[As Amended by Senate Committee of the Whole]

As Amended by Senate Committee

[As Amended by House Committee of the Whole]

As Amended by House Committee

Session of 2011

HOUSE BILL No. 2119

By Committee on Local Government

1-27

1	AN ACT concerning emergency medical services; relating to [political]
2	subdivisions; relating to] accident response service fees; amending-
3	K.S.A.80-1557 and repealing the existing section[; relating to
4	<u>marking of vehicles </u> [[emergency; relating to medical and other
5	services emergency and trauma]; amending K.S.A. 8-305 [, 65-6102,
6	65-6110, 65-6126, 65-6132 and 65-6133 and K.S.A. 2010 Supp. 65-
7	6112, 65-6120, 65-6121, 65-6123, 65-6129 and 65-6144 and K.S.A.
8	2010 Supp. 75-5664 and 75-5665J and repealing the existing section
9	[sections].
10	
11	Be it enacted by the Legislature of the State of Kansas:
12	Section 1. K.S.A. 80-1557 is hereby amended to read as follows: 80-
13	1557. (a) As used in this section:
14	(1) "Rescue service" means a service which provides emergency care
15	by qualified personnel through a township or fire district fire department.
16	(2) "Emergency care" means the services provided after the onset of a
17	medical condition manifesting itself by acute symptoms of sufficient-
18	severity such that the absence of immediate medical attention could-
19	reasonably be expected to: (A) Place the patient's health in serious-
20	jeopardy; (B) seriously impair bodily functions; or (C) result in serious-
21	dysfunction of any bodily organ or part.
22	(3) "Qualified personnel" means any individual who holds a
23	certificate as an attendant as defined in K.S.A. 65-6112, and amendments
24	thereto.
25	(4) "Township" means any township which has established a fire-
26	department pursuant to K.S.A. 80-1901 et seq., and amendments thereto.
27	(5) "Fire district" means any fire district which has established a fire
28	department pursuant to K.S.A. 80-1540 et seq., and amendments thereto.
29	(b) The township board or governing body of the fire district may-
30	authorize the township or fire district fire department to provide rescue-

service as a township or fire district function, within or without the township or fire district, or may contract with any person or governmental entity for the furnishing of rescue service and upon such terms and conditions, and for such compensation as may be agreed upon which shall be payable from the township general fund or the fire fund or the fire district fund.

7 (c) The township board or governing body of the fire district may-8 establish charges to persons receiving reseue service inside or outside of 9 such township or fire district. Rescue service shall not include an accident response service fee. As used in this subsection, the term "accident-10 response service fee" means any fee imposed on the driver or owner of a 11 motor vehicle, an insurance company or any other person, for the response 12 to or investigation of a motor vehicle accident, but does not include the 13 14 usual and eustomary charges for providing ambulance and emergency-15 services when immediate action is required to save life, prevent suffering 16 or disability or to protect and save property. The charges so made and 17 received shall be deposited in the general funds of the township or fire 18 district, and the same may be used in addition to funds received under the 19 tax levies authorized by K.S.A. 80-1546 and 80-1903, and amendments 20 thereto.

(d) Qualified personnel providing rescue service shall be
 compensated in the same manner as other fire department employees and
 volunteers as provided by K.S.A. 80-1544 and 80-1904, and amendments
 thereto.

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Sec. 2. K.S.A.80-1557 is hereby repealed.

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[New] Section 1. (a) As used in this section:

(1) "Municipality" means a city, county, township, fire district or
 any other political and taxing subdivisions in this state.

(2) "Accident response service fee" means any fee imposed on the driver or owner of a motor vehicle, an insurance company or any other person, for the response to or investigation of a motor vehicle accident, but does not include the usual and customary charges for providing ambulance and emergency services when immediate action is required to save life, prevent suffering or disability or to protect and save property.

36 (3) "Emergency services" includes the police, fire the actual costs 37 of police, fire, technical rescue situations, including, but not limited to, 38 vehicle extrication, trench rescue, high-angle rescue, confined-space 39 rescue and swift-water rescue and emergency medical service personnel and equipment deemed appropriate by the municipality to 40 address reasonably anticipated needs including, but not limited to, 41 unknown number of injured persons and possible environmental and 42 43 health threats involving hazardous material.

(b) No municipality shall charge an accident response fee to 1 persons receiving emergency services inside or outside of such 2 municipality, except for actual costs of *[providing such emergency* 3 4 service in response to a motor vehicle accident involving hazardous 5 materials or requiring extraordinary emergency services.

[Sec. 2. K.S.A. 8-305 is hereby amended to read as follows: 8-305. 6 7 All motor vehicles owned or leased by any political subdivision of the state of Kansas shall bear the name of the political subdivision owning 8 9 or leasing such vehicle plainly printed on both sides thereof. This act 10 shall not apply to the following:

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Municipal fire apparatus, police patrols and ambulances; (a)

(b) passenger vehicles used by plain clothes police officers, county 12 13 or district attorney investigators or community corrections personnel working in the employ of any political subdivision; and 14

(c) motor vehicles owned or leased by any municipal university.]

[Sec. 3. K.S.A. 65-6102 is hereby amended to read as follows: 65-16 17 6102. (a) There is hereby established the emergency medical services 18 board. The office of the emergency medical services board shall be 19 located in the city of Topeka, Kansas.

