-Physician Assistants	Definitions	New	May 6, 2016	2015 Supp. 65-28a02 and 65-28a08	2015 Supp. 65-28a03, 65-28a08, and 65-28a09	Defines terms for physician assistant (PA) practice, including supervision levels and written agreements. This ensures clear legal standards for how PAs work with physicians to protect patient safety..	necessary	Yes	No	No	No	n/a	No	n/a	Creates confusion regarding PA authority and oversight. Without clear definitions for supervision, PAs might practice without proper physician support, increasing risks of medical error.	In active use	n/a	none
100-28a-2	Article 28a.-Physician Assistants	Application	Amended	Jan. 4, 2010	2008 Supp. 65-28a08	2008 Supp. 65-28a08	Establishes the application process for physician assistant licensure. It requires proof of education, national certification, and background checks to ensure only qualified individuals practice.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation removes the vetting process for physician assistants. Unqualified or dangerous individuals could obtain licenses, leading to poor medical care and increased risks to public health.	In active use	n/a	none

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100-28a-3	Article 28a.-Physician Assistants	Education and training	New	June 1, 2001	2000 Supp. 65-28a03	2000 Supp. 65-28a04	establishes the educational and clinical competency standards for physician assistant licensure. It ensures that training programs meet national accreditation benchmarks and requires military-trained applicants to demonstrate proficiency in specific medical tasks. These requirements guarantee that all practitioners possess the necessary skills to provide safe and effective patient care.	necessary	Yes	No	No	No	n/a	No	n/a	Standardized education and clinical competency requirements would disappear. Without these rules, the state could not verify if a practitioner's training meets the rigorous demands of medicine. This would lead to inconsistent care quality and increased risks during clinical procedures, as there would be no uniform way to ensure that every licensed individual is capable of performing essential medical tasks.	In active use	n/a	none
100-28a-4	Article 28a.-Physician Assistants	Examination	New	June 1, 2001	2000 Supp. 65-28a03	2000 Supp. 65-28a03 and 65-28a04	mandates the national certifying exam and a minimum passing score for licensure. It also sets requirements for applicants returning to practice after an absence, ensuring their medical knowledge is current through additional testing or continuing education. These standards ensure that every licensed practitioner maintains the cognitive skills necessary for safe patient care.	necessary	Yes	No	No	No	n/a	No	n/a	Kansans would no longer have the assurance that their healthcare providers have passed a validated competency exam. Revocation would allow individuals to practice without proving they meet national standards or that their knowledge is current after an extended absence. This would expose patients to a higher risk of medical errors and outdated treatments, as there would be no objective measure to prevent practitioners with declining skills from treating the public.	In active use	n/a	
100-28a-5	Article 28a.-Physician Assistants	Continuing education	Amended	July 9, 2021	65-28a03	65-28a04	Mandates continuous learning for physician assistants, including specific training on pain management and opioid prescribing. This ensures PAs maintain clinical competence and safe prescribing habits.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would remove the requirement for PAs to stay updated on medical advancements and safe opioid use. This increases the risk of medical errors and contributes to the opioid crisis.	In active use	n/a	none
100-28a-6	Article 28a.-Physician Assistants	Scope of practice	Amended	May 6, 2016	2015 Supp. 65-28a03	2015 Supp. 65-28a08	Defines the legal boundaries for how physician assistants practice medicine. It requires that PAs work under the direction and coordination of a supervising physician, whether in person or via electronic communication. By clarifying these roles, the regulation ensures a structured hierarchy that maintains patient safety and clear legal accountability in Kansas healthcare.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would remove the legal boundaries of a PA's authority. This would create confusion regarding what medical acts they can perform, potentially leading to unsupervised medical practice..	In active use	n/a	none

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100-28a-7	Article 28a.-Physician Assistants	Professional incompetency: defined	New	June 1, 2001	2000 Supp. 65-28a03	2000 Supp. 65-28a05	Defines professional incompetency for physician assistants, establishing the legal threshold for negligence and incapacity. This allows the Board to intervene when a PA fails to meet safety standards.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would prevent the Board from removing PAs who are clinically dangerous but not necessarily "unethical." Patients would be exposed to practitioners who lack the basic skill to provide safe care.	In active use	n/a	none
100-28a-8	Article 28a.-Physician Assistants	Unprofessional conduct: defined	New	June 1, 2001	2000 Supp. 65-28a03	2000 Supp. 65-28a05	Defines specific acts of unprofessional conduct for physician assistants. It establishes enforceable ethical and clinical standards to protect the public from fraud, negligence, and abuse	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would leave the Board without the legal authority to discipline PAs for serious offenses such as sexual misconduct, substance abuse, or medical fraud, endangering patient safety and trust.	In active use	n/a	none
100-28a-9	Article 28a.-Physician Assistants	Active practice request form; content	Amended	May 6, 2016	2015 Supp. 65-	2015 Supp. 65-	Specifies the detailed content required in the active practice request form. It codifies the scope of work, drug authority, and communication protocols between a PA and their supervising physicians.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would remove the requirement for a written "safety contract." Without these details, there would be no clear legal record of what specific procedures or drugs a PA is authorized to handle.	In active use	n/a	none
100-28a-9a	Article 28a.-Physician Assistants	Active practice request form; requirements	New	May 6, 2016	2015 Supp. 65-	2015 Supp. 65-	Requires physician assistants to submit and maintain a standardized "active practice request form." This ensures the Board and the public can verify the legal link between a PA and their supervisor.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would make it impossible for the Board to track who is supervising whom. In cases of malpractice or misconduct, there would be no official record of the responsible supervising physician.	In active use	n/a	none
100-28a-10	Article 28a.-Physician Assistants	Supervising physician	Amended	May 6, 2016	2015 Supp. 65-28a03 and 65-28a08	2015 Supp. 65-28a02, 65-28a08, and 65-28a09	Establishes the responsibilities of a supervising physician. It ensures PAs are properly vetted, regularly evaluated, and only perform tasks within the physician's own clinical competence and scope.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would eliminate mandatory physician oversight. Without these requirements, PAs could practice without regular competency reviews, increasing the risk of medical errors and unsupervised care.	In active use	n/a	none
100-28a-11	Article 28a.-Physician Assistants	Duty to communicate; emergency medical conditions	Amended	May 6, 2016	2015 Supp. 65-28a03	2015 Supp. 65-28a08	Mandates communication between physician assistants and supervisors when a patient's condition exceeds the PA's scope or competence. It ensures critical oversight during medical emergencies.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would remove the legal duty for PAs to consult a physician in complex cases. This could lead to PAs attempting procedures beyond their training, resulting in severe patient injury.	In active use	n/a	none
100-28a-12	Article 28a.-Physician Assistants	Substitute supervising physician	Amended	May 6, 2016	2015 Supp. 65-28a02 and 65-28a03	2015 Supp. 65-28a02 and 65-28a09	Ensures that any physician acting as a substitute supervisor for a physician assistant meets the same rigorous qualifications and legal requirements as the primary supervising physician.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow physician assistants to be supervised by doctors who may not meet the Board's standards for PAs, leading to inconsistent oversight and potential gaps in patient safety.	In active use	n/a	none

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100-28a-13	Article 28a.-Physician Assistants	Prescription-only drugs	Amended	May 6, 2016	2015 Supp. 65-28a03 and 65-28a08	2015 Supp. 65-28a08	Regulates the authority of physician assistants to prescribe, administer, and distribute drugs. It ensures medication is handled safely, under supervision, and within established legal parameters.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would remove the specific safeguards governing PA prescribing habits. Without these rules, there would be no clear mandate for physician oversight or strict labeling for distributed drugs.	In active use	n/a	none
100-28a-14	Article 28a.-Physician Assistants	Different practice location	Amended	March 8, 2019	65-28a03 and 65-28a08	65-28a08	Regulates physician assistants practicing at locations separate from their supervising physician. It ensures PAs have sufficient initial experience and that patients are informed of the staffing.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow inexperienced PAs to work in remote clinics without prior direct supervision. Patients would also lose the right to know if a physician is not physically present at the site.	In active use	n/a	none
100-28a-15	Article 28a.-Physician Assistants	Licensure; cancellation	Amended	May 6, 2016	2015 Supp. 65-28a03	2015 Supp. 65-28a08	Establishes a uniform annual expiration date for physician assistant licenses. This ensures the Board can regularly verify that all practitioners remain in compliance with state laws and standards.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would lead to indefinite licensure without regular oversight. The Board would be unable to verify annually that PAs are still fit to practice, increasing the risk of outdated care..	In active use	n/a	none
100-28a-16	Article 28a.-Physician Assistants	Reinstatement; lapsed and revoked licenses	Amended	July 9, 2021	65-2865 and 65-28a03	65-2844 and 65-28a03	Dictates the requirements for reinstating a physician assistant license that has lapsed or been revoked. It sets tiered criteria for continuing education or examination based on the length of time the practitioner has been out of active practice. ensures that any individual returning to the profession possesses the current medical knowledge necessary to provide safe and competent patient care	necessary	Yes	No	No	No	n/a	No	n/a	There would be no standardized process to ensure that physician assistants returning to the workforce are clinically competent. Without these requirements, a practitioner could re-enter the medical field after years of absence without proving they are up to date on modern medical standards. Poses a significant safety risk to Kansas patients who might be treated by someone with outdated skills or knowledge.	In active use	n/a	none
100-28a-17	Article 28a.-Physician Assistants	Number of physician assistants supervised; limitation for different practice location	Amended	May 6, 2016	2015 Supp. 65-28a03	2015 Supp. 65-28a08	prevents physician overextension, ensuring that every PA receives meaningful oversight to maintain high standards of patient safety.	necessary	Yes	No	No	No	n/a	No	n/a	There would be no legal limit on the number of physician assistants a single doctor could supervise. This could lead to "supervision in name only," where a physician is responsible for so many practitioners at various locations that providing actual clinical guidance becomes impossible, significantly increasing the risk of unsupervised medical errors.	In active use	n/a	none

