

## MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Vicki Schmidt at 1:30 p.m. on March 16, 2011, in Room 546-S of the Capitol.

All members were present.

## Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes  
Melissa Calderwood, Kansas Legislative Research Department  
Carolyn Long, Committee Assistant

## Conferees appearing before the Committee:

Steve Sutton, Executive Director, Kansas Board of Emergency Medical Services  
Shane Pearson, Kansas State Firefighters Association  
Jerry Slaughter, Executive Director, Kansas Medical Society

## Others attending:

See attached list.

The Chair called for approval of the Minutes for March 2, 2011, March 3, 2011, and March 7, 2011. Moved by Senator Kelsey, seconded by Senator Reitz. Motion passed.

The Chair opened the hearing on **SB 216—Act concerning emergency medical services.** This legislation would add requirements for a quality assurance and improvement program for ambulance services and staffing requirements for attendant or medical personnel for ambulance services and vehicles. The bill would also change the term “medical advisor” to “medical director.” It would implement an initiation date of December 31, 2011, to allow all attendants additional time to complete certification renewal cycles. In addition it would also add additional language for transition requirements for certain emergency medical technician classifications regulated by the Board. The Board would not be able to approve an application for an attendant's certificate unless the applicant has paid a fee required by the rules and regulations of the Board. Language would be added that allows the Board to consider disciplinary actions taken against licensees from other jurisdictions who are seeking certification in Kansas. In addition it would make some technical changes.

Steve Sutton, Executive Director, Kansas Board of Emergency Medical Services, reminded the committee that last year SB 262 was introduced which was the initiation of the legislative process to formally begin the transition process to move Kansas EMS attendants from authorized activities to a Scope of Practice. In addition, changing the names of some of the attendant levels in Kansas to reflect national nomenclature, the bill allowed for enhancement of skills set to create ability to provide a higher level of care to Kansas citizens. **SB 216** represents a continuation of those changes necessary to support the transition (Attachment #1).

Shane Pearson, Kansas State Firefighters Association, shared with the Committee that several years ago, the Kansas Board of Emergency Medical Services established a work group to look at the different levels of EMS certification in Kansas. The intent of the work group was to give Technicians as much time as possible to transition through the new scope of practice. Unfortunately some of that language did not get included in the original bill. He hopes that **SB 216** will correct that deficiency and allow Technicians the ability to more efficiently serve the rural areas of Kansas who rely on volunteer Emergency Medical personnel to staff ambulances (Attachment #2).

Written testimony was submitted in favor of **SB 216** by the following:

Russell Walter, Burrton Consolidated Fire District #5 (Attachment #3)  
David Stithem, Chair, Region I EMS (Attachment #4)  
Jason Jenkins, Chief, Miami County (Attachment #5)  
Lester E. Richardson, chairman, Medical Advisory Council (Attachment #6)  
Sean Briggs, Region V EMS (Attachment #7)  
Chy Miller, President, Kansas Emergency Medical Services Assoc. (Attachment #8)  
David K. Fitzhugh, Ft. Hays State University (Attachment #9)  
Bob Parker, Johnson County Community College (Attachment #10)  
Ed Steinlage, Sabetha EMT (Attachment #11)

## CONTINUATION SHEET

The minutes of the Public Health and Welfare Committee at 1:30 p.m. on March 16, 2011, in Room 546-S of the Capitol.

Jeffrey Landgraf, Kearney County EMS ([Attachment #12 and #13](#))

J. D. Bloomer ([Attachment #14](#))

Jim LeBaron, Hutchinson Community College ([Attachment #15](#))

Conrad L. Olson, EMS Director, Seneca ([Attachment #16](#))

Appearing on behalf of the Kansas Medical Society, Jerry Slaughter, who testified as neutral, shared with the Committee that they support the process because it will reduce complexity and confusion about roles and duties, and it has the potential to improve the quality of pre-hospital emergency medical care. However, last year's legislation added a very important concept to the EMS laws, the creation of a Medical Advisory Council (MAC) to advise and assist the EMS Board on issues having to do with medical standards and practices. This was important because it signaled a desire to have EMS operate under a more explicit "medical model", utilizing experienced EMS medical directors to help the EMS Board create a culture that promotes patient-focused, high quality, evidence-based clinical standards and practices in pre-hospital emergency medical care. The current language does not clearly say what the role of the MAC is, and what authority it has. Quality patient care is best served when the MAC members—each of whom is an experienced EMS physician medical director—is free to exercise his or her best independent medical judgment on the issues before the group ([Attachment #17](#)).

Senator Kelly asked Mr. Sutton if EMS was opposed to the amendment proposed by the Kansas Medical Society. Mr. Sutton answered in the affirmative wondering why you would empower a council to override a Board. The Chair requested both the Board of Emergency Medical Services and the Kansas Medical Society to come to an agreement by the next scheduled meeting on March 17, 2011.

There being no further discussion, the hearing on **SB 216** was closed.

The next meeting is scheduled for March 17, 2011.

The meeting was adjourned at 2:30 p.m.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: Wednesday, March 16, 2011

NAME	REPRESENTING
Russell B. Walter	Burton CFD #5
<del>JOHN STANLEY</del>	KANS
Kevin Flory	Kansas State Firefighters Association
Shane Pearson	" " "
Doug Schmitt	Jefferson County Emergency Management
Lisa Schmitt	McLouth Fire
Jim Wells	Orange Co Fire District #5
STEVE SUTTON	KS BOARD OF EMS
JOEL HORNUNG	EMS Medical Directors of Kansas
AUGON PETERSON	KMS
<del>Paul Jones</del>	United Health Group
Randall Brown	Coffey County Fire District #1
Russel Stuke	Coffey County Emergency Management
Wigh Keck	Capitol Strategies
Mark Casey	BBA

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Dennis Allin, M.D., Chair  
Steven Sutton, Executive Director



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**Board of  
Emergency Medical Services**

Sam Brownback, Governor

**Testimony**

**Date:** March 14, 2011

**To:** The Honorable Senator Vicki Schmidt  
Chair, Senate Committee on Public Health and Welfare

**From:** Steven Sutton, Executive Director

**RE:** SB 216 Emergency medical services; licensure of attendants.

Madam Chair and Members of the Senate Committee on Public Health and Welfare, thank you for the opportunity to provide testimony on behalf of the Kansas Board of Emergency Medical Services for the FY 2012 Budget. My name is Steven Sutton, and I am the Executive Director for the Kansas Board of Emergency Medical Services (KBEMS).

Last session, the Kansas Board of Emergency Medical Services (KBEMS) introduced Senate Bill 262, which was the initiation of the Legislative process to formally begin the transition process to move Kansas EMS attendants from authorized activities to a Scope of Practice. In addition to changing the names of some of the attendant levels in Kansas to reflect national nomenclature, the bill allowed for enhancement of skills set to create ability to provide a higher level of care to Kansas citizens. This is vitally important, especially in rural areas of the State, where transport times may be longer. The bill established a scope of practice with a cap on authorized activities to be further defined in Rules and Regulations, adopted by the Board.

SB 216 represents a continuation of those changes necessary to support the transition, as well as to specifically identify options for those involved in meeting transition requirements.

The focus of the KBEMS Legislative Packet is;

**TRANSITION**

1. Formally allowing an attendant to seek a lower level of certification if they choose to transition to a lower level. The individual attendant has the option of seeking a lower level if they fill it is in their best interest. This allows individuals to continue to provide their services to support their communities without the loss of local service attendants. This may be particularly important for current EMT-Is that choose to continue in EMS at the EMT level.
2. Implementing an initiation date of Dec. 31, 2011 to allow all attendants complete certification cycles for extra time to accomplish the transition to allow greater flexibility and more options especially for the 3021 EMS attendants renewing this year. The new language changes the implementation date from the current effective date of Jan. 15, 2011 to Dec. 31, 2011.

Those who renew this year, would be given another complete renewal.

Senate Public Health and Welfare  
Date 3-16-2011  
Attachment 1

transition. This was requested by several large service and fire departments to facilitate the transition. The new language creates an option to complete it this year or allow for the complete renewal cycle.

3. Allows for transitioning outside of the renewal process to support those services wanting to accomplish a "Service-wide" transition, regardless of attendant levels and renewal cycles. Off-cycle transitioning facilitates services to transition all their attendants at once. The new language allows either option. This was requested by attendants, service directors, fire chiefs, commissioners and communities.

#### CERTIFICATION

1. KSA 65-6129 - Re-inserts language to establish authority to assess a fee for certification.
2. KSA 65-6133 Inserts language to include a training officers' certificate when dealing with potential disciplinary action and incorporates language for consideration of disciplinary actions taken against licensees from other jurisdictions who are seeking KS EMS Certification.

#### OPERATIONS

1. KSA 65-6126 - Changing the term of "medical advisor" to "medical director" to emphasize the role of the appointed physician directly involved in the medical oversight of service operations and education. Inserts verbiage that includes the implementation of medical protocols, and the review, approval and monitoring of the education of the attendants.
2. KSA 65-6132 - Inserts language that authorizes action against the owner, or owner's agent when it has been determined one has engaged in unprofessional conduct.

If this bill, as presented, does not move forward;

1. Attendants will not be able to transition off-cycle, so the transition will only be accomplished at individual attendant renewal.
2. Those First Responders and Emergency Medical Technicians renewing their certification in 2011 will have to have their transition course and continuing education hours completed by December 31, 2011.
3. Those attendants that do not want to renew at their current level will have NO option to seek a lower level.

We respectfully request your support of this bill to allow EMS attendants, EMS services and the citizens and communities they serve, more time and greater flexibility to move through the transition. This will ensure enhanced skills and the ability to provide a higher level of care than is currently provided. Thank you for your continued support of Kansas Emergency Medical Services.

Thank you for allowing me to provide testimony on SB 216. The Board would like to thank all that assisted in the continued revisions of the scope of practice for Kansas EMS attendants and would request favorable passage of the SB 216. I am more than happy to answer any questions you may have.

## **SUMMARY OF CHANGES**

### **Section 1. KSA 65-6110: EMS ACT**

- Inserts fees as a requirement for vehicle licensure
- Insert language to allow for temporary vehicle licensure
- Inserts specific language for QA/QI requirements for amb services
- Inserts specific language identifying Board authority for staffing requirements

### **Section 2. KSA 2010 Supp. 65-6112: Definitions**

- Replaces the term medical advisor to medical director to emphasize the role of the appointed physician to be directly involved in the medical oversight of service operations and education
- Inserts language to allow a training coordinator to teach , coordinate or both initial courses
- Inserts language adding the new attendant title of emergency medical responder as a type of initial course.