20 (b) The emergency medical services board shall be composed of $\frac{13}{13}$ 21 15 members to be appointed as follows:

22 (1) Nine Eleven members shall be appointed by the governor. Of 23 such members:

24 (A) One Three shall be a member of the Kansas medical society-25 physicians who is are actively involved in emergency medical services;

(B) two shall be county commissioners of counties making a levy 26 27 for ambulance service, at least one of whom shall be from a county 28 having a population of less than 15,000; 29

(C) one shall be an instructor-coordinator;

(D) one shall be a hospital administrator actively involved in 30 31 *emergency medical services*;

32 (E) one shall be a member of a firefighting unit which provides 33 emergency medical service; and

34 (F) three shall be attendants who are actively involved in 35 emergency medical service. At least two classifications of attendants 36 shall be represented. At least one of such members shall be from a 37 volunteer emergency medical service; and

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(2) four members shall be appointed as follows:

39 (A) One shall be a member of the Kansas senate to be appointed by 40 the president of the senate;

(B) one shall be a member of the Kansas senate to be appointed by 41 42 the minority leader of the senate;

43 (C) one shall be a member of the Kansas house of representatives to 1 be appointed by the speaker of the house of representatives; and

2 (D) one shall be a member of the Kansas house of representatives 3 to be appointed by the minority leader of the house of representatives.

4 All members of the board shall be residents of the state of Kansas. 5 Appointments to the board shall be made with due consideration that 6 representation of the various geographical areas of the state is ensured. 7 The governor may remove any member of the board upon 8 recommendation of the board. Any person appointed to a position on the 9 board shall forfeit such position upon vacating the office or position 10 which qualified such person to be appointed as a member of the board.

(c) Of the members first appointed to the board, four shall be-11 appointed for terms of one year, three for terms of two years, three for-12 terms of three years and three for terms of four years. Of the two 13 additional physician members appointed by the governor after July 1, 14 2011, one shall be appointed for a term of three years and one shall be 15 appointed for a term of four years. Thereafter, members shall be 16 appointed for terms of four years and until their successors are 17 appointed and qualified. In the case of a vacancy in the membership of 18 19 the board, the vacancy shall be filled for the unexpired term.

20 (d) The board shall meet at least six times annually and at least 21 once each quarter and at the call of the chairperson or at the request of 22 the administrator of the emergency medical services board or of any six 23 members of the board. At the first meeting of the board after January 1 each year, the members shall elect a chairperson and a vice-chairperson 24 25 who shall serve for a term of one year. The vice-chairperson shall exercise all of the powers of the chairperson in the absence of the 26 chairperson. If a vacancy occurs in the office of the chairperson or vice-27 chairperson, the board shall fill such vacancy by election of one of its 28 members to serve the unexpired term of such office. Members of the 29 board attending meetings of the board or attending a subcommittee 30 meeting thereof authorized by the board shall be paid compensation, 31 32 subsistence allowances, mileage and other expenses as provided in 33 K.S.A. 75-3223, and amendments thereto.

(e) Except as otherwise provided by law, all vouchers for
expenditures and all payrolls of the emergency medical services board
shall be approved by the emergency medical services board or a person
designated by the board.

Sec. 4. K.S.A. 65-6110 is hereby amended to read as follows: 65-6110. (a) The board shall adopt any rules and regulations necessary for the regulation of ambulance services. Such rules and regulations shall include: (1) A classification of the different types of ambulance services; (2) requirements as to equipment necessary for ambulances and rescue vehicles; (3) qualifications and training of attendants, instructor-

coordinators and training officers; (4) requirements and fees for the 1 licensure, temporary licensure, and renewal of licensure for ambulances 2 3 and rescue vehicles; (5) records and equipment to be maintained by 4 operators, instructor-coordinators, training officers, providers of 5 training and attendants; and (6) requirements for a quality assurance and improvement program for ambulance services; (7) staffing requirements 6 7 for attendant or medical personnel for ambulance services and vehicles; and (8) such other matters as the board deems necessary to implement 8 9 and administer the provisions of this act.

10 (b) The provisions of this act shall not apply to rescue vehicles 11 operated by a fire department.

12 Sec. 5. K.S.A. 2010 Supp. 65-6112 is hereby amended to read as 13 follows: 65-6112. As used in this act:

(a) "Administrator" means the executive director of the emergency
 medical services board.

(b) "Advanced emergency medical technician" means a person
who holds an advanced emergency medical technician certificate issued
pursuant to this act.

19 (c) "Advanced registered nurse practitioner" means an advanced 20 registered nurse practitioner as defined in K.S.A. 65-1113, and 21 amendments thereto.

(d) "Ambulance" means any privately or publicly owned motor
vehicle, airplane or helicopter designed, constructed, prepared, staffed
and equipped for use in transporting and providing emergency care for
individuals who are ill or injured.

(e) "Ambulance service" means any organization operated for the
purpose of transporting sick or injured persons to or from a place where
medical care is furnished, whether or not such persons may be in need
of emergency or medical care in transit.

(f) "Attendant" means a first responder, an emergency medical
responder, emergency medical technician, emergency medical
technician-intermediate, emergency medical technician-defibrillator,
emergency medical technician-intermediate/defibrillator, advanced
emergency medical technician, mobile intensive care technician or
paramedic certified pursuant to this act.

36 (g) "Board" means the emergency medical services board 37 established pursuant to K.S.A. 65-6102, and amendments thereto.

(h) "Emergency medical service" means the effective and
coordinated delivery of such care as may be required by an emergency
which includes the care and transportation of individuals by ambulance
services and the performance of authorized emergency care by a
physician, advanced registered nurse practitioner, professional nurse, a
licensed physician assistant or attendant.