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100-28a-18	Article 28a.-Physician Assistants	Physician assistant; ownership of corporation or company	New	July 22, 2005	17-2716 and K.S.A. 2004 Supp. 65-28a13	2004 Supp. 65-28a13	ensures medical practices are led by physicians with the highest level of clinical training by capping physician assistant ownership at 49%. It prevents non-physicians from controlling clinical decision-making, maintaining a professional hierarchy that prioritizes patient safety and physician accountability.	necessary	Yes	No	No	No	n/a	No	n/a	Physician assistants could gain majority control over medical practices. This would remove the safeguard that ensures clinical standards are set by physicians, potentially compromising the professional accountability and medical expertise required for safe healthcare delivery.	In active use	n/a	none
100-28b-1	Article 28b.-Independent Practice of Midwifery	Definitions	New	Jan. 10, 2020	65-28b07(d)	65-28b02 and 65-28b07(d)	Standardized definitions for terms like "normal pregnancy" and "referral" ensure practitioners and regulators share a clear understanding of clinical boundaries. This consistency protects the public by eliminating ambiguity during emergency care transitions and legal oversight.	necessary	Yes	No	No	No	n/a	No	n/a	Removing these definitions would result in inconsistent medical standards and legal uncertainty. patient safety is threatened because midwives and physicians would lack a unified protocol for escalating care in life-threatening situations.	In active use	n/a	none
100-28b-2	Article 28b.-Independent Practice of Midwifery	Application for licensure	New	Dec. 30, 2022	65-28b07	65-28b03, 65-28b04, 65-28b05, 65-28b08	establishes specific application requirements ensures that only individuals with the necessary education, national certification, and background clearances are licensed to practice midwifery independently. This rigorous verification process protects public health by ensuring all practitioners meet the minimum safety and professional standards.	necessary	Yes	No	No	No	n/a	No	n/a	lack of basis to vet qualifications of those seeking to practice midwifery without physician supervision. Unqualified individuals could provide independent care, significantly increasing the risk of maternal and neonatal mortality or morbidity due to unverified clinical competency and background.	In active use	n/a	none
100-28b-3	Article 28b.-Independent Practice of Midwifery	Approved course of study in nurse-midwifery	New	July 8, 2022	65-28b07	65-28b03	Aligning educational standards with the Kansas Nurse Practice Act ensures that independent nurse-midwives possess the advanced clinical training required for safe practice. This consistency across regulatory boards prevents educational gaps and ensures that all practitioners, regardless of their practice model, have met the same rigorous academic benchmarks.	necessary	Yes	No	No	No	n/a	No	n/a	remove the academic standard required for licensure. Without a defined course of study, there would be no objective way to verify that a nurse-midwife has the specialized knowledge to manage pregnancies independently, leading to a dangerous lack of uniformity in practitioner competence.	In active use	n/a	none
100-28b-4	Article 28b.-Independent Practice of Midwifery	Approved national certification	New	Dec. 30, 2022	65-28b07	65-28b03	identifies the American Midwifery Certification Board as the approved certifying body for licensure. ensures all independent nurse-midwives have passed a uniform, rigorous examination validating their clinical proficiency. This consistency protects the public by verifying a baseline of safe, expert care.	necessary	Yes	No	No	No	n/a	No	n/a	eliminate the state's only objective measure of a midwife's clinical knowledge. Without a required national certification, there would be no way to guarantee that a practitioner is qualified to provide independent care, creating a significant risk of medical errors and substandard maternal healthcare.	In active use	n/a	none

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100-28b-5	Article 28b.-Independent Practice of Midwifery	License expiration and cancellation	New	Jan. 10, 2020	65-28b04 and 65-28b07(d)	65-28b04	Standardized expiration and cancellation dates ensure that all independent nurse-midwives are regularly vetted for continued competency and compliance. This helps the Board maintain effective oversight to protect patients by ensuring that only those with current, valid licenses are providing care.	necessary	Yes	No	No	No	n/a	No	n/a	Licenses would lack a defined end date, making them permanent by default. The Board would lose its primary mechanism for verifying that a midwife has maintained their national certification or met continuing education requirements, directly increasing the risk of substandard care.	In active use	n/a	none
100-28b-6	Article 28b.-Independent Practice of Midwifery	Fees	New	July 8, 2022	65-28b07	65-28b03, 65-28b04, and 65-28b05	Setting a schedule of fees provides the necessary funding for the Board to process applications, conduct background checks, and maintain professional oversight of independent nurse-midwives. These resources allow the Board to effectively regulate the profession, ensuring that only qualified individuals serve the public.	necessary	Yes	No	No	No	n/a	No	n/a	The Board would lose the financial capacity to vet applicants or monitor the practice of independent midwifery. Without these funds, the licensing system would collapse, removing the primary safety mechanism that prevents unqualified practitioners from operating in the state.	In active use	n/a	none
100-28b-7	Article 28b.-Independent Practice of Midwifery	Continuing education	New	Dec. 30, 2022	65-28b07	65-28b04	Ongoing education ensures independent nurse-midwives maintain current clinical knowledge and adapt to evolving medical standards. This protects the public by verifying that practitioners remain competent in the latest safety protocols and evidence-based practices for maternal care.	necessary	Yes	No	No	No	n/a	No	n/a	Practitioners could provide independent care indefinitely without updating their clinical skills. This stagnation leads to the use of outdated medical techniques and increased errors, directly compromising the safety of mothers and newborns.	In active use	n/a	none
100-28b-11	Article 28b.-Independent Practice of Midwifery	Licensees who direct, supervise, or delegate acts that constitute the independent practice of midwifery; requirements and limitations	New	Dec. 30, 2022	65-28b07	65-28b07	requires independent nurse-midwives to only delegate tasks they are personally competent to perform and that the recipient is qualified to handle. This safeguard prevents the unauthorized or unsafe practice of medicine by ensuring all delegated maternal care remains under professional oversight.	necessary	Yes	No	No	No	n/a	No	n/a	would allow for unregulated delegation of clinical tasks to untrained individuals. This would strip away essential protections for patients, as there would be no legal requirement for a midwife to verify the competency of those they supervise during high-risk deliveries.	In active use	n/a	none
100-28b-12	Article 28b.-Independent Practice of Midwifery	Assessment of patient for identifiable risks	New	Dec. 30, 2022	65-28b07	65-28b02 and 65-28b07	requires licensees to perform and document comprehensive risk assessments for every patient. Ensures that high-risk cases are identified early and managed appropriately to prevent maternal or neonatal catastrophe.	necessary	Yes	No	No	No	n/a	No	n/a	eliminate the mandatory safety checklist for independent practice. Without required risk assessments, high-risk patients (like those with previous C-sections or heart disease) could be managed in settings unequipped for emergencies, significantly increasing the likelihood of preventable maternal and infant deaths.	In active use	n/a	none

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100-28b-14	Article 28b.-Independent Practice of Midwifery	Patient records	New	July 8, 2022	65-28b07	65-28b07	requires the creation and maintenance of detailed health records for both the patient and newborn. Proper documentation ensures continuity of care, provides a verifiable history for emergency transfers, and allows the Board to audit clinical outcomes. This accountability is vital for protecting public health in independent practice settings.	necessary	Yes	No	No	No	n/a	No	n/a	allow independent midwives to operate without maintaining clinical records. In the event of a complication or transport, receiving hospitals would lack critical data (e.g., medications administered or labor course), leading to dangerous delays in treatment and an inability to investigate malpractice or negligence.	In active use	n/a	none
100-28b-15	Article 28b.-Independent Practice of Midwifery	Transport and transfer protocol requirements	New	Jan. 10, 2020	65-28b07	65-28b02, 65-28b07	requires a written protocol for every patient to ensure the safe, rapid transport to a hospital in the event of an emergency. mandating a plan for communication and hospital notification, this protects the public by ensuring life-saving medical intervention is accessible when a home or birth center delivery becomes high-risk.	necessary	Yes	No	No	No	n/a	No	n/a	Independent midwives would not be legally required to have an emergency plan. During a crisis (e.g., hemorrhage or fetal distress), the lack of a pre-arranged protocol or communication with a hospital would lead to critical delays in care, drastically increasing the risk of maternal and infant death.	In active use	n/a	none
100-28b-16	Article 28b.-Independent Practice of Midwifery	Duty to consult, refer, transfer, and transport	New	Jan. 10, 2020	65-28b07	65-28b02, 65-28b07	requires immediate medical intervention, consultation, or transport when a patient or newborn exhibits health risks. It ensures that independent nurse-midwives operate within their scope of "normal and uncomplicated" care, protecting the public by mandating a transition to physician-led care when safety thresholds are met.	necessary	Yes	No	No	No	n/a	No	n/a	remove the legal obligation for an independent midwife to seek medical help during a crisis. This would allow practitioners to manage high-risk complications beyond their training, leading to preventable delays in emergency treatment and a higher rate of maternal and neonatal mortality.	In active use	n/a	none
100-28b-17	Article 28b.-Independent Practice of Midwifery	Identifiable risks requiring immediate referral and transport of patient	New	Jan. 10, 2020	65-28b07	65-28b02, 65-28b07	requires immediate hospital transport when life-threatening complications arise during labor or delivery. By defining specific clinical "red flags" such as hemorrhaging or fetal distress, the regulation ensures patients in critical condition receive emergency surgical and intensive care, protecting maternal and infant lives.	necessary	Yes	No	No	No	n/a	No	n/a	Without these mandated triggers, there would be no legal requirement for a midwife to transport a patient experiencing a crisis. This would lead to delayed emergency interventions and a significant increase in preventable maternal and neonatal mortality.	In active use	n/a	none
100-28b-18	Article 28b.-Independent Practice of Midwifery	Identifiable risks requiring immediate referral and transport of newborn	New	Jan. 10, 2020	65-28b07	65-28b02, 65-28b07	requires immediate medical referral and hospital transport when a newborn exhibits critical symptoms such as respiratory distress, low Apgar scores, or jaundice. Defining these clinical triggers protects the public by ensuring infants with potentially life-threatening conditions receive specialized neonatal care that exceeds the scope of independent midwifery.	necessary	Yes	No	No	No	n/a	No	n/a	eliminate the requirement for midwives to seek advanced medical care for compromised newborns. This would likely lead to delayed treatment for neonatal emergencies, significantly increasing the risk of permanent disability or infant mortality.	In active use	n/a	none