### **Section 3. KSA 2010 Supp. 65-6120: EMT-Intermediate/Advanced EMT**

- Modifies language to allow an EMT-I while operating within the constraints of their scope of practice, to provide interventions based on written protocols or voice contact by radio or telephone
- Inserts language to require successful completion of a transition course to transition to AEMT
- Inserts language to allow a technician to transition upon meeting the requirements of the transition without having to wait until their renewal.
- Inserts language that requires standard renewal hours to be met while using the hours of the transition program
- Inserts language to initiate the transition process timeline after December 31, 2011, to allow for up to two complete renewal cycles.
- Inserts language to allow an attendant at an advance level, to successfully complete a transition course at a lower level, to achieve a basic life support level of certification.
- Inserts language restricting activities and interventions to statutory and specifically identified regulatory language
- Inserts language to clarify the administration generic or trade name medications
- Inserts language to clarify ECG interpretation.
- **REPEATS some of the new transition language for individuals currently certified as EMT-Intermediate/Defibrillators to Advanced EMTs.**

### **Section 4. KSA 2010 Supp. 65-6121: Emergency Medical Technician/EMT**

- Inserts language to require successful completion of a transition course to transition
- Inserts language to allow a technician to transition upon meeting the requirements of the transition without having to wait until their renewal.
- Inserts language that requires standard renewal hours to be met while using the hours of the transition program
- Inserts language to initiate the transition process timeline after December 31, 2011, to allow for up to two complete renewal cycles.
- Inserts language to allow an attendant at an emergency medical technician level to successfully complete a transition course at a lower level, to achieve the lower level of certification.
- Inserts language restricting activities and interventions to statutory and specifically identified regulatory language

**Section 5. KSA 2010 Supp. 65-6123: EMT – Defibrillator (*This level will be eliminated upon transition*)**

- Modifies language to allow an EMT-D while operating within the constraints of their scope of practice, to provide interventions based on written protocols or voice contact by radio or telephone
- Inserts language to require successful completion of an initial EMT-I course and a transition course to transition to AEMT
- Inserts language to allow a technician to transition upon meeting the requirements of the transition without having to wait until their renewal.
- Inserts language that requires standard renewal hours to be met while using the hours of the transition program
- Inserts language to initiate the transition process timeline after December 31, 2011, to allow for up to two complete renewal cycles.
- Inserts language to allow an attendant at an advance level, to successfully complete a transition course at a lower level, to achieve a basic life support level of certification.

**Section 6. KSA 65-6126: Medical Advisor**

- Changes the term medical advisor to medical director
- Inserts language that includes approval and monitoring of attendant education as well as activities.
- Inserts language to implement medical protocols

**Section 7. KSA 2010 Supp. 65-6129**

1. Re-inserts language to establish authority to levee a fee for certification.

**Section 8. KSA 65-6132**

2. Changes verbiage from "...promulgated thereunder..." to "...adopted by the board..." (*Technical Cleanup*)
3. Inserts language allowing a service operator to be held responsible for unprofessional conduct

**Section 9. KSA 65-6133**

1. Inserts language to include a training officers' certificate when dealing with potential disciplinary action.
2. Inserts language allowing disciplinary actions taken in another state or jurisdiction, to be considered in pursuit of Kansas Certification.

**Section 10. KSA 2010 Supp. 65-6144 First Responder/Emergency Medical Responder**

- Inserts language to require successful completion of an EMR transition course to transition to AEMT
- Inserts language to allow a technician to transition upon meeting the requirements of the transition without having to wait until their renewal.
- Inserts language that requires standard renewal hours to be met while using the hours of the transition program
- Inserts language to initiate the transition process timeline after December 31, 2011, to allow for a complete renewal cycle for both odd and even years.

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Dennis Allin, M.D., Chair  
Steven Sutton, Executive Director

**Board of  
Emergency Medical Services**

Sam Brownback, Governor

## **EMS Scope of Practice**

### **History**

In 1996, the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA) published the national consensus document titled *EMS Agenda for the Future (Agenda)*. The intent of the *Agenda* was to create a common vision for the future of EMS and designed for use by government and private organizations at the national, state and local levels to help guide EMS planning, decision making, and policy including EMS education. In 2000, the *Agenda* was followed by the *EMS Education Agenda for the Future: A Systems Approach (Education Agenda)*. The purpose of the *Education Agenda* was to establish a system of EMS education that more closely paralleled that of other allied health care professions. This vision has been 12 years in the making. The *EMS Agenda for the Future* was the first to describe the outcomes and goals for EMS Education. Kansas believed that as the other States and territories began the process of revising their scope of practice based on these documents, that Kansas must also take the time and effort to review the practice of EMS in Kansas and determine the importance of the *Agenda*, how to develop the Kansas scope, implementation of the scope, and its impact on Kansas EMS.

### **Importance of Scope of Practice Revision**

As the *Agenda* and the *Education Agenda* were developed, the core basis of those documents was to create, establish, and promote the following:

- Establish a national EMS education system that would align EMS with other health professions and enhance the professional credibility of EMS practitioners.
- Create a *National EMS Education Standard (Education Standards)* that replaces the National Standard Curricula (NSC) in order to increase instructor flexibility and provide a greater ability to adapt to local needs and resources. Those standards would permit the introduction of new technologies and evidence-based medicine without requiring a full revision of the entire program of education.
- The *Education Agenda* would assist states in standardizing provider levels across the Nation affording ease of reciprocity and greater opportunities for career growth in EMS.
- The National EMS Certification exams at all levels would be consistent with the *Scope of Practice Model*.
- The public would come to expect that persons who carry the specific title of Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT) or Paramedic have the scope of practice associated with that title.



- States that receive attendants from another state could expect that those who transfer licensure or certification based on a particular EMS level to have at least been prepared on that level's *Scope of Practice Model* content. The model then is used to facilitate reciprocity when attendants are called upon to participate in interstate mutual aid activities that support a wide area disaster response under the National Incident Management System (NIMS.)

## Options

As Kansas undertook the task of reviewing the Kansas Scope, there were several options to consider. The Board considered implementing none, some, or ALL components of the *Agenda*, *National Scope of Practice*, and *Education Agenda*. Implementing none of the Scope would commit the Board to education methods that may not match publisher texts and curriculum materials, force the Board to develop and defend a Kansas certification test, institute a reduced opportunity for reciprocity among states, and damaging the consistency of the EMS educational structure and thus the professionalism of the industry. To implement the *Scope* as written, would have an adverse affect on Kansas EMS and reduce activities currently being performed, affect the ability for some services to obtain attendants, and place Kansas EMS in a position which current standards and care could be reduced or eliminated. In reviewing the above, the Kansas Board of Emergency Medical Services believed that the importance of a baseline scope of practice between States was important in not only enabling EMS services to be able to recruit and retain, but establishing an educational standard that relies on evidence based practice researched by a myriad of allied health professionals coming together to evaluation medical care in Kansas and how that medical care is provided. However, the Board could not ignore current Kansas practices and cause unintentional consequences by adopting a scope that reduces activities and standards already provided by certified Kansas attendants. Therefore, the Board determined that the Kansas Scope must retain the baseline *National Scope of Practice* while not eliminating those specific activities that are currently being practice and necessary to effective patient care within the State.

## Development

To accomplish this task, the Board commissioned the Kansas Emergency Medical Services Systems Approach for the Future (KEMSSAF) Committee. The Committee was charged with identifying and recommending to the 13 member Board of Emergency Medical Service the effects, impact, and implementation of the National Scope of Practice and the *Education Agenda*, *Rural Health Agenda for the Future*, and the *Agenda for the Future* in Kansas. The Committee was made up of the following:

- ❑ 4 members of the Board of EMS
- ❑ 1 Member of each of the Kansas EMS Regional Councils
- ❑ 1 Member of the following Associations:
  - Kansas Emergency Medical Technicians Association (KEMTA)
  - Kansas Emergency Medical Services Association (KEMSA)
  - Kansas Air Medical Services (KanAMS)
  - Kansas State Fire Fighters Association
- ❑ 1 Member of each of the Community Colleges
  - Butler County, Cloud County, Hutchinson, Dodge City, Cowley County, Barton County, Flint Hills Technical, Seward County, Coffeyville, Colby, Johnson County, Highland, Garden City, and Kansas City
- ❑ Member selected by the Executive Director

#### □ 4 Members At Large

To accomplish the commissioned goal, the Committee met from January 2008 through June 2008 to discuss and recommend to the Board the language contained within 2009 SB 262. The Board approved the language during its regular December 2008 Board meeting. The bill has five components:

1. Changes the names of the 3 attendant levels;
  - First Responder to Emergency Medical Responder (EMR)
  - Emergency Medical Technician (name) remains the same
  - Emergency Medical Technician – Intermediate (I) and Defibrillator (D) to Advanced EMT (AEMT)
  - Mobile Intensive Care Technician to Paramedic
2. Mandates that attendants must practice under medical protocols;
3. Sets a Scope of Practice “ceiling” for the levels of EMR, EMT, and AEMT:
4. Creates a Medical Advisory Council under the KBEMS Board composed of physicians serving as EMS Medical Directors to continuously review medical trends and changes in the profession.
5. The scope of practices, as outlined by law, would be outlined (specifically) in rules and regulations.

Once the Committee completed its task, the Kansas Emergency Medical Services System Approach to the Future (KEMSSAF) report was developed and sent out to the Regional Councils for distribution and comment. The document details, by level, current law, the *National Scope of Practice* as written, and those activities that would be added. Those details are outlined within the report.

#### **Implementation**

The magnitude of Scope of Practice was far too complicated and arduous to be taken on by KBEMS staff. Therefore, the KBEMS Board issued a request for proposal (RFP) to develop the transition course which would move Kansas EMS from the old scope of practice to the new scope of practice. The Friesen Group (based in Wichita, Kansas) was contracted and hired by the State of Kansas to develop and distribute to educators (both instructor coordinators (ICs) and training officers (TOs) the transition curriculum that moves first responders to *Emergency Medical Responder*, EMT-Basics to *EMT*, and EMT-Intermediates to *Advanced EMT*. As the transition courses continue to be developed, the KBEMS Board has maintained a “Transition Course Task Force” to manage the project and report to the Board. The Task Force is comprised of Kansas EMS educators and attendants to assist in creating a smooth transition.

#### **Transition Process**

The transition would be provided and maintained locally by each service or by an EMS training program in the State. The local level (directors, and educators) would hold the responsibility to schedule and conduct classes. In addition to local service classes, the community colleges and technical schools could hold transition courses to meet demand. As the Transition Group has maintained from the initiation of

the transition plan, continuing education modules must be obtained by every certified first responder, EMT, EMT-D, and EMT-I. The individual attendant must choose a transition path.

- First responders must transition to the EMR level
- EMT's and EMT-D's may choose between transitioning to the new EMT level or down to the EMR level
- EMT-I's may choose between transitioning to the new AEMT level or down to the EMT or EMR levels

An attendant would only lose their certification if that attendant chose not to participate in a transition program.