1 *(i) "Emergency medical technician" means a person who holds an* 2 *emergency medical technician certificate issued pursuant to this act.*

3 (j) "Emergency medical technician-defibrillator" means a person 4 who holds an emergency medical technician-defibrillator certificate 5 issued pursuant to this act.

6 (k) "Emergency medical technician-intermediate" means a person 7 who holds an emergency medical technician-intermediate certificate 8 issued pursuant to this act.

9 (1) "Emergency medical technician-intermediate/defibrillator" 10 means a person who holds both an emergency medical technician-11 intermediate and emergency medical technician defibrillator certificate 12 issued pursuant to this act.

(m) "Emergency medical responder" means a person who holds an
 emergency medical responder certificate issued pursuant to this act.

15 (n) "First responder" means a person who holds a first responder 16 certificate issued pursuant to this act.

17 (o) "Hospital" means a hospital as defined by K.S.A. 65-425, and 18 amendments thereto.

19 (p) "Instructor-coordinator" means a person who is certified under 20 this act to teach initial courses of certification of instruction and 21 continuing education classes.

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(q) "Medical adviserdirector" means a physician.

"Medical protocols" mean written guidelines which authorize 23 (r) attendants to perform certain medical procedures prior to contacting a 24 physician, physician assistant authorized by a physician, advanced 25 registered nurse practitioner authorized by a physician or professional 26 nurse authorized by a physician. The medical protocols shall be 27 approved by a county medical society or the medical staff of a hospital to 28 29 which the ambulance service primarily transports patients, or if neither of the above are able or available to approve the medical protocols, then 30 the medical protocols shall be submitted to the medical advisory council 31 32 for approval.

(s) "Mobile intensive care technician" means a person who holds a
 mobile intensive care technician certificate issued pursuant to this act.

(t) "Municipality" means any city, county, township, fire district or
 ambulance service district.

(u) "Nonemergency transportation" means the care and transport
of a sick or injured person under a foreseen combination of
circumstances calling for continuing care of such person. As used in
this subsection, transportation includes performance of the authorized
level of services of the attendant whether within or outside the vehicle as
part of such transportation services.

43 (v) "Operator" means a person or municipality who has a permit to

1 operate an ambulance service in the state of Kansas.

2 (w) "Paramedic" means a person who holds a paramedic 3 certificate issued pursuant to this act.

4 (x) "Person" means an individual, a partnership, an association, a 5 joint-stock company or a corporation.

6 (y) "Physician" means a person licensed by the state board of 7 healing arts to practice medicine and surgery.

8 (z) "Physician assistant" means a person who is licensed under the 9 physician assistant licensure act and who is acting under the direction of 10 a responsible physician.

(aa) "Professional nurse" means a licensed professional nurse as
 defined by K.S.A. 65-1113, and amendments thereto.

(bb) "Provider of training" means a corporation, partnership,
accredited postsecondary education institution, ambulance service, fire
department, hospital or municipality that conducts training programs
that include, but are not limited to, initial courses of instruction and
continuing education for attendants, instructor-coordinators or training
officers.

(cc) "Responsible physician" means responsible physician as such
 term is defined under K.S.A. 65-28a02, and amendments thereto.

(dd) "Training officer" means a person who is certified pursuant to
 this act to teach, coordinate or both, initial courses of instruction for first
 responders or emergency medical responders and continuing education
 as prescribed by the board.

25 Sec. 6. K.S.A. 2010 Supp. 65-6120 is hereby amended to read as 26 follows: 65-6120. (a) Notwithstanding any other provision of law to the 27 contrary, an emergency medical technician-intermediate may:

(1) Perform any of the activities identified by K.S.A. 65-6121, and
 amendments thereto;

30 (2) when approved by medical protocols and or where voice contact 31 by radio or telephone is monitored by a physician, physician assistant 32 where authorized by a physician, advanced registered nurse practitioner 33 where authorized by a physician or licensed professional nurse where 34 authorized by a physician, and direct communication is maintained, 35 upon order of such person, may perform veni-puncture for the purpose 36 of blood sampling collection and initiation and maintenance of 37 intravenous infusion of saline solutions, dextrose and water solutions or 38 ringers lactate IV solutions, endotracheal intubation and administration 39 of nebulized albuterol;

40 (3) perform, during an emergency, those activities specified in
41 subsection (a)(2) before contacting the persons identified in subsection
42 (a)(2) when specifically authorized to perform such activities by medical
43 protocols; or

1 (4) perform, during nonemergency transportation, those activities 2 specified in this section when specifically authorized to perform such 3 activities by medical protocols.

(b) An individual who holds a valid certificate as an emergency 4 5 medical technician-intermediate once successfully completing the board 6 prescribed transition course, and validation of cognitive and 7 psychomotor competency as determined by rules and regulations of the 8 **board**, may apply to transition to become an advanced emergency medical technician. Alternatively, upon application for renewal, such individual 9 shall be deemed to hold a certificate as an advanced emergency medical 10 technician under this act, provided such individual has completed all 11 12 continuing education hour requirements inclusive of the successful completion of a transition course and such individual shall not be 13 14 required to file an original application for certification as an advanced 15 emergency medical technician under this act.

16 (c) "Renewal" as used in subsection (b), refers to the first or second 17 opportunity after December 31, 2011, that an emergency medical 18 technician-intermediate has to apply for renewal of a certificate 19 following the effective date of this act.