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100-28b-19	Article 28b.-Independent Practice of Midwifery	Unprofessional conduct	New	Dec. 30, 2022	65-28b07	65-28b08	defines ethical and professional standards for independent nurse-midwives. It protects the public by providing the Board with a clear legal basis to discipline practitioners for dangerous or deceptive acts, such as sexual misconduct, fraud, record falsification, or substance abuse, ensuring only trustworthy and competent individuals practice.	necessary	Yes	No	No	No	n/a	No	n/a	The Board would lose its ability to hold practitioners accountable for non-clinical misconduct. Practitioners could engage in predatory marketing, violate patient confidentiality, or exploit patients for personal gain without facing license sanctions, leaving the public vulnerable to unethical and dangerous behavior.	In active use	n/a	none
100-28b-20	Article 28b.-Independent Practice of Midwifery	Maintenance and storage of health care records	New	July 8, 2022	65-28b07	65-28b07	requires preserving medical records for 25 years for birth-related data and 10 years for other services. This ensures patients and children have access to essential medical histories for future healthcare, legal claims, or genetic inquiries. It protects the public by mandating confidentiality and providing a verifiable audit trail for independent clinical practice.	necessary	Yes	No	No	No	n/a	No	n/a	Records could be destroyed immediately after services. This would leave individuals born under a midwife's care without any medical history as they reach adulthood, making it impossible to investigate birth injuries, verify immunizations, or track hereditary conditions discovered later in life.	In active use	n/a	none
100-29-1	Article 29.-Physical Therapy	Applications	Amended	May 14, 2010	2009 Supp. 65-2911	2009 Supp. 65-2903, 65-2906, and 65-2912	requires applicants for physical therapy licensure to provide verified personal, educational, and professional history. It protects the public by ensuring that only individuals with the necessary qualifications, proven examination success, and a clear disciplinary record are authorized to treat patients, thereby reducing the risk of malpractice or fraud.	necessary	Yes	No	No	No	n/a	No	n/a	Without a formal application process, the Board could not verify an individual's competency or background. This would allow unqualified or previously disciplined individuals to practice physical therapy, leading to a significant increase in patient injuries and an inability to hold practitioners accountable to state standards.	In active use	n/a	none
100-29-2	Article 29.-Physical Therapy	Approval of physical therapy programs	Amended	July 14, 2006	2005 Supp. 65-2911	2005 Supp. 65-2906	establishes uniform educational standards by adopting national accreditation criteria for physical therapy and assistant programs. It protects the public by ensuring all practitioners have graduated from rigorous, evidence-based programs that meet the high clinical and academic requirements necessary for safe and effective patient rehabilitation.	necessary	Yes	No	No	No	n/a	No	n/a	no objective standard to verify a physical therapist's education. Kansans would be at risk of receiving treatment from individuals trained at "diploma mills" or substandard programs, leading to increased rates of injury, improper rehabilitation, and a general decline in the quality and safety of healthcare in the state.	In active use	n/a	none

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100-29-3	Article 29.-Physical Therapy	Requirements for physical therapists and physical therapist assistants from nonapproved schools	Amended	May 26, 2006	2004 Supp. 65-2911	2004 Supp. 65-2906	provides a pathway for applicants from non-accredited or foreign schools to demonstrate educational equivalency. requiring professional credential evaluations and remedial coursework for deficiencies, it protects the public by ensuring all practitioners meet the same baseline clinical standards, regardless of where they were trained.	necessary	Yes	No	No	No	n/a	No	n/a	the Board would have no objective way to vet the education of individuals trained outside the standard U.S. accreditation system. This would either result in a complete ban on qualified foreign-trained therapists (creating labor shortages) or allow unvetted practitioners to treat Kansans, significantly increasing the risk of patient harm.	In active use	n/a	none
100-29-3a	Article 29.-Physical Therapy	Examination of written and oral English communication	Amended	Jan. 4, 2010	2008 Supp. 65-2911	2008 Supp. 65-2906 and 65-2909	requires applicants trained in non-English speaking programs to demonstrate proficiency in written and oral English via standardized testing (TOEFL). It protects the public by ensuring practitioners can accurately communicate with patients, interpret medical orders, and maintain clear medical records, which is essential for patient safety and avoiding clinical errors.	necessary	Yes	No	No	No	n/a	No	n/a	no objective standard to ensure a practitioner can communicate effectively in English. Kansans would be at risk of medical errors resulting from a provider's inability to understand patient symptoms, explain treatment risks, or accurately coordinate care with other members of the healthcare team.	In active use	n/a	none
100-29-4	Article 29.-Physical Therapy	Examination	Amended	Jan. 10, 2020	65-2911	65-2906	requires applicants to pass the national standardized examination developed by the Federation of State Boards of Physical Therapy (FSBPT). It protects the public by ensuring that every licensed practitioner has demonstrated a minimum level of clinical competency and entry-level knowledge through a validated, objective assessment.	necessary	Yes	No	No	No	n/a	No	n/a	there would be no objective way to measure the competency of physical therapy practitioners. Kansans would be at risk of receiving treatment from individuals who lack the basic medical and clinical knowledge required for safe practice, leading to increased risk of injury and professional negligence.	In active use	n/a	none
100-29-5	Article 29.-Physical Therapy	Revoked																	
100-29-6	Article 29.-Physical Therapy	Lost or destroyed certificates; change of name; new certificates	Amended	May 26, 2006	2004 Supp. 65-2911	2004 Supp. 65-2906	establishes the procedure for replacing lost licenses and updating certificates due to name changes. It protects the public by ensuring that the Board's records and the practitioner's physical credentials accurately reflect their legal identity, which is essential for patient verification, employer background checks, and professional accountability.	necessary	Yes	No	No	No	n/a	No	n/a	No formal way to update or replace professional credentials. Kansans would be unable to verify the identity or current status of their providers, making it easier for individuals to practice under fraudulent names or expired credentials without detection by patients or healthcare facilities.	In active use	n/a	none

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100-29-7	Article 29.-Physical Therapy	Fees	Amended	Sept. 16, 2022	65-2865 and 65-2911	65-2909, 65-2910, and 65-2911 and K.S.A. 2021 Supp. 65-2925	establishes a fee schedule for the licensure, renewal, and administrative processing of physical therapy professionals. It protects the public by providing the necessary funding for the Board to vet applicants, investigate complaints, and enforce safety standards, ensuring the regulatory system remains self-sustaining and effective.	necessary	Yes	No	No	No	n/a	No	n/a	the Board would lack the financial resources to perform its statutory duties. This would halt the licensure of new practitioners, leading to healthcare shortages, and leave the public unprotected as the Board would be unable to investigate or discipline unsafe practitioners.	In active use	n/a	none
100-29-8	Article 29.-Physical Therapy	License and certificate renewal; expiration date; notification of supervision	Amended	May 26, 2006	2004 Supp. 65-2911	2004 Supp. 65-2910	establishes an annual expiration date for licenses and requires practitioners to report their supervisory relationships. It protects the public by ensuring all physical therapy professionals are currently vetted and that physical therapist assistants are working under the legally required oversight of a licensed physical therapist.	necessary	Yes	No	No	No	n/a	No	n/a	no way to track who is supervising physical therapist assistants. This could lead to assistants practicing without proper oversight, significantly increasing the risk of medical errors and patient injury, while also making it impossible for the Board to maintain an accurate registry of active practitioners.	In active use	n/a	none
100-29-9	Article 29.-Physical Therapy	License and certificate renewal; continuing education	Amended	Sept. 16, 2022	65-2865, 65-2910, and 65-2911	65-2910 and K.S.A. 2021 Supp. 65-2925	Mandates biennial continuing education (40 hours for PTs, 20 for PTAs) and a jurisprudence exam. This ensures practitioners remain clinically competent and legally compliant in their practice.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would eliminate the requirement for therapists to stay current with medical advancements. Patients would risk receiving care based on obsolete methods or misunderstood legal standards.	In active use	n/a	none
100-29-10	Article 29.-Physical Therapy	Canceled licenses and certificates; reinstatement	Amended	May 26, 2006	2004 Supp. 65-2910 and K.S.A. 2004 Supp. 65-2911	2004 Supp. 65-2910	Establishes requirements for reinstating a canceled physical therapy license or certificate. It ensures practitioners returning to the field have updated their skills and clinical knowledge.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow practitioners to return to patient care after years of absence without verifying their competency. This creates a risk of injury from outdated or forgotten medical techniques.	In active use	n/a	none
100-29-11	Article 29.-Physical Therapy	Revoked																	
100-29-12	Article 29.-Physical Therapy	Unprofessional conduct	Amended	May 26, 2006	2004 Supp. 65-2911	2004 Supp. 65-2912	Defines unprofessional conduct for physical therapists and assistants. It establishes enforceable ethical and clinical benchmarks, including standards for record-keeping and patient safety.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would strip the legal definitions needed to address misconduct. The Board would lack the clear authority to sanction practitioners for negligence, sexual misconduct, or fraud.	In active use	n/a	none
100-29-13	Article 29.-Physical Therapy	Notification to board	Amended	May 26, 2006	2004 Supp. 65-2911	2004 Supp. 65-2901	Requires physical therapists to notify the Board when directing a physical therapist assistant and mandates timely reporting of address changes to ensure effective regulatory communication.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would prevent the Board from tracking supervision relationships. In an emergency or investigation, the Board would be unable to locate practitioners or verify who is directing patient care.	In active use	n/a	none
100-29-14	Article 29.-Physical Therapy	Revoked																	

