

Exemptions from the Definition of “Home Health Agency”; Changes to Emergency Medical Services Statutes; Adding Maternity Centers to the Definition of “Health Care Provider”; HB 2039

HB 2039 amends statutes relating to home health agencies to clarify the definition of “home health agency” for the purposes of credentialing; amends law regarding emergency medical services (EMS) and EMS providers to clarify authorized activities of paramedics, advanced emergency medical technicians (advanced EMTs), emergency medical technicians (EMTs), and emergency medical responders; and amends the Health Care Provider Insurance Availability Act to add certain maternity centers to the definition of “health care provider.”

Exemptions from the Definition of “Home Health Agency”

The bill exempts from the definition of “home health agency” entities that are not reimbursed by Medicare Part A and only provide services of persons licensed or certified under the Physical Therapy Practice Act and Occupational Therapy Practice Act and persons licensed as speech-language pathologists.

Changes to Emergency Medical Services Statutes

Definitions

The bill amends definitions in law regarding EMS as follows:

- Updates the definition of “advance practice registered nurse” to refer to individuals licensed and with the authority to prescribe drugs as provided in the definition within the Kansas Nurse Practice Act; and
- Creates a definition of “qualified healthcare provider”: a physician, a physician assistant when authorized by a physician, an advanced practice registered nurse, or a professional nurse when authorized by a physician.

The bill defines “public place” as any areas open to the public or used by the general public, including, but not limited to, banks, bars, food service establishments, retail service establishments, retail stores, public means of mass transportation, passenger elevators, health care institutions or any other place where health care services are provided to the public, medical care facilities, educational facilities, libraries, courtrooms, public buildings, restrooms, grocery stores, school buses, museums, theaters, auditoriums, arenas, and recreational facilities. A private residence is not considered a “public place” unless the residence is used as a day care home, as defined in KSA 65-530.

Authorized Activities

The bill amends language regarding the authorized activities of paramedics, advanced EMTs, and EMTs to specify that such activities are authorized after the individual has

successfully completed an approved course of instruction, local specialized device training, and competency validation, and when ordered by medical protocols or upon the order of a qualified health care provider, and:

- Clarifies the authorized activities of each level of EMT and makes technical revisions to align with current standards of practice for EMTs;
- Adds maintenance of intraosseous infusion to the list of authorized activities for advanced EMTs;
- Adds capillary blood sampling for purposes other than blood glucose monitoring, monitoring a saline lock, and monitoring of a nasogastric tube to the list of authorized activities for EMTs;
- Allows EMTs to monitor, maintain, or discontinue flow of an intravenous (IV) line without the approval of a physician for transfer by an EMT; and
- Adds, upon the order of a qualified health care provider, the authority for emergency medical responders to utilize equipment for the purposes of transmitting electrocardiogram (EKG) rhythm strips.

Supervision for Students or EMS Providers in Training

The bill specifies that students or EMS providers in training are required to be under the supervision of a physician, a physician assistant, an advanced practice registered nurse, a respiratory therapist, a professional nurse, or an EMS provider who is, at a minimum, certified to provide the level of care for which the student is seeking certification.

Ambulance Services

The bill exempts ambulance services providing only non-emergency transportation from the requirement that ambulance services be offered 24 hours per day, every day of the year.

For operators required to have a permit, the bill requires at least one person to be in the patient compartment during patient transport who is EMS certified or authorized, a physician, a physician assistant, an advanced practice registered nurse, a professional nurse, or a registered nurse holding a multistate license.

The bill authorizes any county with a population of 30,000 or less to operate a ground vehicle providing EMS with one person who is a qualified health care provider if the driver of the vehicle is certified in cardiopulmonary resuscitation (CPR). The bill requires any EMS that chooses to adopt this policy to notify the Emergency Medical Services Board (Board) within 30 days of its adoption.

Registration of Automated External Defibrillators

The bill requires persons or entities that purchase, lease, possess, or otherwise control or acquire an automated external defibrillator (AED) to register the AED with the Board when the AED is placed in a public place within the state.

Adding Maternity Centers to the Definition of “Health Care Provider”

The bill requires a maternity center participating in the Health Care Stabilization Fund (HCSF or professional liability coverage) to have accreditation by the Commission for the Accreditation of Birth Centers and meet the licensure definition for maternity center (KSA 65-503). Under this licensure definition, a “maternity center” is a facility that provides delivery services for normal, uncomplicated pregnancies but does not include a medical care facility, as defined by KSA 65-425.

The bill also makes technical amendments to reorganize provisions listing professionals and facilities subject to the requirement of participation in the HCSF.