### **Impact on Kansas EMS**

As the original KEMSSAF Committee met, the composition of the Committee was considered specifically to ensure that those on the Committee could represent and provide the group with a level of expertise in their respective areas. Whether representing an association, rural or urban EMS, educators, attendants, or educational institutions, all ideas were accepted. The Board convened the group of individuals to assist in addressing the concerns of all facets, locations, operations, and financial level of services. As the Committee made its final recommendation, the basis of the decisions centered on not only enhancing and maintaining the current level of EMS care in the State, but having the ability through education, medical direction, research, and collaboration to continue to sustain a heightened range of pre-hospital care in the State. As discussed previously, the *National Scope of Practice* is the baseline of pre-hospital care. It was established to provide the "floor" of the scope, and the individual States would determine and decide whether to enhance the continuum of care necessary within that State. Kansas EMS, in reviewing the entire Scope, understood there were some aspects of the *National Scope of Practice* that should not be implemented, could be implemented, and must be changed or amended to fit into current operations and not adversely affect frontier, rural, and urban EMS. The Committee determined that in implementing and enhancing the scope for Kansas, that positive impact could be made and pre-hospital care heightened. Those specific impacts relate to the following:

- *Medical intervention.* Adding medical pharmaceutical interventions to the Advanced EMT enable a greater level of pre-hospital treatment for those areas employing the AEMT. Allowing the AEMT access the pharmaceutical interventions provides advanced level care to areas in which a medical director desires advanced interventions in route, but currently does not have the personnel to provide that care. The *National Scope of Practice* is intended to be updated periodically and was created in a way that it can adapt to the introduction of new technologies and evidence-based medicine. Kansas recognized such adaptation, and looked to the AEMT to demonstrate and employ that level of activity. The *Scope of Practice* for Kansas can and will be reviewed frequently as pre-hospital care changes. It is not static, and therefore is managed by patient care and the needs of patients, as opposed to an attempt to continue with current trends.
- *Transport times.* Longer transport times could be managed through a level of care that can focus on patient needs in stabilizing and maintaining a high level of care. An enhanced, medically supported, and robust educationally based scope of practice will provide frontier and rural services a greater ability to care for and sustain patients that normally may not survive without an advanced level of care being

provided on scene. The STEMI and Stroke initiatives currently being researched and implemented by the Board through the American Heart Association, for example, could then be managed and sustained by that higher level of care. Rural and frontier EMS services benefit greatly from a greater level of care due to those longer transport times. The ability to provide a greater level of care over a longer period of times due to the location of the patient or service cannot be underestimated. The scope of practice, as presented, directly impacts and assists those services. The bill allows services the ability to maintain and enhance the advance life support protocols already employed by not only sustaining current activities but adding additional interventions. Many areas of western Kansas do not or cannot afford paramedics to provide advance life support to their communities. The bill maintains that care, and does so through a coordinated and accessible transition course.

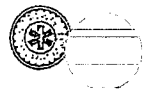
- *Availability.* The Board, in preparing for the implementation of the bill, will make the transition course available at the local level. The course will be placed in the hands of educators and institutions that already provide attendants and students with continuing education hours (CEU). The services should be able to provide those modules to attendants at a minimum cost, with minimum effort, due to the development of the classes into modules. Attendants would have from January 1, 2011 through December 31, 2015 to obtain the transition course dependent upon the date of expiration of certificate. The Board will also review the possibility of an online course to further ease the burden placed on those who would find it difficult to schedule a class due to their volunteer status or location of the available courses. The Board has always been concerned about the availability and access of the course. With the current plan in place, the Board believes that no matter the location of the student the time to cover the module and the location of the course will not overly burden or hamper current attendants' ability to locate and attend the course.
- *Education.* "A mind once stretched by a new idea never regains its original dimensions." EMS has now reached that dimension. The Board understands the concerns many have with a change in educational standards and access to that education. However, the Board realizes that emergency medical services as they functioned in the 1970's are not the same as they are now. Educational standards should always be reviewed, managed, and amended as the needs of the citizenry, technology, research, and best practices present themselves. Over the last 14 years since the *Agenda* and *National Scope of Practice* were developed, Kansas EMS has now reached the point where we must once again review how we provide care and not simply continue to maintain what is most comfortable. "Education is not the answer to the question. Education is the means to the answer to all questions." (William Allin). The Board is in no way oblivious to the needs to Kansas EMS, and in particular, frontier and rural EMS. Thus, the Board has developed the overall scope implementation plan and transition courses to enable all attendants, educators, and services to manage this time of transition in the most efficient, economical, and less evasive way possible. From the beginning, the Board has always had the smaller, frontier and rural, volunteer services in mind and their needs as the plan was developed. The Board understands how new education standards will affect them, but the methods of delivery, access, and the opportunity of both better and increase education and thus a greater level of care both benefits the attendants and the community as a whole.
- *Kansas needs v. the baseline National Scope of Practice (NSC).* As the Board reviewed the *National Scope of Practice*, it understood that the document could not simply be implemented in Kansas without injuring the level of care already provided. The EMR for example, under the NSC, does not "count" (or function) as an attendant. To remove the EMR as an attendant, places many

services in a position that removes a great number of individuals from working for the service. The Board reviewed and compared the *NSC* versus Kansas standards to determine Kansas' unique needs with a view of care, scope, and operational implementation. In comparison, the Board agreed with the removal of intubation from the Kansas scope because of medical research in maintaining that activity within the AEMT level. The amount of time, review, and effort made to compare and contrast Kansas needs and the *National Scope of Practice* is clearly demonstrated by the provided documentation and testimony. Kansas EMS, medical directors, attendants, and educators completed that task, and that effort should not be discounted nor dismissed.

- *Hours to Transition.* Finally, the Task Force continues to discuss and review the number of hours necessary to transition all three levels. However, since the transition plan has not been finalized, the Task Force and the Board cannot determine the number of hours necessary to transition. The final curriculum develop plan will be available and set in August 2010. Once the transition is complete the goal of the new *Education Standards* is to focus on OUTCOMES, not the time spent achieving them. The *Education Agenda* supports participation of students by creating an opportunity for efficiency in the delivery of essential content. Although hours of transition may be greater than the current hours necessary to maintain certification presently, the evaluation of competency (i.e. the ability to demonstrate whether an attendant can perform what they've learned) cannot be undervalued. The AEMT, in particular, has a great deal more responsibility and the hours and education necessary to obtain that certification must reflect that change. However, the Board will ensure that the education standards and hours necessary are not so burdensome that attendants (no matter their level or location) cannot obtain and maintain their desired certification.

## Conclusion

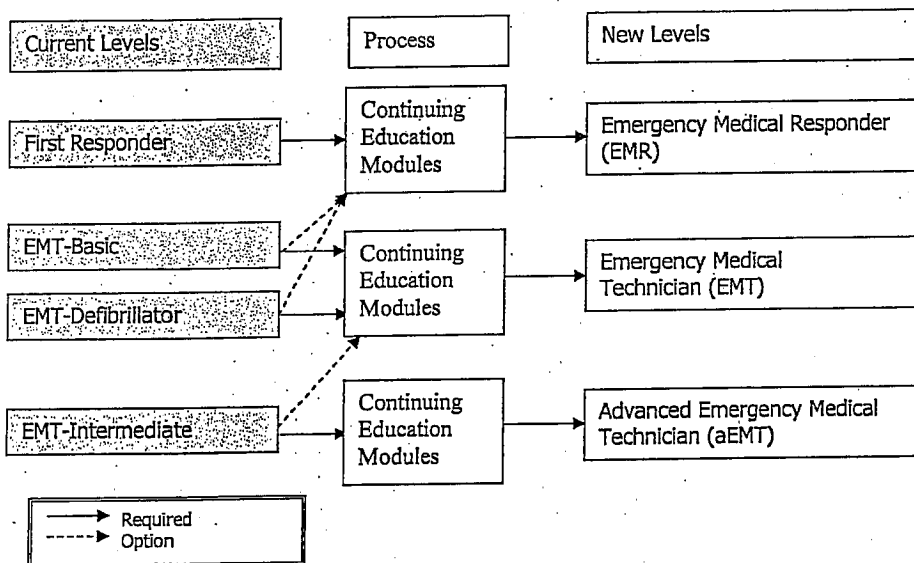
So what should adapt and change? Our day-to-day practices adapt and change . . . sometimes by decade and sometimes by the hour. As EMS began, the local funeral home director provided transportation to the hospital in a vehicle that doubled as an ambulance and a hearse. This vehicle was the only one in town where a person could be loaded up in the back and rushed to the hospital with a whirling light atop. In the late 1970's, the show "Emergency" demonstrated the need for emergency medical services and the expertise of those who provided that care. Then, in the mid-1990's the full-time, 365/7/24, paramedic service appeared on the scene . . . big and significant changes. Now in 2010, the scope of practice for Kansas EMS is changing and adapting to the circumstances across the state and nation, through current research, to better align with the *National Scope of Practice*. However, in this transition of day-to-day practices, the core values and principles of Kansas EMS will remain constant, strong, and evident.



# Teaching the EMS Transition

By Jon Friesen, Wichita/Sedgwick County EMSS

As you are most likely aware, Kansas EMS is getting ready to head into a transition. Starting in 2012 through 2013, First Responders, EMT-Basics, and EMT-Intermediates will be re-certified as Emergency Medical Responders, Emergency Medical Technicians, and Advanced Emergency Medical Technicians if they have successfully completed the transition course of instruction. Here is a chart that explains the transition.



The Friesen Group has been awarded a contract by the state of Kansas to develop the curricula for these transitions and is currently working to deliver these curricula to the Board of EMS by August 2010. Information about the development process and content of these curricula as they are developed can be found at [www.kansasemstransition.com](http://www.kansasemstransition.com).



This work has produced a lot of questions on the part of educators, and it seems worth the time to publish them here so that a larger audience can see the questions and answers.

## "Who decided the new scope of practice?"

A group of providers and physicians from across Kansas met in 2008 to determine the new scope. They represented all levels of service, disciplines of responders, and regions. Education institutions were at the table as well as KS BEMS members. They were instructed to put everything that is currently being done aside and to start from scratch to develop a scope of practice for each new level of certification. In these meetings, the group decided to adopt the national "levels" and developed a scope of practice

for each level based off of the national EMS scope of practice recommendations and Kansas needs. While the legislation has not yet passed the legislature and been signed by the Governor, work has been on-going to gain approval.

## "When will the curricula be available for us to teach?"

The Friesen Group is required by contract to have the curricula to the Board of EMS for approval at the

For more information on the EMS Transition and to view the content of the curricula as it is developed, visit:

**[www.kansasemstransition.com](http://www.kansasemstransition.com)**



August 2010 Board of EMS meeting. Following that, the curricula will be released to EMS educators (TO1, TO2, and I/C) in six train-the-trainer sessions. One will be held in each Regional Council.

Train-the-Trainer Dates - 2010	
Date	Location
August 28, 29 - 2010	Region I
September 25, 26 - 2010	Region III
October 9, 10 - 2010	Region VI
October 23, 24 - 2010	Region IV
November 6, 7 - 2010	Region II
November 20, 21 - 2010	Region V

*The Train-the-Trainer sessions are for persons who will be delivering the transition courses.*

Check the EMS transition website for more information on these courses. Instruction can begin in January 2011 and technicians must complete the transition courses by their next re-certification date whether that is the end of 2012 or 2013.

## "How many hours will the transition courses be?"

Good question. The length is yet to be determined. Here is what we do know. The EMR and EMT transition courses will be no more than the required number of recertification hours for First Responder (16) or EMT (28). The AEMT transition course is not held to this stipulation. A current estimate on the number of hours for this course is that it will exceed 100 hours. Why? AEMTs will need to be educated about pharmacology, anatomy and physiology, and cardiology in order to be able to do the interventions included in their scope of practice.