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100-29-15	Article 29.-Physical Therapy	Professional liability insurance	Amended	Sept. 16, 2022	65-2865, K.S.A. 65-2911, and K.S.A. 2021 Supp. 65-2920	2021 Supp. 65-2920 and 65-2925	Requires physical therapists to maintain professional liability insurance. This ensures that financial resources are available to compensate patients in the event of medical errors or negligence.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would leave patients without financial protection. If an injury occurs during treatment, patients might be unable to recover damages from an uninsured provider, causing financial hardship.	In active use	n/a	none
100-29-16	Article 29.-Physical Therapy	Supervision of physical therapist assistants and support personnel	Amended	May 13, 2016	2015 Supp. 65-2905 and 65-2911	2015 Supp. 65-2912 and 65-2914	Defines the supervision requirements for physical therapist assistants and support personnel. It ensures that medical decisions and high-level interventions remain the duty of a licensed therapist.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would lead to unsupervised and potentially dangerous care. Without clear limits on delegation, patients could receive complex treatments from individuals lacking the proper medical education.	In active use	n/a	none
100-29-18	Article 29.-Physical Therapy	Dry needling; education and practice requirements	New	May 12, 2017	2016 Supp. 65-2911 and 65-2923	2016 Supp. 65-2901	Establishes rigorous education and safety standards for physical therapists performing dry needling. It ensures practitioners are trained in sterile procedures and anatomical safety to prevent injury.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow untrained individuals to perform invasive needling. Without these standards, patients face significant risks of infection, nerve damage, or lung punctures from improper technique.	In active use	n/a	none
100-29-19	Article 29.-Physical Therapy	Dry needling; informed consent	New	May 12, 2017	2016 Supp. 65-2911	2016 Supp. 65-2901	Requires physical therapists to obtain written informed consent before dry needling. This ensures patients are fully aware of specific risks, benefits, and the therapist's training level.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would deny patients the right to be informed of risks for an invasive procedure. Without a mandate for consent, patients might unknowingly undergo treatment beyond a therapist's training.	In active use	n/a	none
100-29-20	Article 29.-Physical Therapy	Dry needling; recordkeeping	New	May 12, 2017	2016 Supp. 65-2911	2016 Supp. 65-2901 and 65-2912	requires physical therapists to document the specific details of every dry needling session. It protects the public by ensuring a clear clinical trail of where needles were inserted and how the patient responded, which is vital for monitoring treatment efficacy, identifying adverse reactions, and ensuring continuity of care.	necessary	Yes	No	No	No	n/a	No	n/a	there would be no standardized record of an invasive procedure. If a patient suffered a delayed complication (such as an infection or internal injury), investigators or emergency doctors would lack the documentation needed to link the injury to the dry needling site, significantly compromising patient safety and the ability to hold practitioners accountable.	In active use	n/a	none
100-29-21	Article 29.-Physical Therapy	Dry needling; board requests for documentation	New	May 12, 2017	2016 Supp. 65-2911	2016 Supp. 65-2901 and 65-2912	requires physical therapists to produce evidence of their dry needling training and competency upon Board request. It protects the public by providing an enforcement mechanism to verify that practitioners are actually qualified to perform this invasive procedure, ensuring that safety standards are being met in clinical practice.	necessary	Yes	No	No	No	n/a	No	n/a	the Board's ability to ensure the safe practice of dry needling would be severely hindered. Unqualified individuals could perform the procedure with less oversight, as the Board would have no formal authority to demand proof of training, leading to an increased risk of patient injury from untrained providers.	In active use	n/a	none

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100-30-1 and 100-30-2	Article 30.-Physical Therapy Examining Committee (not in active use; these rules and regulations were revoked in 1975)	Revoked																	
100-31-1 through 100-31-5	Article 31.-Officers (not in active use) [KAR 100-31-1, 100-31-2, and 100-31-5 were revoked in 1975, KAR 100-31-3 and 100-31 4 in 1984]	Revoked																	
100-32-1	Article 32.-Compensation (not in active use)□	Revoked																	
100-33-1	Article 33.-Meetings (not in active use)□	Revoked																	
100-33-2	Article 33.-Meetings (not in active use)□	Revoked																	
100-33-3	Article 33.-Meetings (not in active use)□	Revoked																	
100-34-1	Article 34.-Physical Therapy-Definitions (not in active use) [Rules and regulations in this article were revoked in 1975 and 1997.]	Revoked																	
100-35-1 through 100-35-7	Article 35.-Physical Therapy-Registration (not in active use) [Rules and regulations in Article 35 were revoked in 1975 and 1997.]	Revoked																	
100-36-1	Article 36.-Physical Therapy-Temporary Permits (not in active use)□	Revoked																	
100-37-1	Article 37.-Physical Therapy-Professional Conduct (not in active use)□	Revoked																	
100-37-2	Article 37.-Physical Therapy-Professional Conduct (not in active use)□	Revoked																	
100-38-1	Article 38.-Physical Therapy-Fees (not in active use)□	Revoked																	
100-39-1	Article 39.-Physical Therapy-Certificates (not in active use)□	Revoked																	
100-40-1	Article 40.-Physical Therapy-Temporary Permit Renewal Fee (not in active use)□	Revoked																	
100-40-2	Article 40.-Physical Therapy-Temporary Permit Renewal Fee (not in active use)□	Revoked																	
100-41-1	Article 41.-List of Registered Physical Therapists (not in active use)□	Revoked																	

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100-42-1	Article 42.-Physical Therapy-Revocation or Suspension of Certification (Physical Therapists) (not in active use)□	Revoked																	
100-42-2	Article 42.-Physical Therapy-Revocation or Suspension of Certification (Physical Therapists) (not in active use)□	Revoked																	
100-42-3	Article 42.-Physical Therapy-Revocation or Suspension of Certification (Physical Therapists) (not in active use)□	Revoked																	
100-43-1	Article 43.-Professional Signs and Letterheads (not in active use)□	Revoked																	
100-44-1	Article 44.-Amendments to Rules (Physical Therapists) (not in active use)□	Revoked																	
100-45-1	Article 45.-Approved Schools of Physical Therapy Assistants (not in active use)□	Revoked																	
100-46-1 through 100-46-6	Article 46.-Physical Therapy-Extension of Registration; Assistants (not in active use) [All in this article except 100-46-4 were revoked in 1997; 100-46-4 was revoked in 1984.]	Revoked																	
100-47-1	Article 47.-Physical Therapy-Registration Renewal; Continuing Education (not in active use)□	Revoked																	
100-48-1 through 100-48-13	Article 48.-Podiatry (not in active use) [All rules and regulations in this article were revoked in 1980.]	Revoked																	
100-49-1	Article 49.-Podiatry	Approved schools of podiatry	Amended	Jan. 10, 2003	65-2013	65-2003	establishes the accreditation standards for podiatry schools by adopting national benchmarks (CPME 120). It protects the public by ensuring that any podiatrist licensed in Kansas has graduated from an institution that meets rigorous educational and clinical training requirements.	necessary	Yes	No	No	No	n/a	No	n/a	The Board would have no objective standard to verify the quality of a podiatrist's education. This could allow graduates from unaccredited or "diploma mill" schools to treat patients, leading to a significant drop in the quality of foot and ankle care and increasing the risk of surgical and medical errors.	In active use	n/a	none

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100-49-2	Article 49.-Podiatry	Licensure by examination	Amended	May 1, 1984	65-2013	65-2004, K.S.A. 1983 Supp. 65-2003	establishes the application requirements and deadlines for podiatry licensure. It protects the public by verifying the identity, education, and character of applicants, ensuring that only qualified individuals who have graduated from approved medical institutions are permitted to sit for the licensing examination.	necessary	Yes	No	No	No	n/a	No	n/a	the Board could not verify if practitioners actually graduated from medical school. This would allow unqualified or fraudulent individuals to perform foot surgeries and manage complex infections in Kansas, significantly increasing the risk of permanent physical disability, malpractice, and legal chaos for patients.	In active use	n/a	none
100-49-3	Article 49.-Podiatry	Licensure by endorsement	Amended	May 1, 1984	65-2013	65-2004, K.S.A. 1983 Supp. 65-2003	establishes the requirements for podiatrists licensed in other jurisdictions to obtain a Kansas license. It protects the public by ensuring that out-of-state practitioners meet Kansas's specific educational and clinical standards before they are permitted to treat patients within the state.	necessary	Yes	No	No	No	n/a	No	n/a	the Board could not verify the skills of podiatrists seeking licensure through endorsement. This would allow practitioners with poor disciplinary records or substandard training from other states to practice immediately, increasing the risk of surgical complications and medical errors for Kansas patients.	In active use	n/a	none
100-49-4	Article 49.-Podiatry	Fees	Amended	May 21, 2010	2009 Supp. 65-2012 and K.S.A. 65-2013	2009 Supp. 65-2012	establishes the fee schedule for podiatry licensure, renewals, and administrative services. It protects the public by ensuring the Board of Healing Arts is adequately funded to perform its duties, including vetting applicants, conducting examinations, and investigating complaints against podiatrists	necessary	Yes	No	No	No	n/a	No	n/a	lack the revenue to oversee the podiatry profession. This would halt the processing of new licenses and renewals, leading to a shortage of qualified podiatrists in Kansas and leaving the public unprotected from practitioners who may be unfit to practice.	In active use	n/a	none
100-49-5	Article 49.-Podiatry	Expiration of license	Amended	Aug. 1, 1997	65-2005	65-2005	Establishes a fixed annual expiration date for podiatry licenses. Ensures practitioners maintain current credentials and enables efficient Board oversight to prevent unauthorized practice.	necessary	Yes	No	No	No	n/a	no	n/a	eliminates the primary avenue for license renewal cycles. The Board could not verify current competency or legal standing of practitioners. This creates significant risk to public health by allowing podiatrists to practice indefinitely without mandatory regulatory check-ins or continuing education verification.	In active use	n/a	none
100-49-6	Article 49.-Podiatry	Education requirements	New	Jan. 10, 2003	65-2013	65-2003	Ensures podiatrists possess adequate clinical training through residency or equivalent experience. Protects public safety by setting minimum educational standards for surgical and medical competency before granting licensure.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for ensuring podiatrists are clinically trained. Removing residency or specialty board requirements would allow under-qualified individuals to perform medical and surgical procedures on the public, increasing the risk of malpractice and patient harm.	In active use	n/a	none