20 (d) Emergency medical technician-intermediates who fail to meet 21 the transition requirements as specified will be required, at a minimum, 22 to gain the continuing education applicable to emergency medical-23 technician as defined by rules and regulations of the board. Failure to do so will result in loss of certification. may complete either the board 24 prescribed emergency medical technician transition course or emergency 25 26 medical responder transition course, provide validation of cognitive and 27 psychomotor competency and all continuing education hour requirements inclusive of the successful completion of a transition course as determined 28 29 by rules and regulations of the board. Upon completion, such emergency medical technician-intermediate may apply to transition to become an 30 emergency medical technician or an emergency medical responder. 31 32 depending on the transition course that was successfully completed. 33 Alternatively, upon application for renewal of an emergency medical technician-intermediate certificate, the applicant shall be renewed as an 34 emergency medical technician or an emergency medical responder, 35 depending on the transition course that was successfully completed. Such 36 37 individual shall not be required to file an original application for 38 certification as an emergency medical technician or emergency medical 39 responder.

40 (e) Failure to successfully complete either an advanced emergency
41 medical technician transition course, an emergency medical technician
42 transition course or emergency medical responder transition course will
43 result in loss of certification.

1 (c) (f) Upon transition, notwithstanding any other provision of law 2 to the contrary, an advanced emergency medical technician may:

3 (1) Perform any of the activities identified by K.S.A. 65-6121, and 4 amendments thereto; and

5 (2) any of the following interventions, by use of the devices, 6 medications and equipment, or any combination thereof, as specifically 7 identified in rules and regulations, after successfully completing an 8 approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or 9 upon order when direct communication is maintained by radio, 10 telephone or video conference with a physician, physician assistant 11 where authorized by a physician, an advanced registered nurse 12 practitioner where authorized by a physician, or licensed professional 13 nurse where authorized by a physician upon order of such a person: (A) 14 Continuous positive airway pressure devices; (B) advanced airway 15 16 management; (C) referral of patient of alternate medical care site based on assessment; (D) transportation of a patient with a capped arterial 17 18 line; (E) veni-puncture for obtaining blood sample; (F) initiation and 19 maintenance of intravenous infusion or saline lock; (G) initiation of 20 intraosseous infusion; (H) nebulized therapy; (I) manual defibrillation 21 and cardioversion; (J) cardiac monitoring; (K) medication administration 22 viaECG interpretation; (L) administration of generic or trade name 23 medications by one or more of the following methods: (i) Aerosolization; (ii) nebulization; (iii) intravenous; (iv) intranasal; (v) rectal; (vi) 24 25 subcutaneous; (vii) intraosseous; (viii) intramuscular; or (ix) 26 sublingual.

27 (f) (g) An individual who holds a valid certificate as both an 28 emergency medical technician-intermediate and as an emergency 29 medical technician-defibrillator once successfully completing the board prescribed transition course, and validation of cognitive and 30 31 psychomotor competency as determined by rules and regulations of the 32 board, may apply to transition to an advanced emergency medical 33 technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an advanced emergency medical 34 35 technician under this act, provided such individual has completed all 36 continuing education hour requirements inclusive of successful completion 37 of a transition course, and such individual shall not be required to file an 38 original application for certification as an advanced emergency medical 39 technician under this act.

40 (g) (h) "Renewal" as used in subsection (f), refers to the first or 41 second opportunity after December 31, 2011, that an emergency medical 42 technician-intermediate and emergency medical technician-defibrillator 43 has to apply for renewal of a certificate following the effective date of 1 this act.

2 (h) (i) Emergency medical technician-intermediate and emergencymedical technician-defibrillator who fail to meet the transition-3 requirements as specified will be required, at a minimum, to gain the-4 continuing education applicable to emergency medical technician as-5 defined by rules and regulations of the board. Failure to do so will result in 6 7 loss of certification. An individual who holds both an emergency medical 8 technician-intermediate certificate and an emergency medical techniciandefibrillator certificate, who fails to meet the transition requirements as 9 specified may complete either the board prescribed emergency medical 10 technician transition course or emergency medical responder transition 11 course, and provide validation of cognitive and psychomotor competency 12 and all continuing education hour requirements inclusive of successful 13 completion of a transition course as determined by rules and regulations 14 of the board. Upon completion, such individual may apply to transition to 15 become an emergency medical technician or emergency medical 16 responder, depending on the transition course that was successfully 17 completed. Alternatively, upon application for renewal of an emergency 18 medical technician-intermediate certificate and an emergency medical 19 technician-defibrillator certificate, the applicant shall be renewed as an 20 emergency medical technician or an emergency medical responder, 21 depending on the transition course that was successfully completed. Such 22 individual shall not be required to file an original application for 23 24 certification as an emergency medical technician or emergency medical 25 responder.

(j) Failure to successfully complete either the advanced emergency 26 medical technician transition requirements, an emergency medical 27 technician transition course or the emergency medical responder 28 29 transition course will result in loss of certification.