## "How will Friesen Group prepare me to teach the transition courses?"

The short answer is, "We won't." An answer with a bit more detail is that you, as an educator, will need to begin now to prepare yourself to teach the bridge curricula. The time to begin preparing to teach the new material is now. The KEMSSAF document, available on both the BEMS website and the transition website, details out the information you need to begin learning about. Each attendant level has a list of the

knowledge, skills, and abilities that are being added to a given level. By reviewing these areas, educators will develop the background that they need in order to receive and teach the curricula when it is released. In short, no one is going to do this for you. There is not enough time in the train-the-trainer sessions to teach you everything you will need to know.

## "Who will be able to teach the transition courses?"

The Kansas Board of EMS will need to rule on this. Currently, the idea is that you can teach up to your level of attendant certification. Since one must be at least certified as an EMT-Basic in order to be certified as a TO or I/C, it is reasonable to expect that all certified educators will be able to teach the EMR bridge. EMT and AEMT transition courses will need to be taught by educators who have the knowledge, skills, and abilities of the new scope. While much of the new EMT scope can be taught by a Kansas certified educator, the AEMT scope will require a paramedic or other advanced health care practitioner to instruct the material. Educators will need to evaluate their local instruction needs and seek out qualified instructors within the local medical community. To be clear, all educators will be able to coordinate transition courses. Depending upon the educator's own certification or licensure level, they may need to plan on having other advanced practitioners teach components of the course.

## "If my medical director will not let our service do all the new skills, do I need to teach the whole transition course?"

Yes. There are no electives in the curricula. This is the new certification level and anyone who holds a given certification level must possess all of the knowledge, skills, and abilities relative to that level. ☼

*Jon E. Friesen is the Major-Education Manager for the Wichita/Sedgwick County EMS System Office of the Medical Director. He is also a principal in the Friesen Group, a resource group that specializes in organization development processes. For any other questions, he can be reached at [jefriesen@friesengroup.net](mailto:jefriesen@friesengroup.net).*

# Teaching the Transition

By Jon Friesen, Wichita/Sedgwick County EMSS & The Friesen Group

Over the past several months educators from across Kansas have been attending the Kansas EMS Transition train-the-trainer classes. As you should be aware, Kansas EMS is undergoing a significant transition in the coming two years as we begin the process of moving Kansas EMS providers to the new scope of practice. As 2011 draws near and the process of teaching the transition begins, it feels like a good time to highlight some points to help educators teach the transition in a meaningful way. Here are some of the common questions that land in my inbox.

## Who can coordinate transition courses?

In order to apply for and oversee a transition course at any level, the coordinator must be a state certified IC or TO and must have attended one of the train-the-trainer courses approved by the Kansas Board of EMS.

## Who can teach transition courses?

Teaching an approved transition course does not require attendance at one of the train-the-trainer courses. It does require that you be certified at or above the level you are teaching. This gets a little tricky in the transition. One would think that because they are a certified EMT, they can teach the EMT transition course. This is not true. The new EMT scope has information that an existing EMT has not covered in a state approved curriculum. Therefore, to teach the course as an EMT, one needs to have successfully completed the course first. So, the next question is likely: "How am I supposed to get the course when I am the one who does the teaching in my community?" This is a fair question and is the reason that the Board of EMS has added that subject matter experts can also teach

the material. For example, you might have a local respiratory therapist teach the airway module, nurses teach the pharmacology module, etc. This subject matter expert option should open enough doors to qualified instructors to enable communities to push forward with transition courses. The course coordinator can take the bridge at the same time as the rest of the people in the agency.

This table helps explain these requirements:

This is what I want to do:	This is the requirement to do it:
coordinate transition courses	certified as an IC or TO and have completed TTT
teach transition courses	certified at or above the level you are teaching
assist in teaching transition courses	subject matter expert

## How long do courses have to be?

When the Friesen Group developed the courses, they did so with length criteria specified by the Kansas Board of EMS. These time frames are:

- First Responder to Emergency Medical Responder will be approximately 16 hours in length.
- EMT-Basic to EMT will be approximately 28 hours in length.
- EMT-Intermediate to Advanced EMT will be approximately 116 hours in length.
- EMT-Defibrillator to Advanced EMT requires completion of an EMT-Intermediate Course before the bridge course is taken and will be approximately 200 – 250 hour total between the two courses.

Notice the word "approximately" in each line? I use that word intentionally because the curricula, as approved by the Kansas Board of EMS, are competency based. This means that as an instructor you have some estimate of the time it should take to teach each lesson but in the end it depends upon the ability of the student to show competency. So, it could take less or more time, depending upon the student, the student to instructor ratios, and other variables in the classroom.





## How do I assess competency?

The assessment of competency is done using tools provided in the course curricula. Each course has a lesson plan, media, task analysis for each skill in the course, skill check sheets, and lab support materials. The skill check sheets are used to determine competency in each skill. Competency is to be shown two times by each student – at separate times. In other words, competency shows should not be done back to back. The idea is that by having the competency shows at separate times, there is a higher possibility that the student will retain the information and skill.


## Do we have to teach the entire curriculum in our bridge course?

In short, yes. The leeway that you have as an instructor is that some of your students will enter class having some of the content mastered already. An example would be the use of a blood glucometer. In this case, you still need to present the information in the lesson plan. However, you would be able to make this more of a discussion rather than a lecture because of their pre-existing knowledge. In terms of the skills, they still need to show competency, but this can be often be achieved with less lab practice

time in the lab for those individuals who are already using the skill.

## What is my responsibility in the transition effort?

The transition is a complicated process. Moving approximately 8,000 people from one level to a new and higher level of practice requires attention to detail by individual instructors and coordinators. I'll use myself as an example. I can't monitor quality in your classroom, but I can in mine. As an instructor, my sole focus should be on ensuring that I am teaching the transition materials in a manner that meets what the state is asking of me, what my students need from me, what the subject requires, and with the end goal in mind that my students need to know the scope of practice to the same standard as every other certified provider at the same level in Kansas. By working to ensure this in my little corner of the world, I help make the transition process successful. Your job is the same.

The transition is an exciting time. For some, add to that excitement the word scary. Not just for those needing to transition, but for those who are responsible for teaching them. This is a wonderful opportunity for educators at all levels to make a strong impact on EMS in Kansas. 

*Jon E. Friesen is the Education Manager for the Wichita/Sedgwick County EMS System Office of the Medical Director and is a principal in the Friesen Group, which is the contractor used by the state of Kansas Board of EMS to develop the transition curricula. He can be reached at [jefriesen@friesengroup.net](mailto:jefriesen@friesengroup.net).*

## **K-SERV System**

In a regional or statewide emergency, it is likely that hospitals and other healthcare facilities will require supplemental human and other resources. In such instances, trained volunteers may be called upon to meet the demands of the incident.

The Kansas System for the Early Registration of Volunteers (K-SERV) is a secure registration database for health and medical volunteers willing to respond to emergencies in Kansas or in other areas across the country. The system improves the efficiency of volunteer deployments by verifying the credentials of volunteers before the emergency incident occurs.

Registration does not obligate volunteers to serve. Instead, registrants are contacted and given information regarding the event, and then asked whether they wish to serve as a volunteer. Individual information on K-SERV is kept confidential, and is protected by federal, state and local laws.

If you would like to register on K-SERV, please visit the Bureau for Public Health Preparedness' website at [www.ksprepared.org](http://www.ksprepared.org). Registration takes approximately 10 to 15 minutes. Be sure to have your driver's license and professional licensure information ready, in order to speed up the process.

About 400 health and medical volunteers have registered on K-SERV since the system was first implemented in August 2007. K-SERV is maintained by the Bureau of Public Health Preparedness (BPHP) at the Kansas Department of Health and Environment (KDHE). To learn more about K-SERV or other programs, visit [www.kdheks.gov/it\\_systems](http://www.kdheks.gov/it_systems).

# Leading the Kansas EMS Transition

By Kathleen Friesen

In Kansas, EMS providers are transitioning to a new, contemporary scope of practice.

complete the transition, that provider will no longer be a certified EMS provider in Kansas.

First Responder	→	Emergency Medical Responder (EMR)
EMT-B	→	Emergency Medical Technician (EMT)
EMT-D → EMT-I course followed by	→	Advanced Emergency Medical Technician (AEMT)
EMT-I or EMT-I/D	→	Advanced Emergency Medical Technician (AEMT)
MICT		Paramedic
<i>The "→" represents a required transition course of instruction. The EMT-D must take an EMT-I initial course of instruction, followed by the AEMT transition course. MICT providers change their name only and will not take a transition course.</i>		

Throughout the transition timeframe, a significant portion of continuing education hours are specified by KBEMS. The advantage to the

The transition was prompted by the National Highway Traffic Safety Administration (NHTSA) creating a series of initiatives at the Federal level. These initiatives include the National EMS Core Content (2004) and the National EMS Scope of Practice (2007). With these documents, NHTSA set a new floor for the scope of EMS practice. Every state must decide how it will act to meet the new minimum requirements.

In fall 2007, the Kansas Board of EMS (KBEMS) began acting and appointed a group that included representatives from the regional councils, community colleges, professional associations, service directors, and medical directors. This group was tasked with determining levels of providers in Kansas and the scope of practice for each level. The resulting recommendation is titled, the Kansas EMS Systems Approach to the Future (KEMSSAF). After review and public comment, KBEMS adopted the recommendations in October 2008. During the 2010 Kansas Legislative Session, Bill 262 passed, enacting the recommendations with an effective date of Jan. 15, 2011.

For local service directors, Bill 262 will impact providers and continuing education, while offering opportunities. For providers, everyone who is not an MICT must complete the specific transition course. Anyone who wishes to transition to a lower certification level will need to send a letter of request to the Board of EMS at their next renewal. They must complete the transition course for whichever certification level they wish to retain. If a provider does not

local service is that KBEMS provides the continuing education curriculum package. One opportunity is the chance to update the skills of all providers to the new, contemporary level. It is an opportunity to re-engage providers, including non-affiliated providers who will need to take the transition course. After the transition is complete, the Kansas provider will meet and exceed the National EMS Scope of Practice.

For medical directors, Bill 262 states that all providers must deliver EMS care under medical director supervision and protocol. It is an opportunity to open conversations with the local service director and providers. The transition period should include a review of the local scope of practice and required skills. Updated protocols for each level will need to be put into place. It is a chance to engage subject matter experts throughout the community including licensed physicians, physician assistants (PAs), registered nurses (RNs) and others in EMS training.

It's time to step out from behind the desk and engage the process. Service Directors can lead by communicating and engaging with providers, medical directors, and others in communities. The transition process raises the bar of competency as Kansas EMS steps up to a new, contemporary level of practice, and in the end, provide better patient care in every Kansas community. ☼

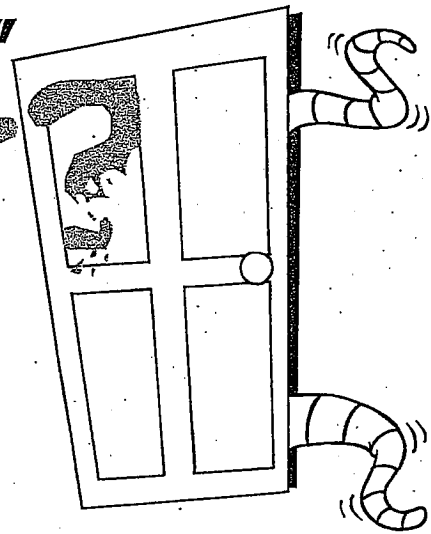
Kathleen Friesen is a Principal at Friesen Group, the vendor for the Kansas transition curriculum. She can be contacted at [kkfriesen@friesengroup.net](mailto:kkfriesen@friesengroup.net). Further information about the transition curriculum is available at <http://www.kansasemstransition.com>.