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100-49-7	Article 49.-Podiatry	Examinations	New	Jan. 10, 2003	65-2013	65-2003 and K.S.A. 65-2004	Mandates passage of a standardized national examination for licensure. Validates applicant competency in medicine, orthopedics, surgery, and radiology to ensure only qualified individuals practice podiatry in Kansas.	necessary	Yes	No	No	No	n/a	No	n/a	removes the primary avenue for objective assessment of professional competency. Without examination requirements, the Board could not ensure applicants possess the minimum medical knowledge required for safe practice, significantly increasing the risk of patient injury and substandard care.	In active use	n/a	none
100-49-8	Article 49.-Podiatry	Continuing education	New	Jan. 10, 2003	65-2013	65-2010	Establishes mandatory continuing education hours for podiatrists. Ensures practitioners remain current with evolving medical standards, surgical techniques, and safety protocols to maintain high-quality patient care.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for ensuring podiatrists maintain professional competence post-licensure. Without mandatory continuing education, practitioners may use obsolete methods or lack knowledge of new safety risks, directly jeopardizing patient health and the standard of podiatric care in Kansas.	In active use	n/a	none
100-49-9	Article 49.-Podiatry	Additional requirements	New	Jan. 10, 2003	65-2013	2001 Supp. 65-2002, K.S.A. 65-2005, K.S.A. 2001 Supp. 65-2006	Incorporates supplemental Board regulations regarding professional conduct, institutional licenses, and administrative procedures by reference. Ensures podiatrists adhere to the same ethical and operational standards as other medical professionals regulated by the Board.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for applying uniform professional standards to podiatry. It would create regulatory gaps where essential rules on conduct and administrative processes apply to other medical branches but not podiatry, leading to inconsistent enforcement and compromised public protection.	In active use	n/a	none
100-49-10	Article 49.-Podiatry	Definition of human foot	New	Sept. 14, 2007	65-2013	65-2001, K.S.A. 65-2002, K.S.A. 65-2004, and K.S.A. 2006 Supp. 65-2005	Defines the anatomical boundaries of the "human foot" for the Podiatry Act. Establishes a precise scope of practice by identifying specific structures and tissues podiatrists are legally authorized to treat.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for defining the legal limits of podiatric practice. The boundary between podiatry and other medical specialties becomes ambiguous. The lack of clarity could lead to practitioners performing procedures outside their expertise or legal authority, endangering patient safety.	In active use	n/a	none

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100-54-1	Article 54.-Occupational Therapy	Application	Amended	Nov. 20, 2009	65-5405	65-5404, K.S.A. 65-5406, and K.S.A. 2008 Supp. 65-5410	establishes the formal application process for occupational therapy licensure. This ensures the Board collects essential datum including education, examination results, and disciplinary history, to verify that applicants meet all legal requirements for safe practice.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for screening occupational therapy applicants. Without a standardized application, the Board cannot verify training, confirm identity, or identify prior criminal or unethical acts, significantly increasing the risk that unqualified or dangerous individuals could treat vulnerable Kansans.	In active use	n/a	none
100-54-2	Article 54.-Occupational Therapy	Education requirements	Amended	Nov. 21, 2003	65-5405	65-5406	Adopts national accreditation standards for occupational therapy and assistant programs. Ensures all license applicants have completed a rigorous curriculum that meets the professional requirements for clinical safety and effectiveness.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for verifying the quality of an applicant's education. Without these standards, the Board could not distinguish between legitimate clinical training and substandard programs, potentially allowing individuals without foundational medical and rehabilitative knowledge to treat the public.	In active use	n/a	none
100-54-3	Article 54.-Occupational Therapy	Examinations	Amended	Nov. 21, 2003	65-5405	65-5407	Mandates passage of a standardized national examination for occupational therapy licensure. Validates applicant competency in human development, evaluation, treatment planning, and professional responsibility to ensure safe and effective patient care.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for objective assessment of professional competency. Without a required examination, the Board could not ensure applicants possess the critical clinical knowledge needed to treat patients, significantly increasing the risk of physical injury and substandard rehabilitative care for Kansans.	In active use	n/a	none
100-54-4	Article 54.-Occupational Therapy	Fees	Amended	March 7, 2008	65-5405	65-5409	Establishes a fee schedule for occupational therapy licensure, renewals, and administrative services. Provides the necessary funding for the Board to process applications, conduct investigations, and perform regulatory oversight of the profession.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for funding the licensure and regulation of occupational therapists. Without these fees, the Board would lack the financial resources to verify credentials, process renewals, or enforce safety standards, effectively halting the legal entry of practitioners into the Kansas workforce.	In active use	n/a	none

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100-54-5	Article 54.-Occupational Therapy	Unprofessional conduct; defined	Amended	Nov. 21, 2003	65-5405 and 65-5410	65-5410	Defines specific acts and behaviors that constitute unprofessional conduct. Establishes clear ethical and professional standards to protect the public from fraud, incompetence, abuse, and unsafe practices by occupational therapists and assistants.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for disciplinary enforcement. Without these definitions, the Board would lack the legal basis to sanction practitioners for harmful behaviors like patient abuse, fraud, or clinical incompetence, leaving Kansans unprotected against unethical or dangerous providers.	In active use	n/a	none
100-54-6	Article 54.-Occupational Therapy	License; temporary license; renewal; late renewal	Amended	Sept. 23, 2005	65-5405	2004 Supp. 65-5412	Establishes a uniform annual expiration date of March 31 for occupational therapy licenses. Provides for temporary licensure and defines the requirements for timely and late renewals to ensure continuous oversight of practitioner qualifications.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for license renewal cycles. The Board could not verify current competency or legal standing. This creates significant risk to public health by allowing practitioners to work indefinitely without mandatory regulatory check-ins or continuing education verification.	In active use	n/a	none
100-54-7	Article 54.-Occupational Therapy	Continuing education; license renewal	Amended	May 13, 2016	65-5405	2013 Supp. 65-5412	Mandates 40 contact hours of continuing education every two years for license renewal. Ensures occupational therapists and assistants maintain professional competence, stay informed of clinical advancements, and provide safe, high-quality care to the public.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for ensuring practitioners remain clinically current. Without these requirements, there is no regulatory check to prevent the use of obsolete or unsafe treatment methods, directly increasing the risk of patient injury and diminishing the standard of rehabilitative services in Kansas.	In active use	n/a	none
100-54-8	Article 54.-Occupational Therapy	Continuing education; expired, canceled, and revoked licenses	Amended	Nov. 20, 2009	65-5405	2008 Supp. 65-5412	Establishes continuing education requirements for reinstating expired, canceled, or revoked licenses. Ensures practitioners returning to the workforce possess current clinical knowledge and competency to protect patient safety.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for verifying the competency of practitioners re-entering the field. Without these requirements, individuals who have been out of practice for years could resume treating patients without updating their skills, significantly increasing the risk of clinical errors and substandard care for Kansans.	In active use	n/a	none

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100-54-9	Article 54.-Occupational Therapy	Occupational therapy assistants; information to board	Amended	Jan. 15, 1999	65-5405	65-5406	Mandates that occupational therapists report the names and employment locations of assistants working under their direction. Ensures the Board can maintain accurate records of supervisory relationships to facilitate oversight and professional accountability.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for tracking supervisory links between therapists and assistants. Without this reporting, the Board cannot effectively investigate complaints or verify that assistants are receiving the legally required direction, increasing the risk of unsupervised or improper care being provided to patients	In active use	n/a	none
100-54-10	Article 54.-Occupational Therapy	Delegation and supervision	New	Sept. 23, 2005	65-5405	65-5419	Regulates the delegation of tasks to unlicensed personnel like aides and technicians. Sets strict requirements for direct, on-site supervision and limits delegated tasks to routine, predictable activities to ensure patient safety and professional accountability.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary avenue for controlling the use of unlicensed staff in clinical settings. Without these restrictions, aides could perform complex treatments requiring professional judgment, leading to serious patient injury and the erosion of the quality of occupational therapy services in Kansas.	In active use	n/a	none
100-54-11	Article 54.-Occupational Therapy	Occupational therapists; ownership of corporation or company	New	Jan. 1, 2006	17-2716 and K.S.A. 2004 Supp. 65-5421	2004 Supp. 65-5421	Restricts occupational therapists to minority ownership (49% or less) in professional entities organized for other healing arts. This preserves professional autonomy and clinical integrity by preventing practitioners from exercising majority control over medical, dental, or podiatric practices.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary legal standard for maintaining professional boundaries in business structures. Without these limits, occupational therapists could exercise majority control over medical or dental practices. This creates conflicts of interest where practitioners make business decisions regarding specialized medical care outside their scope of practice, undermining the corporate practice of medicine doctrine.	In active use	n/a	none
100-54-12	Article 54.-Occupational Therapy	Supervision of occupational therapy assistants	New	May 13, 2016	65-5405	2015 Supp. 65-5402 and 65-5410	Establishes supervision standards for occupational therapy assistants to ensure patient safety. Defines the scope of practice for assistants, mandates regular contact with a supervising therapist, and sets a maximum supervision ratio of four full-time equivalents.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary safety standard for assistant-led care. Without these limits, assistants could perform high-risk tasks like initial evaluations or treatment modifications without professional oversight. This increases the likelihood of clinical errors and removes the clear chain of accountability necessary to protect the public.	In active use	n/a	none

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100-54-13	Article 54.-Occupational Therapy	Professional liability insurance	New	5-May-23	2022 Supp. 65-	2022 Supp. 65-	Mandates that occupational therapists maintain professional liability insurance to ensure financial accountability for clinical errors. Protects the public by guaranteeing that resources exist to compensate patients for injuries resulting from malpractice or negligence.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary requirement for financial protection in the event of medical errors. Without mandated insurance, patients injured by substandard care may have no practical way to recover damages, shifting the financial burden of medical negligence from the provider to the victim and the public.	In active use	n/a	none
100-55-1	Article 55.-Respiratory Therapy	Application	Amended	June 4, 2010	65-5505	65-5506	Establishes the formal application process for respiratory therapist licensure. Collects essential data on education, examination history, and professional conduct to ensure that only qualified individuals enter the workforce, thereby protecting the public from incompetent or unethical practitioners.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary administrative process for evaluating new respiratory therapists. Without this standardized collection of transcripts, exam scores, and conduct history, the Board cannot verify applicant qualifications. This leads to a breakdown in professional oversight and increases the risk that unqualified individuals will provide critical respiratory care to the public.	In active use	n/a	none
100-55-2	Article 55.-Respiratory Therapy	Education requirements	Amended	June 30, 2000	1999 Supp. 65-5505	1999 Supp. 65-5506	Defines the educational standards for respiratory therapist licensure. By approving programs accredited by the Committee on Accreditation for Respiratory Care, the board ensures practitioners complete the rigorous clinical training necessary to provide safe and effective respiratory services.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the benchmark for evaluating the quality of a licensee's training. Without these educational standards, the board could not prevent graduates of substandard programs from entering the workforce, significantly increasing the risk of clinical incompetence and patient harm.	In active use	n/a	none
100-55-3	Article 55.-Respiratory Therapy	Examinations	Amended	June 30, 2000	1999 Supp. 65-5505	1999 Supp. 65-5507	Adopts national examinations to verify the competency of respiratory therapist applicants. Requires re-examination or continuing education for those who have been out of active practice to ensure they maintain current clinical knowledge and technical skills.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary objective measure for evaluating practitioner competency. Without standardized testing requirements, the board cannot ensure that individuals possess the fundamental knowledge required to operate life-support equipment or manage critical airways, posing a severe threat to patient safety.	In active use	n/a	none