Sec. 7. K.S.A. 2010 Supp. 65-6121 is hereby amended to read as 30 follows: 65-6121. (a) Notwithstanding any other provision of law to the 31 contrary, an emergency medical technician may perform any of the 32 following activities: 33

34 (1) Patient assessment and vital signs;

35 (2) airway maintenance including the use of: 36

(A) Oropharyngeal and nasopharyngeal airways;

esophageal obturator airways with or without gastric suction 37 **(B)** 38 device:

- 39 multi-lumen airway; and (C)
- oxygen demand valves. 40 (D)
- 41 (3) Oxygen therapy;

oropharyngeal suctioning; 42 (4)

cardiopulmonary resuscitation procedures; 43 (5)

1 (6) control accessible bleeding;

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(7) apply pneumatic anti-shock garment; 3

(8) manage outpatient medical emergencies;

(9) *extricate patients and utilize lifting and moving techniques;*

(10) manage musculoskeletal and soft tissue injuries including 5 dressing and bandaging wounds or the splinting of fractures, 6 7 dislocations, sprains or strains;

(11) use of backboards to immobilize the spine;

administer activated charcoal and glucose; (12)

10 (13) monitor peripheral intravenous line delivering intravenous fluids during interfacility transport with the following restrictions: 11

The physician approves the transfer by an emergency medical 12 (A)13 technician;

(B) no medications or nutrients have been added to the intravenous 14 fluids; and 15

16 the emergency medical technician may monitor, maintain and (C) shut off the flow of intravenous fluid; 17

(14) use automated external defibrillators;

(15) administer epinephrine auto-injectors provided that:

The emergency medical technician successfully completes a 20 (A) 21 course of instruction approved by the board in the administration of 22 epinephrine; and

23 (B) the emergency medical technician serves with an ambulance 24 service or a first response organization that provides emergency medical 25 services; and

26 (C) the emergency medical technician is acting pursuant to medical 27 protocols;

28 (16) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such 29 activities by medical protocols; or 30

31 when authorized by medical protocol, assist the patient in the (17) administration of the following medications which have been prescribed 32 for that patient: Auto-injection epinephrine, sublingual nitroglycerin 33 and inhalers for asthma and emphysema. 34

(b) An individual who holds a valid certificate as an emergency 35 medical technician at the current basic level once successfully 36 37 completing the board prescribed transition course, and validation of 38 cognitive and psychomotor competency as determined by rules and 39 regulations of the board, may apply to transition to become an emergency medical technician. Alternatively, upon application for renewal, such 40 individual shall be deemed to hold a certificate as an emergency medical 41 technician under this act, provided such individual has completed all 42 43 continuing education hour requirements inclusive of successful completion

of a transition course, and such individual shall not be required to file an
 original application for certification as an emergency medical
 technician under this act.

4 (c) "Renewal" as used in subsection (b); refers to the first 5 opportunity after December 31, 2011, that an emergency medical 6 technician has to apply for renewal of a certificate following the 7 effective date of this act.

8 (d) Emergency medical technicians who fail to meet the transition requirements as specified will be required, at a minimum, to gain the-9 continuing education applicable to emergency medical responder as 10 defined by rules and regulations of the board. Failure to do so will result in 11 12 loss of certification.may successfully complete the board prescribed emergency medical responder transition course, provide validation of 13 14 cognitive and psychomotor competency and all continuing education hour 15 requirements inclusive of the successful completion of a transition course 16 as determined by rules and regulations of the board. Alternatively, upon 17 application for renewal of an emergency medical technician certificate, the applicant shall be deemed to hold a certificate as an emergency 18 19 medical responder under this act, and such individual shall not be 20 required to file an original application for certification as an emergency 21 medical responder.

(e) Failure to successfully complete either an emergency medical
 technician transition course or emergency medical responder transition
 course will result in loss of certification.

25 (e) (f) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any 26 activities identified in K.S.A. 65-6144, and amendments thereto, and any 27 28 of the following interventions, by use of the devices, medications and 29 equipment, or any combination thereof, after successfully completing an approved course of instruction, local specialized device training and 30 competency validation and when authorized by medical protocols, or 31 32 upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician 33 assistant when authorized by a physician, an advanced registered nurse 34 practitioner when authorized by a physician or a licensed professional 35 36 nurse when authorized by a physician, upon order of such person:

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 - (1) Airway maintenance including use of:
 - 38 (A) Single lumen airways as approved by the board;
 - 39 (B) multilumen airways;
 - 40 (C) ventilator devices;
 - 41 (D) forceps removal of airway obstruction;
 - 42 (E) CO2 monitoring;
 - 43 (F) airway suctioning;

- 1 (2) apply pneumatic anti-shock garment;
- 2 (3) assist with childbirth;
- 3 (4) monitoring urinary catheter;
- 4 (5) capillary blood sampling;
 - (6) cardiac monitoring;

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- 6 (7) administration of patient assisted medications as approved by 7 the board;
- 8 (8) administration of medications as approved by the board by 9 appropriate routes; and
- (9) monitor, maintain or discontinue flow of IV line if a physician
 approves transfer by an emergency medical technician.
- 12 Sec. 8. K.S.A. 2010 Supp. 65-6123 is hereby amended to read as 13 follows: 65-6123. (a) Notwithstanding any other provision of law to the 14 contrary, an emergency medical technician-defibrillator may:
- 15 (1) Perform any of the activities identified in K.S.A. 65-6121, and 16 amendments thereto;
- 17 (2) when approved by medical protocols and/or where voice contact 18 by radio or telephone is monitored by a physician, physician assistant 19 where authorized by a physician, advanced registered nurse practitioner 20 where authorized by a physician, or licensed professional nurse where 21 authorized by a physician, and direct communication is maintained, 22 upon order of such person, may perform electrocardiographic 23 monitoring and defibrillation;
- (3) perform, during an emergency, those activities specified in
 subsection (b) before contacting the persons identified in subsection (b)
 when specifically authorized to perform such activities by medical
 protocols; or
- (4) perform, during nonemergency transportation, those activities
 specified in this section when specifically authorized to perform such
 activities by medical protocols.
- 31 (b) An individual who holds a valid certificate as an emergency medical technician-defibrillator once successfully completing an 32 emergency medical technician-intermediate, initial course of instruction 33 34 and the board prescribed transition course, and validation of cognitive 35 and psychomotor competency as determined by rules and regulations of 36 the board, may apply to transition to become an advanced emergency 37 medical technician. Alternatively, upon application for renewal, such 38 individual shall be deemed to hold a certificate as an advanced 39 emergency medical technician under this act, provided such individual 40 has completed all continuing education hour requirements inclusive of successful completion of a transition course, and such individual shall 41 not be required to file an original application for certification as an 42 43 advanced emergency medical technician under this act.