# What is this "Scope of Practice" Monster

## Where did it come from?

(AND WILL IT EAT US?/?)



By Terry David,  
Region III EMS

There has been a great deal of information and maybe, misinformation, floating around the state with regard to what is going to happen with the new Scope of Practice. While this article will not answer every question out there, KEMSA thought that it would be helpful to give some basic information as to who, what, when where, why, and how the Scope of Practice is today.

As I am writing this article, a hearing on the Scope of Practice was held by the House Health & Human Services Committee on Wednesday, February 3, and I will use parts of the testimony given during that hearing to help explain where this stands.

### History & Importance

For those of you that have done this for a long time, remember back when two significant documents were published by the National Highway Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA). The EMS Agenda for the Future was issued in 1996 and the EMS Education Agenda for the Future: A Systems Approach was issued in the year 2000. The end result of both documents was that to truly make EMS a profession, the following suggestions were presented:

- Establish a national EMS education system that would align EMS with other healthcare professions and enhance the professional credibility of EMS practitioners.
- Create a National EMS Education Standard in order to increase flexibility and allow new

- technologies and evidence-based medicine without changing the entire program.
- Standardize provider levels across the nation, which would ease the huge reciprocity problem between states and allow for greater career opportunities. This would make it much easier to move to another state and be a provider.
- Have a National EMS Certification exam at all levels.
- EMS titles would be the same across the nation and the public would be assured that an EMR, EMT, AEMT, or Paramedic would be the same in Florida as Oregon (as well as Kansas).

### What were Kansas' Choices?

We did have several choices: implement none, some, or all of the components of the above documents. Early on, the choice of doing nothing was not considered for the following reasons:

- The state would have to commit to education methods that would not match national published textbooks and materials.
- The state would have to come up with a valid and reliable testing system.
- It would ultimately reduce the activities currently being performed.
- It would, in essence, stop anybody from moving to Kansas to work as an EMS provider.

The Kansas Board of EMS decided early on that doing nothing was not the best choice for the public and the EMS systems in Kansas. What they did believe was that a baseline scope between the states was important, but...it did keep in mind that the needs



of rural Kansas and the restrictions and constraints placed upon sparsely populated areas did have some unique challenges. The best way to accomplish this was to adopt the National Scope of Practice, while maintaining many of the currently practiced activities.

### Development

The Board of EMS put a committee together to recommend how to make the Scope of Practice happen. It would require changes in current law by the legislature. (Thus, the hearing on Feb. 3, 2010). Those invited to participate in the committee process were:

- One member appointed by each Regional EMS Council
- One member each from KEMSA, KEMTA, the Kansas State Fire Fighters Association, and the Kansas Air Medical Services group
- One member from each Community College teaching EMS classes (there were 14 at the time)
- Four members of the Board of EMS
- Four members at large
- One member selected by Robert Waller, BEMS Executive Director

The committee met from January 2008 through June 2008 to discuss what each level of technician should be allowed to do in the field, taking the National Scope of Practice as a baseline and adding items that Kansas technicians were already performing or adding items that the committee felt was necessary in the rural areas or listed in the National Scope.

It is important to note that out of all of the members from the above groups who were selected, not all attended the sometimes two-day meetings and in fact, some representatives did not return after the initial meeting. Given that, there was a good cross-section of participation and while the committee as a whole did not completely agree on every level, as to the providers' abilities or responsibilities, it did come to a consensus.

The committee completed its task and the report was sent out to the Regional Councils for distribution and comment. This report outlined what each level of care should encompass. It DID NOT say how we would get there or how long it would take to make (important word!) the TRANSITION.

There is a document available that lists what certification levels currently are allowed to do and also lists the skills that will be allowed under the new certifica-

tion. Everyone who has questions over what they can now do versus what they can do in the future should take a look at this document. It can be found at [www.kansasemstransition.com](http://www.kansasemstransition.com) under documents. It is titled: KEMSSAF Scope Document 2008.

### Implementation

Making this happen was not going to be an easy process and thus the state issued a Request for Proposal (RFP) to find someone to come up with a workable plan on how to get us to the new levels. Keep in mind that this would also require a change in the EMS State Statues and thus require approval of the Kansas Legislature.

The Friesen Group won the contract to detail the transition, and again I would encourage all of you who have questions to refer to the website often for updates. As of this writing, the plan is not complete and is a work in progress.

There will be Train-the-Trainer programs (already scheduled) and plenty of opportunities to make the transition.

So... with all that being said what is the grief? With the current First Responders becoming Emergency Medical Responders and EMTs becoming EMTs (simple huh?), there should not be any significant difficulty in making the transition as it is being planned on gaining the knowledge necessary by the current re-certification process. The same number of hours of continuing education over the same time periods should make the process painless as possible.

The EMT-I to AEMT will be a different animal altogether. While this curriculum is not finished by the Friesen Group, it WILL require a larger number of hours than are currently required to upgrade to this certification. If you are questioning why, again look at the Scope Document to see all of the new things that certification level will be able to perform. For all services that are unable to have Paramedic level personnel and currently choose to use EMT-I personnel on their service or supplement Paramedics with EMT-Is, the new AEMT will add even more tools to the toolbox to provide ALS care. These will include adding pharmaceutical interventions and open the door for evidence-based medical improvements in the future.

There is currently a movement to leave the EMT-I certification alone for existing technicians. This would allow the current EMT-I personnel to continue



to perform at their level, but end the current EMT-I education programs in the state. Any new programs would be under the new AEMT curriculum. While this may become the only means to pass the legislation and make folks feel better, it will result in the current EMT-I certification becoming obsolete, much like the EMT-D certification of the past. In addition, according to the testimony given at the hearing, "The Board agreed with the removal of intubation from the scope (at the intermediate level) because medical research indicates new devices available for securing an airway are quicker to apply, as effective, and more beneficial to the majority of patient conditions." That debate could easily be a future article in the Chronicle, but regardless of your passion about what you can and cannot do in the field, one fact is certain, there will be change and what we do in the field, at all levels, will continue to be sustained (or not) by evidence-based decisions.

### Conclusion

So what happens if the Scope of Practice legislative bill is not passed? In the short term (end of 2010), it will mean no change and business as usual. Long term is more uncertain. Failure to pass the bill would

mean that Kansas would be in the small minority of states that are not progressively moving forward. More damaging would be the drastic negative impact on the state of EMS education. As Chy Miller, Public Safety Department Chair at Hutchinson Community College stated in his testimony to the legislative committee, failure to pass the bill "will most likely force Kansas EMS students and volunteers to be ineligible for nationally accepted and proven testing processes." It would also "leave Kansas EMS educational institutions facing the risk of very few viable options for textbooks, educational guidelines, online resources, and instructional overviews since most publishers have moved to the National Scope of Practice Model."

KEMSA took a position to support the Scope of Practice and offered positive testimony to the legislative committee along with several other organizations. While change is often not pleasant and looked upon with suspension, we would do well to remember a quote that is misattributed to Charles Darwin...

*It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.* ☺

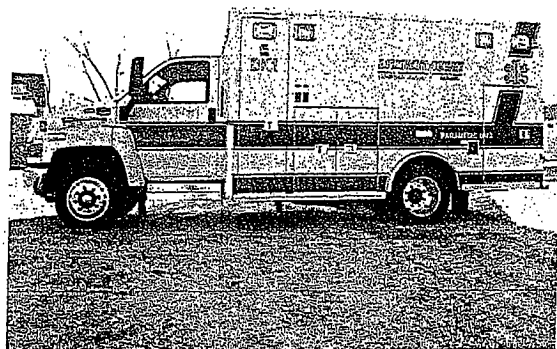


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## Testimony on SB 216

Shane Pearson 2<sup>nd</sup> Vice President of the Kansas State Firefighters Association

Public Health and Welfare Committee members

I am asking you to support Senate Bill 216, this bill will correct some language that was left out of Senate Bill 262 that was passed last year. Several years ago, the Kansas Board of EMS established a work group to look at the different levels of EMS certification in Kansas. This work group spent many hours working together with the Board of EMS to review the EMS National Scope of Practice and establish new levels of EMS certification for Kansas.

The final draft established by this work group was submitted to the Board of EMS and that resulted in SB 262. The intent of the work group was to give Technicians as much time as possible to transition through the new scope of practice. Unfortunately some of that language did not get included in SB 262. If this current bill is not passed this legislative session, the time frame for some of those technicians to take the required transition classes will be shortened dramatically. As an example, an EMT whose certification expires in December 2011 will have to complete 28 hours of specific classes to maintain their certification, this will have to be done by the end of this year. This leaves basically 8 months to complete the 28 hours that typically are completed in a normal 24 month recertification cycle. A second issue is the ability for the Technician to have the ability to transition down to a lower level of certification. As an example, An EMT-Intermediate chooses not to take the new Advanced EMT transition class, instead wants to simply become an EMT. The language in SB 216 will allow this to happen, as well as extend the time in which that EMT will have to complete the required training. The language in SB 262 does not allow for that to occur, the work group as well as the Board of EMS intended for technicians to have the ability to transition down to the next lower level of certification. SB 216 addresses this and would allow it to happen.

These issues are only a sample of what SB 216 will correct. If this bill does not proceed there are many EMT's in the state who will most likely let their certification expire, therefore no longer having the ability to provide emergency medical care for their community. That has the potential to be devastating to rural areas of Kansas who rely on volunteer Emergency Medical personnel to staff ambulances and just as dramatic on other more urban areas who rely on both volunteer and fulltime paid responders, such as fire departments, to provide initial care to patients until the ambulance arrives. Ultimately the citizens of Kansas are the ones that will suffer the outcome in the event SB 216 does not pass.

I was fortunate to have served on the work group that established the EMS Scope of Practice for Kansas. I want to see that all those hours of hard work that the entire group spent to have the outcome that we as well as the Board of EMS intended.

Again I ask you to support Senate Bill 216.

Senate Public Health & Welfare  
Date 3-16-2011  
Attachment 2

Senate Committee on Public Health and Welfare

By Russell Walter

Deputy Chief EMS

Burrton Consolidated Fire District # 5

Testimony – SB 216

March 16, 2011

My name is Russell Walter. I am here as the Deputy Chief EMS of Burrton Consolidated Fire District #5 and as the Burrton City Councilperson over Police, Fire and EMS. I am also here as an active field provider currently certified at the EMT-ID level.

In regards to SB 216; I am here to support this bill. It contains several key items that will make it much easier for our technicians to move forward with their transition to the new levels that were approved last year.

1. Allowing attendants to seek a lower level of certification if they chose to transition down.
2. Allowing for a complete cycle of re-certification to complete the transition.
3. Allowing our service to move forward with a department wide transition and implementation of the new levels prior to the completion of the renewal cycle.