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100-55-4	Article 55.-Respiratory Therapy	Fees	Amended	March 7, 2008	65-5505	65-5509	Establishes the fee schedule for respiratory therapist licensure, renewals, and reinstatements. These fees fund the Board's administrative and regulatory operations, ensuring the agency has the resources to vet applicants and enforce professional standards.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the primary funding source for the regulation of respiratory therapists. Without these fees, the Board cannot sustain the licensing process or investigate disciplinary matters, effectively ending state oversight of the profession and jeopardizing public safety.	In active use	n/a	none
100-55-5	Article 55.-Respiratory Therapy	Unprofessional conduct; defined	Amended	May 23, 2003	65-5510	65-5510	Defines specific acts and behaviors that constitute unprofessional conduct for respiratory therapists. This protects the public by establishing clear standards for ethical behavior, clinical competence, and personal conduct, allowing the Board to discipline practitioners who jeopardize patient safety or professional integrity.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the legal basis for disciplining practitioners who engage in harmful or unethical behavior. Without these definitions, the Board cannot effectively address issues like clinical incompetence, sexual misconduct, or substance abuse. This leaves the public vulnerable to practitioners who fail to meet basic safety and ethical requirements.	In active use	n/a	none
100-55-6	Article 55.-Respiratory Therapy	Licensure; renewal; late renewal and reinstatement	Amended	June 30, 2000	1999 Supp. 65-5505	1999 Supp. 65-5512	Establishes the annual expiration and renewal cycle for respiratory therapist licenses. Mandating proof of continuing education or recent examination for renewal ensures practitioners maintain the clinical knowledge and technical proficiency required for safe patient care.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the legal basis for requiring practitioners to update their skills after initial licensure. Without a structured renewal process, individuals could practice indefinitely without demonstrating ongoing competency, increasing the risk of outdated or unsafe medical care.	In active use	n/a	none
100-55-7	Article 55.-Respiratory Therapy	Continuing education; license renewal	Amended	May 21, 2010	65-5505	2008 Supp. 65-5512	Defines continuing education requirements for respiratory therapists. These standards ensure practitioners maintain competency in evolving medical technologies and life-support protocols.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the legal basis for requiring ongoing professional development. Practitioners could use outdated methods for airway management, increasing patient mortality risks.	In active use	n/a	none
100-55-8	Article 55.-Respiratory Therapy	Reinstatement; expired and revoked licenses	Amended	June 30, 2000	1999 Supp. 65-5505	1999 Supp. 65-5512	Outlines the requirements for reinstating expired or revoked respiratory therapist licenses. It ensures that individuals returning to practice demonstrate current clinical competency through continuing education or re-examination.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the legal basis for verifying the skills of practitioners returning after long absences. Without these requirements, the board cannot ensure that returning therapists are familiar with modern life-support standards, endangering patient safety.	In active use	n/a	none

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100-55-9	Article 55.-Respiratory Therapy	Special permits	Amended	May 15, 2009	65-5505	65-5508	regulates the scope of practice for students through special permits. This ensures patient safety by restricting students to specific, verified tasks and requiring clear identification and supervision by licensed professionals.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the legal basis for restricting student practitioners to tasks they are qualified to perform. This removal of oversight allows students to perform high-risk procedures without verified proficiency, significantly increasing the potential for clinical errors and patient harm.	In active use	n/a	none
100-55-10	Article 55.-Respiratory Therapy	Revoked																	
100-55-11	Article 55.-Respiratory Therapy	Delegation and supervision	New	June 30, 2000	1999 Supp. 65-5505	1999 Supp. 65-5514	Establishes standards for delegating respiratory therapy tasks to unlicensed individuals. This ensures patient safety by requiring licensed therapists to assess the complexity of care and the competence of the person performing the procedure.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the legal basis for controlling which medical tasks can be performed by unlicensed personnel. Without these limits, high-risk procedures could be assigned to unqualified individuals, leading to clinical errors and patient injury.	In active use	n/a	none
100-60-1 through 100-60-15	Article 60.-Physicians' Assistants (not in active use) [All rules and regulations in this article were revoked in 2001 except 100-60-3 {1993} and 100-60-7 {1988}.]	Revoked																	
100-69-1	Article 69.-Athletic Training	Approved education	Amended	Nov. 21, 2008	2007 Supp. 65-6905 and K.S.A. 2007 Supp. 65-6907	2007 Supp. 65-6905 and K.S.A. 2007 Supp. 65-6907	Defines educational standards for athletic trainer licensure. Requiring a degree from an accredited or equivalent athletic training program ensures practitioners possess the specialized clinical knowledge necessary to prevent and treat athletic injuries safely.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation eliminates the legal basis for verifying an applicant's educational background. Without this standard, individuals without formal clinical training could practice, increasing the risk of mismanaged physical trauma and long-term athlete disability.	In active use	n/a	none
100-69-2	Article 69.-Athletic Training	Revoked																	
100-69-3	Article 69.-Athletic Training	Examination	Amended	Sept. 9, 2005	2004 Supp. 65-6905 and K.S.A. 2004 Supp. 65-6907	2004 Supp. 65-6905 and K.S.A. 2004 Supp. 65-6907	Adopts a standardized national examination to verify the competency of athletic trainer applicants. This ensures practitioners demonstrate essential knowledge in injury prevention, immediate care, and rehabilitation before entering the field.	necessary	Yes	No	No	No	n/a	No	n/a	Eliminates the legal basis for objective competency testing. Without this requirement, the Board cannot confirm that practitioners have the skills to handle medical emergencies or assess serious injuries, creating a danger to public safety.	In active use	n/a	none
100-69-4	Article 69.-Athletic Training	Revoked																	
100-69-5	Article 69.-Athletic Training	Fees	Amended	Nov. 19, 2004	65-6905, as amended by L. 2004, Ch. 24, Sec. 5, and K.S.A. 65-6910, as amended by L. 2004, Ch. 24, Sec. 9	65-6909, as amended by L. 2004, Ch. 24, Sec. 8, and 65-6910, as amended by L. 2004, Ch. 24, Sec. 9	Establishes the fee schedule for athletic trainer licenses, renewals, and permits. These fees fund the Board's administrative, licensing, and investigative operations for this profession.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would eliminate the revenue needed to regulate athletic trainers. Without funding, the Board could not verify credentials or investigate safety complaints, leaving the public unprotected.	In active use	n/a	none

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100-69-6	Article 69.-Athletic Training	Expiration of license	Amended	Sept. 9, 2005	2004 Supp. 65-	2004 Supp. 65-	Establishes a uniform annual expiration date for all athletic trainer licenses. This creates a consistent administrative cycle for the Board to verify that practitioners remain in good standing and meet ongoing legal requirements.	necessary	Yes	No	No	No	n/a	No	n/a	Eliminates the legal basis for a fixed licensure term. Without an expiration date, licenses could remain active indefinitely, preventing the Board from regularly auditing practitioner competency or status.	In active use	n/a	none
100-69-7	Article 69.-Athletic Training	Unprofessional conduct; definitions	Amended	Jan. 10, 2020	65-6905 and K.	65-6905 and K.	Defines specific acts that constitute unprofessional conduct for athletic trainers, including fraud, sexual misconduct, and negligence. These standards protect the public by ensuring ethical behavior and clinical accountability within the profession.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would strip the legal definitions needed to enforce the Athletic Trainers Licensure Act. The Board would lack the clear standards required to address ethical breaches or patient harm.	In active use	n/a	none
100-69-8	Article 69.-Athletic Training	Revoked																	
100-69-9	Article 69.-Athletic Training	Practice protocols	Amended	Sept. 9, 2005	2004 Supp. 65-	2004 Supp. 65-	Requires athletic trainers to file practice protocols. This ensures they work under the proper delegation of a licensed physician, clearly defining their scope and authority to provide care.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would remove physician oversight. Without protocols, athletic trainers might perform medical acts without a doctor's delegation, leading to unsupervised and potentially unsafe care.	In active use	n/a	none
100-69-10	Article 69.-Athletic Training	License renewal; continuing education	Amended	Dec. 30, 2022	65-6905	65-6905 and 65-6909	Requires athletic trainers to complete 20 annual hours of continuing education and maintain emergency cardiac care (ECC) certification. This ensures practitioners remain skilled in life-saving care.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would eliminate the requirement for life-saving skills like AED and CPR. Patients and athletes would risk being treated by professionals with outdated skills or lapsed emergency training.	In active use	n/a	none
100-69-11	Article 69.-Athletic Training	Reinstatement; canceled and revoked licenses	Amended	Sept. 9, 2005	2004 Supp. 65-6905 and K.S.A. 2004 Supp. 65-6911	2004 Supp. 65-6909	Establishes the requirements for reinstating a canceled or revoked athletic trainer license. It ensures that practitioners returning to the field have maintained or updated their clinical competency.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow individuals to return to practice after long absences without verifying their skills. This risks patient safety if the practitioner uses outdated or forgotten techniques.	In active use	n/a	none
100-69-12	Article 69.-Athletic Training	Application	New	June 4, 2010	2008 Supp. 65-6905	2008 Supp. 65-6906	Standardizes the licensure process for athletic trainers. It requires verified transcripts, national exam scores, and background disclosures to ensure only qualified individuals practice in Kansas.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would remove the Board's ability to vet applicants. Without a formal process, individuals with inadequate training or history of misconduct could practice, endangering athletes and patients.	In active use	n/a	none
100-72-1	Article 72.-Naturopathy	Fees	Amended	Feb. 13, 2009	65-7203	65-7207 and K.S.A. 65-7213	Establishes the fee schedule for naturopathic doctor registration, renewals, and certifications. These fees fund the Board's administrative and investigative operations for this profession.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would eliminate the revenue needed to regulate the profession. Without funding, the Board could not process applications or investigate complaints, leaving the public unprotected.	In active use	n/a	none