"Renewal" as used in subsection (b), refers to the second 1 (c) opportunity after December 31, 2011, that an attendant has to apply for 2 3 renewal of a certificate following the effective date of this act.

(d) EMT-D attendants who fail to meet the transition requirements 4 as specified will be required, at a minimum, to gain the continuing-5 education applicable to emergency medical technician as defined by rules 6 7 and regulations of the board. Failure to do so will result in loss of-8 certification. may complete either the board prescribed emergency medical technician transition course or emergency medical responder transition 9 course, provide validation of cognitive and psychomotor competency 10 provided such individual has completed all continuing education hour 11 12 requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the board. Upon completion, 13 such emergency medical technician-defibrillator may apply to transition 14 to become an emergency medical technician or an emergency medical 15 16 responder, depending on the transition course that was successfully completed. Alternatively, upon application for renewal of an emergency 17 medical technician-defibrillator certificate, the applicant shall be renewed 18 19 as an emergency medical technician or an emergency medical responder. 20 depending on the transition course that was successfully completed. Such individual shall not be required to file an original application for 21 certification as an emergency medical technician or emergency medical 22 23 responder.

24 (e) Failure to complete either the advanced emergency medical 25 technician transition requirements, an emergency medical technician transition course or an emergency medical responder transition course 26 27 will result in loss of certification.

28 Sec. 9. K.S.A. 65-6126 is hereby amended to read as follows: 65-6126. Each emergency medical service shall have a medical 29 adviserdirector appointed by the operator of the service to review, and 30 implement medical protocols, approve and monitor the activities and 31 education of the attendants. The board may approve an alternative 32 33 procedure for medical oversight if no medical adviserdirector is 34 available.

35 Sec. 10. K.S.A. 2010 Supp. 65-6129 is hereby amended to read as follows: 65-6129. (a) Application for an attendant's certificate shall be 36 37 made to the board. The board shall not grant an attendant's certificate 38 unless the applicant meets the following requirements:

39 (1) (A) Has successfully completed coursework required by the rules and regulations adopted by the board; or 40

41 (B) has successfully completed coursework in another jurisdiction that is substantially equivalent to that required by the rules and 42 43 regulations adopted by the board; and

1 (2) (A) has passed the examination required by the rules and 2 regulations adopted by the board; or

3 (B) has passed the certification or licensing examination in another 4 jurisdiction that has been approved by the board-; and

5 (3) has paid a fee required by the rules and regulations adopted by 6 the board.

7 (b) (1) The board shall not grant a temporary attendant's certificate 8 unless the applicant meets the following requirements:

9 (A) If the applicant is certified or licensed as an attendant in another jurisdiction, but the applicant's coursework is determined not to be substantially equivalent to that required by the board, such temporary certificate shall be valid for one year from the date of issuance or until the applicant has completed the required coursework, whichever occurs first; or

15 (B) if the applicant has completed the required coursework, has 16 taken the required examination, but has not received the results of the 17 examination, such temporary certificate shall be valid for 120 days from 18 the date of the examination.

(2) An applicant who has been granted a temporary certificate shall
be under the direct supervision of a physician, a physician's assistant, a
professional nurse or an attendant holding a certificate at the same level
or higher than that of the applicant.

(c) The board shall not grant an initial emergency medical
 technician-intermediate certificate, advanced emergency medical
 technician certificate, mobile intensive care technician certificate or
 paramedic certificate as a result of successful course completion in the
 state of Kansas, unless the applicant for such an initial certificate is
 certified as an emergency medical technician.

(d) An attendant's certificate shall expire on the date prescribed by
the board. An attendant's certificate may be renewed for a period of two
years upon payment of a fee as prescribed by rule and regulation of the
board and upon presentation of satisfactory proof that the attendant has
successfully completed continuing education as prescribed by the board.

(e) All fees received pursuant to the provisions of this section shall
be remitted to the state treasurer in accordance with the provisions of
K.S.A. 75-4215, and amendments thereto. Upon receipt of each such
remittance, the state treasurer shall deposit the entire amount in the
state treasury to the credit of the emergency medical services operating
fund established by K.S.A. 65-6151, and amendments thereto.

40 *(f)* If a person who was previously certified as an attendant applies 41 for an attendant's certificate after the certificate's expiration, the board 42 may grant a certificate without the person completing an initial course 43 of instruction or passing a certification examination if the person has

completed education requirements and has paid a fee as specified in
 rules and regulations adopted by the board.

3 (g) The board shall adopt, through rules and regulations, a formal 4 list of graduated sanctions for violations of article 61 of chapter 65 of 5 the Kansas Statutes Annotated, and amendments thereto, which shall 6 specify the number and severity of violations for the imposition of each 7 level of sanction.