Thank you and I will be glad to answer questions

Russell Walter

## REGION I EMS COUNCIL

Gary Winter-Region I Coordinator  
5890 RD 5  
Kanorado KS 67741

Phone 785-399-2763  
Fax 785-399-2763  
Email gwint@st-tel.net

**Date:** March 15, 2011  
**To:** Public Health and Welfare Committee  
**From:** David Stithem, Chair, Region I EMS  
**RE:** Senate Bill 216

Madam Chairwoman Schmidt and members of the Senate Public Health and Welfare Committee, my name is David Stithem. I am the Chair for Region I EMS. I would like to provide comments in favor of 2011 Senate Bill 216.

Region I is comprised of the eighteen counties in the northwest portion of the state. The twenty services in this region are made up of mostly volunteers, with a small number of full-time services. All together, these services provide twenty-four hour prehospital emergency care to 17,085 square miles of Kansas.

In early 2008, a large group of professionals from the State, Regional EMS Councils, Professional Organizations, Colleges and Technical Schools met to discuss the benefits of moving toward a national scope of practice for EMS. Following months of meetings and discussions, the documents produced were provided to the legislature recommending those changes most beneficial to the state Emergency Medical Services and for the public they serve. Senate Bill 262 was passed last year implementing those changes in Kansas.

While the changes implemented in Senate Bill 262 are appreciated and felt to be in the best interest of Kansas as a whole, there are areas currently being interpreted in such a way it could cause hardship to EMS attendants in the state. Senate Bill 216, as it was proposed by the Kansas Board of Emergency Medical Services, will eliminate those potential difficulties.

The language passed in Senate Bill 262 requires an attendant to transition from a First Responder to an Emergency Medical Responder and an Emergency Medical Technician-Basic to an Emergency Medical Technician within the first renewal cycle. Renewal cycles are every two years and are staggered so not all technicians renew in a given year. The current statute requires those attendants renewing this year to have completed all transition education by the end of this year. The changes proposed in Senate Bill 216 would allow a FULL renewal cycle as was originally intended. Without allowing this additional time, the only alternative for those attendants unable to complete the education within the next few months would be to drop their certification all together.

Senate Bill 216 will also allow an attendant to "Drop Down" to a lower level if necessary. Under current law, if an Emergency Medical Technician-Intermediate is unable to complete the necessary education to transition to an Advanced Emergency Medical Technician, there is no alternative but to drop their certification. The changes recommended from the original meeting in 2008 would allow an attend

*Serving the Counties of Region I: Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Ness, Norton, Phillips, Russell, Sheridan, Sherman, Thomas, Trego, Wallace*

Senate Public Health & Welfare  
Date 3-16-2011  
Attachment 4



take the transition education for a lower certification and become an attendant at that level instead. This option would keep certified attendants on services and in the ambulances.

Finally, a potential amendment to Senate Bill 216 is being discussed. At the request of the Kansas Board of EMS, the Medical Advisory Council was created this past year to assist the Board in its decision making process. That council now wants to have final and absolute say on all medical matters. ALL matters could be considered medical matters for the Board of EMS. This would completely eliminate the need for the Board. Currently, the Kansas Board of EMS is made up of Legislators from the Senate and House, Physicians, Commissioners, Service Directors from both large and small services, County Service Representatives, Fire-Based Service Representatives and Actual Attendants. This gives the Board a unique perspective. While expert opinions from the Medical Advisory Council are welcome and valued, they should not become absolute. Those opinions should be considered along with all other information available in order to make the best decision for EMS and the public they serve. If this proposed change comes before your committee, please DO NOT allow it to become part of Senate Bill 216.

In summary, the proposed changes in Senate Bill 216, as presented, will allow the time and options necessary to help keep certified attendants in Kansas. Without passage, hardships could be created not only in Region I, but for all of EMS in the state.

Thank you for allowing me to provide testimony on this bill. Region I EMS would respectfully request passage of SB 216.

**Sutton, Steve [BEMS]**

---

**From:** Jason Jenkins [jjenkins@miamicountyks.org]  
**Sent:** Tuesday, March 15, 2011 1:23 PM  
**To:** Schmidt, Vicki [Senate]; Steineger, Chris [Senate]; Kelly, Laura [Senate]; Haley, David [Senate]; Kelsey, Richard [Senate]; Pilcher-Cook, Mary [Senate]; Reitz, Roger [Senate]; Sen. Terrie Huntington  
**Cc:** Sutton, Steve [BEMS]; David Ediger  
**Subject:** RE: SB 216

Dear Senate Public Health and Welfare Committee of the Senate Members:

Tomorrow you will be discussing SB 216 in hearing. After consideration I am urging you to adopt this bill in its present form without modification. I understand there are groups that will recommend changes to the language to accomplish their own goals. I am not writing to argue the merits of the Medical Advisory group.

Rather, my request is that you adopt SB 216 so the KS EMS can move forward with a smooth and orderly transition to the new Scope of Practice the State has adopted. If SB 216 does not move forward it will have several consequences that will be detrimental to a smooth transition. Among them are:

1. **Attendants will not be able to transition off-cycle**, transition will only be accomplished at individual attendant renewal. We specifically added language in this bill that will allow the transition to happen "off-cycle" to facilitate services to transition all their attendants at once. The new language allows either option. This was requested by several Service Directors.
2. **Those EMRs and EMTs renewing their certification in 2011 will have to have their transition course and CE hours completed by December 31, 2011.** The new language changes the implementation date from the current effect date of Jan, 15, 2011, to December 31, 2011. That means that those of you who renew this year, would be given another complete renewal cycle to accomplish the transition. This was requested by several large service and fire departments to facilitate the transition. The new language creates an option to complete it this year or allow for the complete renewal cycle.
3. **Those attendants that do not want to renew at their current level will have NO option to seek a lower level.** This is not what KBEMS wants. We want the individual attendant to have the option of seeking a lower level if they fill it is in their best interest and we in no way want to eliminate those individuals that continue to provide their services to support their communities. This may be particularly important for current EMT-is that chose to continue in EMS at the EMT level.

I ask your strong support of this bill in its present form and consideration of the other issues in a separate forum.

Sincerely,

*Jason M. Jenkins, Chief*  
*Miami County*  
*Emergency Medical Services*  
[www.miamicountyems.com](http://www.miamicountyems.com)  
32765 Clover Drive  
P.O. Box 536

*Paola, KS 66071*  
*913-294-5010*

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KANSAS BOARD OF  
EMERGENCY MEDICAL SERVICES

Tuesday, March 15, 2011

2011 MAR 15 AM 11:57

Senator Vicki Schmidt  
Kansas State Capitol - Room 552-S  
300 SW 10th  
Topeka, KS 66612

RECEIVED

Dear Senator Schmidt,

On behalf of the Medical Advisory Council (MAC) to the State Board of Emergency Medical Services, I wish to support the approval of SB 216, "Emergency Medical Services; licensure of attendants" which is before the Committee on Public Health & Welfare. With this, we also agree with the inclusion of wording to that allows an attendant to perform activities identified in their scope of practice, "...when approved by medical protocols or where voice contact by radio or telephone is monitored by a physician ..."

The inclusion of the word "or" allows local EMS agencies to develop protocols that will allow EMS providers to render emergency care in a timely and efficient manner without having to be delayed with establishing radio communications with their medical control. This wording does not prohibit the EMS providers from establishing radio communications with their medical control; rather, it permits these calls to occur when they are most needed.

There are life-saving actions which EMTs and paramedics must immediately perform. These activities can be well-defined in standing orders and protocols. If the providers are encumbered by having to call their base hospitals first before they perform the actions, then there could be negative patient outcomes.

MAC also believes that passage of this legislation will allow EMS attendants and agencies to complete the certification in a manner that is most beneficial to the attendants, their agencies and their communities.

Thank you, Senator Schmidt, for your consideration.

Respectfully,



Lester E. Richardson, DO, FACEP

Chairman, Medical Advisory Council

Senate Public Health & Welfare

Date 3-16-2011

Attachment 6

# Region V EMS

804 N. Mulberry St, Ottawa, Ks. 66067  
913-980-9644 Fax 785-242-1085  
[regionvems@sbcglobal.net](mailto:regionvems@sbcglobal.net)

Senate Public Health and Welfare Committee Members and  
Kansas Board of EMS  
900 S W Jackson, Rm 1021  
Topeka, Ks. 66602

From:  
Region V Northeast Kansas Emergency Medical Services Council, Inc.  
804 N Mulberry St  
Ottawa, Ks. 66067

Re: Support of SB216

Dear Senate Public Health and Welfare Committee Members;

On Wednesday March 16, 2011 you will be discussing SB 216 in hearing. After consideration we urge the adoption of this bill in its present form without modification. We understand there are groups that will recommend changes to the language to accomplish their own goals. We are not writing to argue the merits of the Medical Advisory group.

Rather, this request is that you adopt SB 216 so the KS EMS can move forward with a smooth and orderly transition to the new Scope of Practice the State has adopted. If SB 216 does not move forward it will have several consequences that will be detrimental to a smooth transition. Among them are:

1. **Attendants will not be able to transition off-cycle**, transition will only be accomplished at individual attendant renewal. We specifically added language in this bill that will allow the transition to happen "off-cycle" to facilitate services to transition all their attendants at once. The new language allows either option. This was requested by many Service Directors.
2. **Those EMRs and EMTs renewing their certification in 2011 will have to have their transition course and CE hours completed by December 31, 2011.** The new language changes the implementation date from the current effect date of Jan, 15, 2011, to December 31, 2011. That means that those of you who renew this year, would be given another complete renewal cycle to accomplish the transition. This was requested by several large service and fire departments to facilitate the transition. The new language creates an option to complete it this year or allow for the complete renewal cycle.
3. **Those attendants that do not want to renew at their current level will have NO option to seek a lower level.** This is not what KBEMS or Kansas EMServices want. We want the individual attendant to have the option of seeking a lower level if they fill it is in their best interest and we in no way want to eliminate those individuals that continue to

Senate Public Health & Welfare  
Date 3-16-2011  
Attachment 7

# Region V EMS

804 N. Mulberry St, Ottawa, Ks. 66067  
913-980-9644 Fax 785-242-1085  
[regionvems@sbcglobal.net](mailto:regionvems@sbcglobal.net)

provide their services to support their communities. This may be particularly important for current EMTs that choose to continue in EMS at the EMT level.

We ask your strong support of this bill in its present form and consideration of the other issues in a separate forum.

Sincerely,

Region V EMS Council Board of Directors

Sean Biggs, President

Jason Jenkins, Vice President

Rhonda Eaker, Secretary/Treasurer

Charles Foat, Member at Large

Marguerite Underhill, Member at Large

Derek Sobelman, Olathe Fire Department

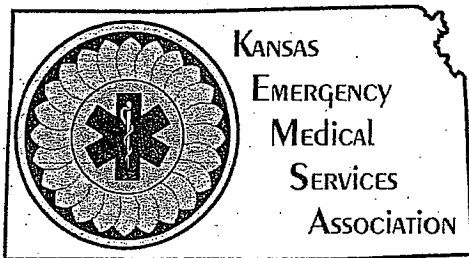
And the 26 counties of Northeastern Kansas which Region V EMS represents:

Anderson Atchison Brown Chase Coffey Doniphan Douglas Franklin

Geary Jackson Jefferson Johnson Leavenworth Linn Lyon Marshall

Miami Morris Nemaha Osage Pottawatomie Riley Shawnee

Wabaunsee Washington Wyandotte.