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100-72-2	Article 72.-Naturopathy	Application	Amended	June 4, 2010	65-7203	65-7203, 65-7204, and K.S.A. 2008 Supp. 65-7208	Standardizes the application process for naturopathic doctors. It requires verified transcripts, exam scores, and background disclosures to ensure only qualified individuals are registered.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would remove the Board's ability to vet applicants. Without a formal application process, individuals with undisclosed criminal histories or inadequate training could enter the profession.	In active use	n/a	none
100-72-3	Article 72.-Naturopathy	Unprofessional conduct: defined	New	May 23, 2003	65-7208	65-7208	Defines unprofessional conduct for naturopathic doctors. It establishes ethical and clinical boundaries, such as prohibiting sexual misconduct, fraud, and practicing beyond the scope of naturopathy.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would strip the specific legal definitions needed to protect patients. The Board would lack the clear standards required to hold practitioners accountable for ethical or clinical breaches.	In active use	n/a	none
100-72-4	Article 72.-Naturopathy	Criteria for approval of programs in naturopathy	New	May 23, 2003	65-7203	65-7204	Defines the educational standards for naturopathy schools. By adopting national accreditation benchmarks, it ensures that all applicants have graduated from rigorous, high-quality medical programs.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow graduates of unaccredited or "diploma mill" schools to apply for registration. This would lower the quality of care and expose patients to poorly trained practitioners.	In active use	n/a	none
100-72-5	Article 72.-Naturopathy	Examinations	New	May 23, 2003	65-7203	65-7205	Mandates that applicants pass a standardized national examination covering basic and clinical sciences. It verifies that naturopathic doctors possess the foundational medical knowledge and clinical skills necessary to practice safely.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would eliminate objective testing for naturopathic competency. Without these standards, the Board could not verify if an applicant is safe to diagnose or treat patients in Kansas.	In active use	n/a	none
100-72-6	Article 72.-Naturopathy	Professional liability insurance	Amended	July 22, 2005	65-7203	2004 Supp. 65-7217	Mandates that naturopathic doctors maintain minimum professional liability insurance. This ensures financial resources are available to compensate patients in the event of medical malpractice or injury.	necessary	Yes	No	No	No	n/a	No	n/a	Kansans without financial protection if harmed by a naturopathic doctor. Patients would have no guarantee that a practitioner has the insurance coverage necessary to pay for damages resulting from clinical errors or negligence.	In active use	n/a	none
100-72-7	Article 72.-Naturopathy	Registration renewals; continuing education	Amended	March 27, 2009	65-7203	2007 Supp. 65-7209	Requires naturopathic doctors to renew registration annually and complete 50 hours of continuing education. This ensures practitioners maintain current clinical knowledge and skills for patient care.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would remove the requirement for practitioners to stay current in their field. Patients would be at risk of receiving treatment based on outdated medical information or obsolete techniques.	In active use	n/a	none
100-72-8	Article 72.-Naturopathy	Naturopathic formulary	New	Jan. 21, 2005	65-7203	65-7212	Defines the specific drugs and substances naturopathic doctors may administer via injection or IV. It ensures these invasive procedures are limited to an approved list and performed only under a written protocol with a physician.	necessary	Yes	No	No	No	n/a	No	n/a	removes the legal boundaries for injectable treatments. Kansans would be at risk of receiving unapproved or dangerous substances intravenously without defined safety standards or required physician oversight.	In active use	n/a	none

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100-72-9	Article 72.-Naturopathy	Written protocol	New	Nov. 19, 2004	65-7203	65-7202	Establishes formal oversight requirements for naturopathic doctors who administer drugs and substances. It ensures a licensed physician supervises these activities, specifically outlining dosage, administration methods, and emergency procedures to protect patient health.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates mandatory physician supervision for invasive procedures like IV administration. Kansans would be exposed to high-risk medical treatments performed without a defined plan for physician backup, increasing the danger of untreated adverse reactions or incorrect drug dosages.	In active use	n/a	none
100-73-1	Article 73.-Radiologic Technologists	Fees	Amended	Sept. 11, 2009	2008 Supp. 65-7312	2008 Supp. 65-7308	Establishes fees for licensing and renewing radiologic technologists. This funding allows the Board to verify qualifications and maintain professional standards.	necessary	Yes	No	No	No	n/a	No	n/a	would end the funding for licensing oversight. Without these funds, the state cannot vet the technical skills of radiologic technologists, risking public exposure to unnecessary or excessive radiation from unverified operators.	In active use	n/a	none
100-73-2	Article 73.-Radiologic Technologists	Application	Amended	May 14, 2010	2009 Supp. 65-7312	2009 Supp. 65-7305	Defines the mandatory data and documents required for radiologic technologist licensure. It allows the Board to verify educational background, exam success, and professional history to ensure safe operation of radiation-emitting equipment.	necessary	Yes	No	No	No	n/a	No	n/a	eliminates the screening process for practitioners. The state would lose the ability to block unqualified or unethical individuals from performing diagnostic imaging, increasing the risk of improper radiation exposure to the public.	In active use	n/a	none
100-73-3	Article 73.-Radiologic Technologists	Criteria for approval of programs in nuclear medicine technology, radiation therapy, and radiography	New	Sept. 23, 2005	2004 Supp. 65-7312	2004 Supp. 65-7305	Establishes quality standards for training programs in radiation therapy, radiography, and nuclear medicine. Adopting national accreditation benchmarks ensures that graduates possess the technical expertise required to safely handle radioactive materials and imaging equipment.	necessary	Yes	No	No	No	n/a	No	n/a	removes educational oversight for these specialized fields. Without these standards, individuals trained in unaccredited or deficient programs could enter the workforce, significantly increasing the risk of radiation errors and diagnostic inaccuracies for Kansas patients.	In active use	n/a	none
100-73-4	Article 73.-Radiologic Technologists	Examinations	New	Sept. 23, 2005	2004 Supp. 65-7312	2004 Supp. 65-7305 and 65-7306, as amended by L. 2005, ch. 34, § 3	Mandates standardized national examinations for radiologic technologists in radiography, radiation therapy, and nuclear medicine. It ensures practitioners possess objective, verified knowledge in radiation protection, equipment operation, and patient safety.	necessary	Yes	No	No	No	n/a	No	n/a	removes the primary mechanism for verifying technical competency. Unqualified individuals could operate high-energy radiation equipment, significantly increasing the risk of radiation burns, improper dosing, and inaccurate diagnostic results for the public.	In active use	n/a	none

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100-73-5	Article 73.-Radiologic Technologists	Expiration of license	New	Sept. 23, 2005	2004 Supp. 65-7312	2004 Supp. 65-7307	Establishes a uniform expiration schedule for radiologic technologist licenses. This ensures the Board can systematically manage renewals and verify that all practitioners remain in good standing and meet ongoing safety requirements on a predictable cycle.	necessary	Yes	No	No	No	n/a	No	n/a	lead to administrative chaos, as there would be no legal end date for a license. The state would lose the ability to force periodic reviews of a technologist's fitness to practice, allowing potentially unqualified or unsafe operators to continue using radiation equipment indefinitely.	In active use	n/a	none
100-73-6	Article 73.-Radiologic Technologists	Unprofessional conduct; defined	New	Sept. 23, 2005	2004 Supp. 65-	2004 Supp. 65-	Defines specific behaviors that constitute unprofessional conduct. It provides the Board with the legal authority to discipline practitioners for ethics violations, incompetence, or safety breaches, protecting the public from harm.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would prevent the Board from holding technologists accountable for sexual misconduct, patient privacy breaches, or fraud. Without these definitions, practitioners could engage in harmful behavior without facing license suspension or revocation.	In active use	n/a	none
100-73-7	Article 73.-Radiologic Technologists	License renewal; continuing education	Amended	Dec. 30, 2022	65-7307 and K	65-7307 and K	Requires radiologic technologists to complete 12 to 24 credits of continuing education (CE) for license renewal. It ensures practitioners maintain technical proficiency and stay informed on safety advancements in radiation technology and patient care.	necessary	Yes	No	No	No	n/a	No	n/a	allows practitioners to operate high-risk radiation equipment without updating their skills. This increases the risk of patient harm through outdated imaging techniques, improper radiation dosing, or failure to recognize equipment malfunctions.	In active use	n/a	none
100-73-8	Article 73.-Radiologic Technologists	Reinstatement; canceled and revoked licenses	New	Nov. 27, 2006	2005 Supp. 65-7307 and 65-7312	2005 Supp. 65-7307	Establishes the safety and competency requirements for reinstating a lapsed or revoked license. It ensures that practitioners returning to the field after an absence have maintained their technical skills and knowledge, preventing the use of radiation equipment by individuals with obsolete training.	necessary	Yes	No	No	No	n/a	No	n/a	would allow technologists to return to clinical practice after years of inactivity without any verification of their current skills. This would leave the public vulnerable to errors in diagnostic imaging or radiation therapy caused by "skill decay" or unfamiliarity with modern safety protocols.	In active use	n/a	none
100-73-9	Article 73.-Radiologic Technologists	Continuing education; persons exempt from licensure	Amended	March 28, 2008	2006 Supp. 65-7312	2006 Supp. 65-7304	Extends continuing education requirements to individuals who are exempt from full licensure but still operate x-ray equipment. It ensures that everyone performing radiologic procedures maintains the safety and technical knowledge required to protect patients from radiation.	necessary	Yes	No	No	No	n/a	No	n/a	create a safety loophole where exempt individuals could operate x-ray machines indefinitely without any updated training on radiation safety or equipment operation. This poses a significant health risk to the public through potential overexposure and poor diagnostic quality.	In active use	n/a	none

