

SESSION OF 2025

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2280

As Amended by Senate Committee on Public
Health and Welfare

Brief*

HB 2280, as amended, would amend 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; reduce operational service requirements for non-emergency ambulance services; define “public place”; and require entities placing automated external defibrillators (AEDs) for use within the state in a public place to register with the Emergency Medical Services Board (Board). The bill would also amend current law regarding ambulance services in counties with a population of 30,000 or less.

The bill would also make technical and conforming amendments.

Definitions

The bill would amend definitions in law regarding EMS as follows:

- Update 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

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

- Create a definition of “qualified healthcare provider,” which would mean 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 would add the definition of “public place” from the Kansas Indoor Clean Air Act as follows:

- “Public place” would mean any enclosed 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. For purposes of this section, a private residence shall not be considered a “public place” unless such residence is used as a day care home, as defined in KSA 65-530.

Authorized Activities

The bill would amend language regarding the authorized activities of paramedics, advanced EMTs, and EMTs to specify that such activities would be authorized after successfully completing 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.

The bill would clarify the authorized activities of each level of EMT and make technical revisions to align with current standards of practice for EMTs.

The bill would add maintenance of intraosseous infusion to the list of authorized activities for advanced EMTs.

The bill would add 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. The bill would also allow EMTs to monitor, maintain, or discontinue flow of an intravenous (IV) line without the approval of a physician for transfer by an EMT.

The bill would also add, upon the order of a qualified health care provider, the ability 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 would amend language regarding the supervision of students or EMS providers in training to specify that such individuals would be 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 would exempt 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 would also clarify the acceptable or approved licensures for EMS providers, physicians, and registered nurses who would

satisfy the staffing requirement for each vehicle providing emergency medical services.

Current law allows any county with a population of 30,000 or less to operate a ground vehicle providing interfacility transfers with one person who is a qualified health care provider if the driver of the vehicle is certified in cardiopulmonary resuscitation. The bill would amend such law to instead allow for the operation of a ground vehicle providing ambulance services.

Registration of Automated External Defibrillators

The bill would amend current law that requires persons or entities that purchase or otherwise acquire an AED to notify the EMS service operating in the geographic area of the location of the AED to instead require registration of the AED with the Board when an AED is placed in the state in a public place. The bill would add persons or entities that lease, possess, or otherwise control an AED placed within the state in a public place to the list of those required to register the AED with the Board.

Background

The bill was introduced by the House Committee on Federal and State Affairs at the request of a representative of Sunflower Consulting.

House Committee on Health and Human Services

In the House Committee hearing, **proponent** testimony was provided by representatives of the Board and the Kansas Emergency Medical Services Association (Association), who generally stated the bill is the result of a collaborative, multi-year effort to modernize the EMS statutes to reflect current practices and allow EMS providers to better utilize available technology.

Written-only proponent testimony was provided by representatives of Mid-America Regional Council Emergency Rescue (MARCER) and TECHS EMS.

Written-only neutral testimony was provided by a representative of the Kansas Association of School Boards.

No other testimony was provided.

Senate Committee on Public Health and Welfare

In the Senate Committee hearing, **proponent** testimony was provided by representatives of the Board and the Association, who generally stated the bill would align EMS statutes with the current standards of practice and future innovations in emergency medical services. The proponents stated the bill is the product of a multi-year, collaborative effort between the Board and the Association.

Written-only proponent testimony was provided by representatives of MARCER and TECHS EMS.

No other testimony was provided.

The Senate Committee amended the bill to:

- Add a definition of “public place” and limit the requirement to register AEDs to persons or entities placing AEDs in such public places;
- Remove the requirement that an AED be registered for a person or entity that owns, leases, possesses, or otherwise controls such device to be afforded civil liability protection; and
- Amend current law that allows any county with a population of 30,000 or less to operate a ground vehicle providing interfacility transfers with one person who is a qualified health care provider if the

driver of the vehicle is certified in cardiopulmonary resuscitation to apply the provision to the operation of ground vehicles providing ambulance services.

Fiscal Information

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, the Board reports that enactment of the bill would have negligible fiscal effect on its operations. The Board indicates that while the bill may increase the number of registered ambulance services in the state, any increases to agency revenues or expenditures would be offset by a reduction in the number of individuals seeking licensure from the Board.

Health; emergency medical services; paramedics; emergency medical technicians; ambulance services; automated external defibrillators; Emergency Medical Services Board