March 7, 2011

Senator Vicki Schmidt  
Kansas State Capitol - Room 552-S  
300 SW 10th  
Topeka, KS 66612

Dear Senator Schmidt,

On behalf of the Kansas EMS Association (KEMSA) membership, I wanted to take an opportunity to encourage you, as well as all members of the Committee on Public Health & Welfare, to support the passage of Senate Bill 216 titled "Emergency Medical Services; licensure of attendants."

Passage of this bill will have significant positive impacts for Kansas EMS and communities. The positive impacts include:

- a) Allows EMS attendants and agencies to complete required certification transitions "off-cycle."
- b) Adds additional time for EMS attendants and agencies to complete required transitions based upon local needs.
- c) Gives EMS attendants and agencies the opportunity to determine locally what transition is most appropriate and important to them.

I thank you for the opportunity to share our position with you and your committee. If you have questions or concerns, please feel free to contact me at [millerc@hutchcc.edu](mailto:millerc@hutchcc.edu) or by phone at 620-728-4401.

Sincerely,

Chy Miller  
President



# FORT HAYS STATE UNIVERSITY

*Forward thinking. World ready.*

March 09, 2011

Senate Public Health and Welfare Committee  
Kansas State Capital  
300 SW 10<sup>th</sup> Street  
Topeka, KS 66612

Ladies and Gentlemen:

I would like to take a moment of your time to let you know I support fully SB 216: KBEMS Scope of Practice bill and believe the changes outlined in this bill are important to the current transition occurring in Emergency Medical Services (EMS) within the State of Kansas. As a certified Kansas EMS Instructor/Coordinator for Fort Hays State University and a practicing Emergency Medical Technician-Intermediate with Ellis County EMS, I believe Kansas must strive to keep up with changes in EMS. Otherwise, Kansas will severely fall behind in the application of emergency services, which can have devastating consequences to the citizens of this State.

Kansas took a big step last year when the original "transition" bill (SB 262) was passed making the transition a reality. Unfortunately, once this bill became law there started to be problems with interpretation of how this legislation would affect the Emergency Medical Technicians in this State. This is the reason behind SB 216, which essentially changes the language in certain parts of the bill previously passed into law to clarify it and prevent detrimental outcomes to existing technicians.

The changes requested in the statutory language would correct the following three issues that have arisen:

1. **Attendants will not be able to transition off-cycle.** Transition in the current statute is only allowed at individual attendant renewal times. Language was added to this bill that will allow the transition to happen "off-cycle" so technicians can transition at any time during the renewal cycle. This will allow technicians at different services to transition together all at once, which will allow continuity of care to the citizens of those service areas. This was requested by several EMS Service Directors.

2. **Those EMRs and EMTs renewing their certification in 2011 will have to have their transition course and CE hours completed by December 31, 2011.** The new language changes the implementation date from the current effective date of Jan, 15, 2011, to December 31, 2011. This gives the technicians a little more time to accomplish the transition. This is important because the totality of the transition requires Educator's and Service Directors to come up with transition renewal classes, which takes time. In





# FORT HAYS STATE UNIVERSITY

*Forward thinking. World ready.*

addition, there are a large number of technicians that need to complete these transition courses (space is limited in these courses) and the time frame needed to accomplish this is greater than initially planned. This has been requested by several large service and fire departments to facilitate the transition. The new language creates an option to complete it this year or allow for the complete renewal cycle.

3. **Those attendants that do not want to renew at their current level will have NO option to seek a lower level.** This is not what the Kansas Board of EMS wanted nor was it the intent when the original legislation was passed. Individual technicians should have the ability to seek certification at a lower level in order to prevent the loss of technicians in smaller communities that do not have the time, desire or resources to transition to the higher levels. The loss of these technicians could be devastating to these smaller communities.

I believe this statutory language change is essential in preventing disruption of EMS services within Kansas. I hope all of you can get behind SB 216 and fully support it by scheduling a hearing date as soon as possible and approving it for further Senate action.

Thank you for your time and consideration in this matter. Please feel free to contact me if I can be of further service to you.

Sincerely,

David K. Fitzhugh, PhD, ATC, EMT-I, I/C  
Director, Athletic Training Education Program  
Coordinator of EMS Education  
Department of Health and Human Performance  
785-628-4354  
dkfitzhugh@fhsu.edu

**Sutton, Steve [BEMS]**

---

**From:** Bob Parker [bparker@jccc.edu]  
**Sent:** Tuesday, March 15, 2011 12:57 PM  
**To:** Schmidt, Vicki [Senate]; Steineger, Chris [Senate]; Kelly, Laura [Senate]; Haley, David [Senate]; Kelsey, Richard [Senate]; Pilcher-Cook, Mary [Senate]; Reitz, Roger [Senate]; Sen. Terrie Huntington  
**Cc:** Sutton, Steve [BEMS]  
**Subject:** SB 216

Dear Senate Public Health and Welfare Committee of the Senate Members:

Tomorrow you will be discussing SB 216 in hearing. After consideration I am urging you to adopt this bill in its present form without modification. I understand there are groups that will recommend changes to the language to accomplish their own goals. I am not writing to argue the merits of the Medical Advisory group.

Rather, my request is that you adopt SB 216 so the KS EMS can move forward with a smooth and orderly transition to the new Scope of Practice the State has adopted. If SB 216 does not move forward it will have several consequences that will be detrimental to a smooth transition. Among them are:

1. **Attendants will not be able to transition off-cycle**, transition will only be accomplished at individual attendant renewal. We specifically added language in this bill that will allow the transition to happen "off-cycle" to facilitate services to transition all their attendants at once. The new language allows either option. This was requested by several Service Directors.
2. **Those EMRs and EMTs renewing their certification in 2011 will have to have their transition course and CE hours completed by December 31, 2011.** The new language changes the implementation date from the current effect date of Jan, 15, 2011, to December 31, 2011. That means that those of you who renew this year, would be given another complete renewal cycle to accomplish the transition. This was requested by several large service and fire departments to facilitate the transition. The new language creates an option to complete it this year or allow for the complete renewal cycle.
3. **Those attendants that do not want to renew at their current level will have NO option to seek a lower level.** This is not what KBEMS wants. We want the individual attendant to have the option of seeking a lower level if they fill it is in their best interest and we in no way want to eliminate those individuals that continue to provide their services to support their communities. This may be particularly important for current EMT-is that chose to continue in EMS at the EMT level.

I ask your strong support of this bill in its present form and consideration of the other issues in a separate forum.

Sincerely,

*Bob*

Bob Parker, EMT-P, I/C  
Professor Emergency Medical Science  
Johnson County Community College  
913-469-8500 Ext 4204  
[bparker@jccc.edu](mailto:bparker@jccc.edu)

# SABETHA EMT ASSOCIATION

PROVIDING EMERGENCY MEDICAL SERVICES

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Senate Public Health & Welfare Committee Members &  
Kansas Board of EMS  
900 S W Jackson, Rm. 1021  
Topeka, Ks. 66602

From:  
Sabetha EMS  
805 Main Street  
Sabetha, Ks. 66534

Re: Support of SB216

Dear Senate Public Health and Welfare Committee Members;

On Wednesday, March 16, 2011 you will be discussing SB 216 in hearing. From a small town EMS Director I urge that you adopt this bill in its present form with no modification. I understand there may be groups that will recommend changes to the language to accomplish their own goals. I am not writing to argue the merits of the Medical Advisory group.

Rather, this request is that you adopt SB 216 so that KS EMS can move forward with a smooth and orderly transition to the new Scope of Practice the State has adopted. If SB 216 does not move forward it will have grave consequences that will be detrimental to a smooth transition. Among them are:

1. **Attendants will not be able to transition off-cycle**, transition will only be accomplished at individual attendant renewal. We specifically added language in this bill that will allow the transition to happen "off-cycle" to facilitate services to transition all their attendants at once. The new language allows either option. This was requested by many Service Directors.
2. **Those EMRs and EMTs renewing their certification in 2011 will have to have their transition course and CE hours completed by Dec 31, 2011.** The new language changes the implementation date from the current effect date of Jan 15, 2011, to Dec 31, 2011. That means that those of you who renew this year, would be given another complete renewal cycle to accomplish the transition. This was requested by several large service



Senate Public Health & Welfare  
Date 3-16-2011  
Attachment //

and fire departments to facilitate the transition. The new language creates an option to complete it this year or allow for the complete renewal cycle.

3. **Those attendants that do not want to renew at their current level will have NO option to seek a lower level.** This is not what KBEMS or Kansas EMS services want. We want the individual attendant to have the option of seeking a lower level if they feel it is in their best interest and we in no way want to eliminate those individuals that continue to provide their services to support their communities. This may be particularly important for current EMTs that choose to continue in EMS at the EMT level.

We ask your strong support of this bill in its present form and consideration of the other issues in a separate forum.

Sincerely,

Ed Steinlage  
Director of Sabetha EMS



11-2  
8-11

March 16, 2011

To the Honorable Members of the Kansas Senate,

I am writing this letter in support of the bill before the Senate Committee and this hearing.

As the new director of Kearny County EMS, and being an active attendant of Kansas EMS across the state since 1988, I am excited about this monumental change in the ability of Kansas EMS providers to care for the residents of this great state.

The initial legislation that was passed in the last couple of years to address the Scope of Practice changes for all EMS attendants and the mechanism for all Kansas EMS attendants to transition to the new certification levels was not perfect, and this legislation, SB216, addresses those transition changes to allow Kansas EMS attendants to successfully complete their transition.

Without passage of SB216, and further progress on this legislation, I will be hampered in the process as a Service Director in the following ways:

Our service will not be able to transition all of our employees to their respective certification levels at one time, but would have to wait until each and every employee recertifies at the end of their two-year renewal cycle. This could take up to four years, and this may significantly delay implementation of new treatment modalities that could save the life of a Kansan that these attendants are not currently certified to perform.

Our service has several employees that would have to complete and show competency for all of their transition material by the end of 2011. As rural volunteers and part-time employees working hard at their full time jobs to make their house payments, put food on the table, and trying to give their children a better life than they had, spare time is not something they may have a lot of. If SB216 passes, it will give all of the members of our service two full 2-year renewal cycles to spread out the transition educational and competency material to ensure that these farmers, feedlot cowboys, and store clerks have the time to adequately absorb the material, and make a successful transition to their new certification level.

Currently, on our service, if we have an attendant that is certified at a higher level and decides that he or she does not want to stay at that certification level but move down a level for whatever reason, there is no way for them to accomplish that. They either spend the extra time they may not have, or completely lose their certification. If this legislation is successful throughout the process, a mechanism would exist for those same attendants to drop to a lower certification levels to meet their needs, and still be a productive member of the our EMS service.

Senate Public Health & Welfare  
Date 3-16-2011  
Attachment 12

Thank you for your consideration in this matter, and please support SB216. This is a positive step for Kansas EMS, a very positive step for the residents of Kansas, and a huge step for the State of Kansas.