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100-75-1	Article 75.-Contact Lenses	Fees	New	May 23, 2003	65-4968	65-4967	Establishes the fees required for the registration and annual renewal of contact lens distributors. These funds support the Board's ability to monitor the distribution of contact lenses, ensuring they are sold by registered entities to protect public eye health.	necessary	Yes	No	No	No	n/a	No	n/a	remove the financial means to regulate the sale of contact lenses. This would likely lead to an influx of unregistered or gray-market sellers, increasing the risk of consumers receiving counterfeit or improper lenses that can cause permanent eye damage or infection.	In active use	n/a	none
100-76-1	Article 76.-Acupuncturists	Fees	New	Jan. 12, 2018	2017 Supp. 65-7615	2017 Supp. 65-7611	Establishes the fee schedule for acupuncture licensure, renewals, and reinstatements. These fees fund the Board's ability to oversee the profession, ensuring that practitioners meet state safety and competency standards.	necessary	Yes	No	No	No	n/a	No	n/a	strip the Board of the resources needed to regulate acupuncturists. Without licensing oversight, the state could not ensure that practitioners are properly trained, increasing the risk of injury or infection to the public from improper needle use.	In active use	n/a	none
100-76-2	Article 76.-Acupuncturists	Licensure by examination	Amended	March 8, 2019	2017 Supp. 65-7615	2017 Supp. 65-7606	Sets the examination and safety training standards for acupuncture licensure. Mandatory NCCAOM certification and Clean Needle Technique (CNT) training ensure practitioners possess foundational medical knowledge and adhere to sterile procedures to prevent infection.	necessary	Yes	No	No	No	n/a	No	n/a	removes the state's primary safety check for acupuncturists. Without mandated proof of clean needle techniques and technical competency exams, the risk of bloodborne pathogen transmission and clinical errors increases significantly.	In active use	n/a	none
100-76-3	Article 76.-Acupuncturists	Waiver of examination and education	New	Jan. 12, 2018	2017 Supp. 65-7608 and 65-7615	2017 Supp. 65-7608	Establishes a pathway for acupuncture licensure for experienced practitioners who applied on or before January 1, 2018. It ensures that while standard education and exam requirements are waived, applicants must still prove significant clinical experience (1,500 patient visits) and safety training in clean needle techniques.	necessary	Yes	No	No	No	n/a	No	n/a	invalidate the credentials of practitioners licensed under this specific pathway, potentially causing a shortage of providers. It would also remove the ability to verify the foundational training and patient safety record (such as CNT certification) of these practitioners.	In active use	n/a	none
100-76-4	Article 76.-Acupuncturists	Exempt license; description of professional activities	New	Jan. 12, 2018	2017 Supp. 65-7615	2017 Supp. 65-7609 and 65-7616	Defines the restricted scope of practice for an exempt license. This ensures that practitioners who are not maintaining a full active license are limited to administrative roles or uncompensated care, protecting the public by preventing the commercial practice of acupuncture by those who may not be meeting full active licensure requirements.	necessary	Yes	No	No	No	n/a	No	n/a	Allow practitioners with an "exempt" status to practice for-profit acupuncture without full oversight or the standard continuing education required of active licensees. This would create an unregulated tier of practitioners, increasing the risk of financial exploitation or substandard care.	In active use	n/a	none

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100-76-5	Article 76.-Acupuncturists	Professional liability insurance; active license	New	Jan. 12, 2018	2017 Supp. 65-7609 and 65-7615	2017 Supp. 65-7609	Mandates that active acupuncturists maintain professional liability insurance with minimum coverage limits ($200,000 per claim/$600,000 aggregate). This ensures that patients have a source of financial recovery in the event of medical malpractice or injury and promotes professional accountability.	necessary	Yes	No	No	No	n/a	No	n/a	Leave patients without financial protection if they are harmed by professional negligence. It would also remove the requirement for practitioners to prove they are insurable, potentially allowing high-risk or negligent individuals to practice without the oversight and risk-mitigation provided by insurance carriers.	In active use	n/a	none
100-76-6	Article 76.-Acupuncturists	Continuing education	Amended	Nov. 13, 2020	65-7615	65-7609	Establishes mandatory continuing education (CE) requirements (30 hours every 24 months) for licensed acupuncturists. This ensures that practitioners remain current in clinical skills, biomedical science, and safety protocols, directly protecting patient health and maintaining professional standards within the state.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow acupuncturists to practice indefinitely without ever updating their knowledge on evolving medical research, infection control, or ethical standards. This would significantly increase the risk of clinical errors and stagnant professional competency.	In active use	n/a	none
100-76-7	Article 76.-Acupuncturists	Unprofessional conduct; definitions	New	Jan. 12, 2018	2017 Supp. 65-7615	2017 Supp. 65-7616	Provides clear definitions of ethical and professional boundaries. By categorizing specific acts as unprofessional, it protects patients from fraud, exploitation, and substandard care.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would strip the specific legal definitions needed to enforce the statute. Without these clear rules, the Board's authority to address misconduct would be legally unenforceable.	In active use	n/a	none
100-76-8	Article 76.-Acupuncturists	Professional incompetency; definition	New	Jan. 12, 2018	2017 Supp. 65-7615	2017 Supp. 65-7616	Defines professional incompetency for acupuncturists. It allows the Board to take action against practitioners for gross negligence, repeated ordinary negligence, or a general pattern of incapacity.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would make it difficult to discipline dangerous practitioners. The Board would lack a clear legal standard to remove incompetent acupuncturists, leaving the public at risk of injury.	In active use	n/a	none
100-76-9	Article 76.-Acupuncturists	Patient records; adequacy	New	Jan. 12, 2018	2017 Supp. 65-7615	2017 Supp. 65-7616	Requires acupuncturists to keep legible, accurate, and secure patient records. This ensures continuity of care, allows for professional oversight, and protects the legal interests of the patient.	necessary	Yes	No	No	No	n/a	No	n/a	Lead to inconsistent documentation of patient care. Without standardized records, it becomes difficult to track patient progress, verify the medical necessity of treatments, or hold practitioners accountable for clinical errors.	In active use	n/a	none
100-76-10	Article 76.-Acupuncturists	Release of records	New	Jan. 12, 2018	2017 Supp. 65-7615	2017 Supp. 65-7616	Protects a patient's right to access their medical information and ensures the seamless transfer of care between healthcare providers. The regulation mandates the timely release of records upon request while allowing practitioners to recover reasonable administrative costs.	necessary	Yes	No	No	No	n/a	No	n/a	would allow practitioners to "hold records hostage" or refuse to share vital health information with other providers. This would obstruct patient care, delay diagnoses, and prevent patients from exercising their legal rights to their own medical history.	In active use	n/a	none

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100-76-11	Article 76.-Acupuncturists	Free offers	New	Jan. 12, 2018	2017 Supp. 65-7615	2017 Supp. 65-7616	Ensures transparency in marketing. It requires acupuncturists to honor advertised free services and disclose all costs before performing any paid procedures to prevent deceptive billing.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow deceptive pricing. Patients could be lured by free offers only to be charged for additional, undisclosed services without their prior consent or a clear understanding of the cost.	In active use	n/a	none
100-76-12	Article 76.-Acupuncturists	Business transactions with patients; unprofessional conduct	New	Jan. 12, 2018	2017 Supp. 65-7615	2017 Supp. 65-7616	Prevents acupuncturists from exploiting the provider-patient relationship for financial gain. It bans selling non-health products or soliciting business opportunities within the clinical setting.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would allow practitioners to use their medical authority to pressure patients into retail purchases or MLM schemes, leading to financial exploitation and a loss of professional trust.	In active use	n/a	none
100-77-1	Article 77.-Telemedicine	Definitions	New	May 10, 2019	2018 Supp. 40-2	2018 Supp. 40-2	Adopts statutory definitions for telemedicine, ensuring the Board and practitioners use consistent terms like "distant site" and "originating site." This prevents legal confusion in digital care.	necessary	Yes	No	No	No	n/a	No	n/a	Leaves the Board without clear definitions for telemedicine. This creates legal loopholes where practitioners could avoid Kansas safety rules by using non-standard terminology.	In active use	n/a	none
100-77-2	Article 77.-Telemedicine	Telemedicine deemed rendered at location of patient	New	May 10, 2019	2018 Supp. 40-2	2018 Supp. 40-2	Defines the legal location of care for telemedicine as the "originating site" . This establishes the jurisdictional authority of the Board over healthcare services provided to individuals located in Kansas, regardless of the practitioner's physical location.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation creates jurisdictional confusion. Kansas would lose the authority to enforce its medical standards on out-of-state providers treating Kansas residents via telemedicine.	In active use	n/a	none
100-77-3	Article 77.-Telemedicine	Prescribing drugs by means of telemedicine	New	May 10, 2019	2018 Supp. 40-2	2018 Supp. 40-2	Ensures telemedicine prescriptions meet the same safety and legal standards as in-person care. This prevents lower qualities of care and ensures patient safety remains consistent across all platforms.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would create a double standard for prescriptions. Without this rule, telemedicine could become a loophole for lax prescribing habits, increasing risks of drug misuse and medical errors.	In active use	n/a	none
100-78-1	Article 78.-Business Entities	Business entity certificate of authorization; expiration date	New	May 15, 2020	2019 Supp. 65-2	2019 Supp. 65-2	Sets June 30 as the annual expiration date for business entity certificates. This creates a standard schedule for renewals, ensuring medical businesses remain registered and in good standing.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would cause irregular renewal cycles. This makes it harder to track if medical businesses are legally authorized to operate, leading to potential gaps in professional oversight.	In active use	n/a	none
100-78-2	Article 78.-Business Entities	Fees	New	May 15, 2020	2019 Supp. 65-2	2019 Supp. 65-2	Establishes application and renewal fees for medical business certificates. These fees fund the Board's ability to process registrations, conduct inspections, and enforce safety regulations.	necessary	Yes	No	No	No	n/a	No	n/a	Revocation would eliminate the dedicated revenue used to process business certificates. This would reduce the Board's administrative capacity to track and authorize medical business entities.	In active use	n/a	none