8 Sec. 11. K.S.A. 65-6132 is hereby amended to read as follows: 65-9 6132. (a) An operator's permit may be denied, revoked, limited, modified 10 or suspended by the board upon proof that such operator or any agent or 11 employee thereof:

(1) Has been guilty of misrepresentation in obtaining the permit or
 in the operation of the ambulance service;

14 (2) has engaged or attempted to engage in, or represented 15 themselves as entitled to perform, any ambulance service not authorized 16 in the permit;

(3) has demonstrated incompetence as defined by rules and
regulations adopted by the board or has shown themselves otherwise
unable to provide adequate ambulance service;

20 (4) has failed to keep and maintain the records required by the 21 provisions of this act, or the rules and regulations promulgated-22 thereunderadopted by the board, or has failed to make reports when and 23 as required;

(5) has knowingly operated faulty or unsafe equipment; or

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(6) has violated or aided and abetted in the violation of any
 provision of this act or the rules and regulations promulgated—
 thereunder.adopted by the board; or

(7) has engaged in unprofessional conduct as defined by rules and
 regulations adopted by the board.

30 (b) The board shall not limit, modify, revoke or suspend any 31 operator's permit pursuant to this section without first conducting a 32 hearing in accordance with the provisions of the administrative 33 procedure act.

Sec. 12. K.S.A. 65-6133 is hereby amended to read as follows: 65-6133. (a) An attendant's, or instructor-coordinator's or training officer's certificate may be denied, revoked, limited, modified or suspended by the board or the board may refuse to renew such certificate upon proof that such individual:

39 (1) Has made intentional misrepresentations in obtaining a 40 certificate or renewing a certificate;

41 (2) has performed or attempted to perform activities not authorized
42 by statute at the level of certification held by the individual;

43 (3) has demonstrated incompetence as defined by rules and

regulations adopted by the board or has provided inadequate patient
 care as determined by the board;

3 (4) has violated or aided and abetted in the violation of any 4 provision of this act or the rules and regulations promulgated 5 thereunder;

6 (5) has been convicted of a felony and, after investigation by the 7 board, it is determined that such person has not been sufficiently 8 rehabilitated to warrant the public trust;

9 (6) has demonstrated an inability to perform authorized activities 10 with reasonable skill and safety by reason of illness, alcoholism, 11 excessive use of drugs, controlled substances or any physical or mental 12 condition; or

(7) has engaged in unprofessional conduct, as defined by rules and
 regulations adopted by the board-; or

(8) has had a certificate, license or permit to practice emergency 15 16 medical services as an attendant denied, revoked, limited or suspended or 17 has been publicly or privately censured, by a licensing or other regulatory 18 authority of another state, agency of the United States government, 19 territory of the United States or other country or has had other disciplinary action taken against the applicant or holder of a permit, 20 21 license or certificate by a licensing or other regulatory authority of 22 another state, agency of the United States government, territory of the 23 United States or other country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or 24 25 other disciplinary action of the licensing or other regulatory authority of another state, agency of the United States government, territory of the 26 United States or other country shall constitute prima facie evidence of 27 28 such a fact for purposes of this paragraph.

(b) The board may limit, modify, revoke or suspend an attendant's
or instructor-coordinator's certificate or the board may refuse to renew
such certificate in accordance with the provisions of the Kansas
administrative procedure act.

33 Sec. 13. K.S.A. 2010 Supp. 65-6144 is hereby amended to read as 34 follows: 65-6144. (a) A first responder may perform any of the following 35 activities:

(1) Initial scene management including, but not limited to, gaining
 access to the individual in need of emergency care, extricating, lifting
 and moving the individual;

39 (2) cardiopulmonary resuscitation and airway management;

40 (3) control of bleeding;

41 *(4) extremity splinting excluding traction splinting;*

42 (5) stabilization of the condition of the individual in need of 43 emergency care; 1 (6) oxygen therapy;

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(7) use of oropharyngeal airways;

3 (8) use of bag valve masks;

(9) use automated external defibrillators; and

5 (10) other techniques of preliminary care a first responder is 6 trained to provide as approved by the board.

7 (b) An individual who holds a valid certificate as a first responder, 8 once completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and 9 regulations of the board, may apply to transition to become an emergency 10 medical responder. Alternatively, upon application for renewal of such 11 certificate, such individual shall be deemed to hold a certificate as an 12 emergency medical responder under this act, provided such individual 13 has completed all continuing education hour requirements inclusive of a 14 15 transition course and such individual shall not be required to file an 16 original application for certification as an emergency medical responder 17 under this act

18 (c) "Renewal" as used in subsection (b), refers to the first 19 opportunity after December 31, 2011, that an attendant has to apply for 20 renewal of a certificate following the effective date of this act.

21 (d) First responder attendants who fail to meet the transition 22 requirements as specified will forfeit their certification.

23 Upon transition, notwithstanding any other provision of law to (e) the contrary, an emergency medical responder may perform any of the 24 25 following interventions, by use of the devices, medications and equipment, or any combination thereof, after successfully completing an 26 approved course of instruction, local specialized device training and 27 28 competency validation and when authorized by medical protocols, or 29 upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician 30 31 assistant when authorized by a physician, an advanced registered nurse 32 practitioner when authorized by a physician or a licensed professional 33 nurse when authorized by a physician, upon order of such person: (1) 34 Emergency vehicle operations; (2) initial scene management; (3) patient 35 assessment and stabilization; (4) cardiopulmonary resuscitation and 36 airway management; (5) control of bleeding; (6) extremity splinting; (7) 37 spinal immobilization; (8) oxygen therapy; (9) use of bag-valve-mask; 38 (10) use of automated external defibrillator; (11) nebulizer therapy; (12) 39 intramuscular injections with auto-injector; (13) administration of oral glucose; (14) administration of aspirin; (15) recognize and comply with 40 41 advanced directives; (16) insertion and maintenance of oral and nasal pharyngeal airways; (17) use of blood glucose monitoring; and (18) 42 43 other techniques and devices of preliminary care an emergency medical

1 responder is trained to provide as approved by the board.]