---

Jeffrey J. Landgraf, RN/MICT, IC  
Service Director  
Kearny County Emergency Medical Services  
Lakin, Kansas

March 16, 2011

To the Honorable Members of the Kansas Senate,

I am writing this letter today in support of Kansas Senate legislation, Senate Bill 216. I represent the 21 EMS services from the 18 counties that make up Southwest Kansas as the Chairman / President of Region II.

Kansas EMS is on the verge of monumental changes in philosophy and practice that will expand the care that Kansans receive on a daily basis across our great state. These are very exciting times to be involved in Kansas EMS, and I am extremely proud to be a member in this great profession that helps protect and serve Kansans 24 hours a day, 7 days a week all across our state.

As with anything that is developed to expand our abilities and capabilities to provide service to Kansans, there will be "growing pains", and changes that will have to be made midstream to ensure that Kansans are given the best in emergency care that they deserve.

Senate Bill 216 does just that...it protects and serves Kansans by ensuring that all Kansas certified EMS attendants have the ability and time to adequately train, practice, test, and successfully complete the transition course required to attain their new respective certification level.

I encourage you, the members of this committee, to endorse this legislation so that the needs of Kansas EMS can adequately meet the emergency care needs of ill or injured Kansans that we have dedicated our lives to.

Thank you for your consideration in this matter, and I hope that I may be of any service you require concerning this. Please feel free to contact me at any time.

---

Jeffrey J. Landgraf, RN/MICT, IC  
Chairman / President  
SKEMS / Region II

Senate Public Health & Welfare  
Date 3-16-2011  
Attachment 13

**Sutton, Steve [BEMS]**

---

**From:** J.D. Bloomar [jdbloomar@hotmail.com]  
**Sent:** Wednesday, March 16, 2011 9:32 AM  
**To:** Kelly, Laura [Senate]  
**Cc:** Sutton, Steve [BEMS]  
**Subject:** SB 216 Please Support

Senator Kelly,

Please support SB 216. My 27+ years of EMS experience is broad, as both a provider and educator. There were unfortunate flaws in the original legislation this bill is correcting. KS BEMS is doing their best to meet all ranging viewpoints.

**The most important correction, in my opinion, is allowing EMT-I's to remain EMS providers by certifying as EMT's if they choose.**

My experience leads me to believe we will lose many current EMT-I's, especially in rural areas, if they are not allowed to become EMT's. Current law (last years bill) will not allow the "dropping down" of certification if the provider wishes. The changes for the EMT-I to become a AEMT are extensive, and many will choose not to become AEMT's. They should not be forced out of EMS because of this change. They have experience and skills needed to provide our citizens emergency care, don't force them out.

Additionally, perhaps there may be a "cause of action" for many EMT-I's against the state or BEMS if this correction is not passed. Many believe their certification has value – they paid for their education, spent time in class, learned the material, etc. This suggests the certification has some monetary value. With the current law, it is either certify as an AEMT or nothing. It could be suggested that the state is taking something of value without proper cause or forcing them to take more education for AEMT.

Thanks for reading. Please support SB 216

J.D. Bloomar, RN, BSN, MICT, TO-II  
Currently not affiliated with any organization  
2116 SW Meadow LN  
Topeka, KS 66614-1442  
785-235-2755  
[jdbloomar@hotmail.com](mailto:jdbloomar@hotmail.com)





March 7, 2011

Senator Vicki Schmidt  
Kansas State Capitol - Room 552-S  
300 SW 10th  
Topeka, KS 66612

Dear Senator Schmidt,

Hutchinson Community College EMS Education would like to take an opportunity to encourage you, as well as all members of the Committee on Public Health & Welfare, to support the passage of Senate Bill 216 titled "Emergency Medical Services; licensure of attendants."

The passage of this bill will allow many of the agencies and certified attendants that I work with, greater flexibility of when and how the transition will occur for themselves and/or for their respective agencies. Additionally, agencies and attendants will be given a choice in what they transition to.

It is our opinion that passage of Senate Bill 216 has only positive outcomes that benefit all in EMS as well as educators who are working with agencies and attendants to make the EMS transition happen more thoroughly and effectively.

Thank you for the opportunity to share our opinion and if you have further questions please feel free to contact me. I can be reached at [lebaronj@hutchcc.edu](mailto:lebaronj@hutchcc.edu) or by phone at 620-728-4401.

Sincerely,

Jim LeBaron, Coordinator  
EMS Continuing Education  
Hutchinson Community College

Senate Public Health & Welfare  
Date 3-16-2011  
Attachment 15



To: Kansas Senate Public Health and Welfare Committee

Thank you for the opportunity to provide written testimony in support of SB 216. I apologize for not being able to be in attendance, but I am the EMS Director for Seneca EMS and must remain on-duty to provide emergency response coverage.

As the Director of a rural ambulance service I urge you to support SB 216. My ability to maintain a 40 plus member volunteer staff is vitally dependant upon the passage of this bill.

If the bill does not succeed I have already heard from a number of my staff that will let their certifications lapse and the end of the expiration period. If that is the case I fully expect to loose 50% of my staff over the next two years. We are already struggling to recruit and retain volunteers.

The passage SB 216 would allow them the opportunity to continue as an EMS attendant if they could transition to a level of care with a lower scope of practice. All of my attendants have expressed a desire to maintain EMS certification but are unable to take the time to sit through advanced classes for skills that our Medical Advisor may not even let them use.

In addition without the passage of this bill my EMT's would only have until the end of the year to successfully complete their transition classes.

This bill would also allow my attendants additional time to obtain the transitions if for any level of certification they choose to maintain. My staff is made up entirely of volunteers; many have full time employment not to mention the obligations of family, kids, completing their education, church and many other community activities. To expect them to complete the transition in a few months, given all of their life-demands and the expectations we have for them as an ambulance service is too much to ask of someone that does this for free!

In closing, I thank you for your time and consideration of my testimony.

Respectfully submitted  
Conrad L. Olson, MICT  
EMS Director



**To:** Senate Public Health & Welfare Committee

**From:** Jerry Slaughter  
Executive Director

**Date :** March 16, 2011

**Subject:** SB 216; concerning Emergency Medical Services

The Kansas Medical Society appreciates the opportunity to appear today on SB 216, which amends several provisions of the emergency medical services act, found at KSA 65-6101, *et seq.* We are joined in this statement by the EMS Medical Directors of Kansas, the statewide association of physician medical directors.

Most of the statutory changes included in SB 216 are somewhat technical, and continue the process that was begun last year to transition Kansas EMS to a national model for the purposes of making the various EMS attendant categories more uniform throughout the country. When the transition process is complete in the next couple of years, Kansas will have reduced from six to four, the EMS attendant certification categories. In increasing order of education and authorized activities, the categories are: emergency medical responder (EMR); emergency medical technician (EMT); advanced emergency medical technician (AEMT); and paramedic. We support this process, because it will reduce complexity and confusion about roles and duties, and it has the potential to improve the quality of pre-hospital emergency medical care.

However, we would like to offer some comments on a related issue that we first addressed in last year's legislation, SB 262. That legislation started the transition process that continues with SB 216, and it also added a very important concept to the EMS laws. The legislature created a Medical Advisory Council ("MAC") to advise and assist the EMS Board on issues having to do with medical standards and practices [KSA 65-6111(10)]. This action was important because it signaled a desire to have EMS operate under a more explicit "medical model", utilizing experienced EMS medical directors to help the EMS Board create a culture that promotes patient-focused, high quality, evidence-based clinical standards and practices in pre-hospital emergency medical care. We are in strong support of that concept, and the legislature's action creating the Medical Advisory Council sent a very positive message to everyone who cares about providing the highest possible patient care throughout the emergency medical care continuum. This did not arise as a turf issue between physicians and EMS attendants, nor was it a criticism in any way of EMS service providers. It is a patient care issue, and all groups share the same goal – high quality emergency care.

While the first step creating the MAC was in the correct direction, our early experience has shown that it may not have been clear enough. The MAC's enabling language reads as follows:

KSA 65-6111(a) The emergency medical services board shall:

*(10) appoint a medical advisory council of not less than six members, including two board members, one of whom shall be a physician and not less than four other physicians who are active and knowledgeable in the field of emergency medical services who are not members of the board to advise and assist the board in medical standards and practices as determined by the board. The medical advisory council shall elect a chairperson from among its membership and shall meet upon the call of the chairperson (emphasis added);*

The language above suggests that the advisory council will indeed be involved in "medical standards and practices" as determined by the Board, but it does not clearly say what the role of the MAC is, and what authority, if any, the advisory council has. Since the MAC is appointed by, and presumably serves at the pleasure of, the EMS Board, then individual members of the MAC might be reluctant to take a position that is contrary to the Board's, even if it is the correct position from a patient care standpoint. Quality patient care is best served when the MAC members – each of whom is an experienced EMS physician medical director – is free to exercise his or her best independent medical judgment on the issues before the group.

That is not to say that the MAC should interfere with or be involved in the Board's duty to make non-medical regulatory policy affecting the entities and individuals the agency is responsible for regulating. The role of the medical advisory council should be clearly limited to participating, in a meaningful way, in making policy decisions that have implications for patient care. Whether it is rules and regulations on the authorized clinical duties of attendants, to reviewing and developing medical protocols, to the proper role of medical directors at the local level, the MAC's involvement should be focused on issues that directly impact quality of patient care.

To that end, we would like to offer an amendment for your consideration (see below). We believe this language will strengthen and clarify the role of the medical advisory council in participating in the development of clinical and patient care policy. As you can see, the language would require both the Board and the medical advisory council to approve policies on medical standards and practices:

(10) appoint a medical advisory council of not less than six members, including two board members, one of whom shall be a physician and not less than four other physicians who are active and knowledgeable in the field of emergency medical services who are not members of the board to advise and assist the board in matters relating to medical standards and practices, and all such matters shall first be approved by the medical advisory council prior to adoption ~~as determined~~ by the board. The medical advisory council shall elect a chairperson from among its membership and shall meet upon the call of the chairperson;

Critics of this approach may say that this amounts to the medical advisory council usurping the authority of the Board. However, of the 13 member EMS Board, only one individual is currently required to be a physician.\* Given the scope of the Board's responsibilities in making medical policies that are unquestionably most properly made by licensed physicians who are experienced in emergency care, it would seem appropriate in this instance to require the involvement of the medical advisory council when such policies are being decided. That is not to take anything away from the Board at all. The suggested structure above actually provides a check and balance feature on medical policy issues. The medical advisory council would not be able to make policy decisions unilaterally, as it would need the Board's concurrence. By the same token, it would work the same way in reverse. This structure, if the parties approach it properly, actually requires that both entities work with a high degree of collaboration, which in the end will produce good policy and good patient care.

We urge your favorable consideration of the amendment, and we would be happy to respond to any questions. Thank you.

\*Pursuant to KSA 65-6102, the EMS Board is composed of 13 members as follows:

- 2 county commissioners
- 1 physician
- 1 EMS instructor-coordinator
- 1 hospital administrator
- 1 firefighter involved in EMS
- 3 EMS attendants
- 4 legislators