2 [Sec. 14. K.S.A. 2010 Supp. 75-5664 is hereby amended to read as 3 follows: 75-5664. (a) There is hereby established an advisory committee 4 on trauma. The advisory committee on trauma shall be advisory to the 5 secretary of health and environment and shall be within the division of 6 health of the department of health and environment as a part thereof.

7 (b) On July 1, 2001, the advisory committee on trauma in existence 8 immediately prior to July 1, 2001, is hereby abolished and a new advisory committee on trauma is created in accordance with this section. The terms 9 of all members of the advisory committee on trauma in existence prior to 10 July 1, 2001, are hereby terminated. On and after July 1, 2001, The 11 advisory committee on trauma shall be composed of 24 members 12 representing both rural and urban areas of the state appointed as 13 14 follows:

15 (1) Two members shall be persons licensed to practice medicine and 16 surgery appointed by the governor. At least 30 days prior to the 17 expiration of terms described in this section, for each member to be 18 appointed under this section, the Kansas medical society shall submit to 19 the governor a list of three names of persons of recognized ability and 20 qualification. The governor shall consider such listslist of persons in 21 making appointments to the board under this paragraph.

(2) One member shall be licensed to practice osteopathic medicine appointed by the governor. At least 30 days prior to the expiration of the term of the member appointed under this section, the Kansas association of osteopathic medicine shall submit to the governor a list of three persons of recognized ability and qualification. The governor shall consider such list of persons in making appointments to the board under this paragraph.

(3) Three members shall be representatives of hospitals appointed by the governor. At least 30 days before the expiration of terms described in this section, for each member to be appointed under this section, the Kansas hospital association shall submit to the governor a list of three names of persons of recognized ability and qualification. The governor shall consider such listslist of persons in making appointments to the board under this paragraph.

36 Two members shall be licensed professional nurses specializing (4) 37 in trauma care or emergency nursing appointed by the governor. At least 38 30 days before the expiration of terms described in this section, for each 39 member to be appointed under this section, the Kansas state nurses 40 association shall submit to the governor a list of three names of persons of recognized ability and qualification. The governor shall consider such 41 listslist of persons in making appointments to the board under this 42 43 paragraph.

Two members shall be attendants as defined in K.S.A. 65-6112, 1 (5) 2 and amendments thereto, who are on the roster of an ambulance service permitted by the board of emergency medical services. At least 30 days 3 prior to the expiration of one of these positions, the Kansas emergency 4 medical services association shall submit to the governor a list of three 5 persons of recognized ability and qualification. The governor shall 6 7 consider such list of persons in making this appointment to the board. For the other member appointed under this section, at least 30 days 8 prior to the expiration of the term of such member, the Kansas 9 emergency medical technician association shall submit a list of three 10 persons of recognized ability and qualification. The governor shall 11 consider such list of persons in making appointments to the board under 12 13 this paragraph.

Two members shall be administrators of ambulance services, 14 (6) one rural and one urban, appointed by the governor. At least 30 days 15 16 prior to the expiration of the terms of such members, the Kansas emergency medical services association and Kansas emergency medical 17 technician association in consultation shall submit to the governor a list 18 19 of four persons of recognized ability and qualification. The governor shall consider such list of persons in making this appointment to the 20 21 board under this paragraph.

22 (7) Six members shall be representatives of regional trauma 23 councils, one per council, appointed by the governor. At least 30 days 24 prior to the expiration of one of these positions, the relevant regional 25 trauma council shall submit to the governor a list of three persons of 26 recognized ability and qualification. The governor shall consider such 27 listslist of persons in making these appointments to the board.

(8) The secretary of health and environment or the secretary's
 designee of an appropriately qualified person shall be an ex officio
 representative of the department of health and environment.

31 (9) The chairperson of the board of emergency medical services or 32 the chairperson's designee shall be an ex officio member.

(10) Four legislators selected as follows shall be members: The chairperson and ranking minority member or their designees of the committee on health and human services of the house of representatives, and the chairperson and ranking minority member or their designees from the committee on public health and welfare of the senate shall be members.

(c) All members shall be residents of the state of Kansas. Particular
attention shall be given so that rural and urban interests and geography
are balanced in representation. Organizations that submit lists of names
to be considered for appointment by the governor under this section
shall insure that names of people who reside in both rural and urban

areas of the state are among those submitted. At least one person from 1 each congressional district shall be among the members. Of the 2 members appointed under paragraphs (1) through (7) of subsection (b), 3 six shall be appointed to initial terms of two years; six shall be appointed 4 to initial terms of three years; and six shall be appointed to initial terms 5 6 of four years. Thereafter members shall serve terms of four years and 7 until a successor is appointed and qualified. In the case of a vacancy in the membership of the advisory committee, the vacancy shall be filled for 8 the unexpired term in like manner as that provided in subsection (b). 9

(d) The advisory committee shall meet quarterly and at the call of 10 the chairperson or at the request of a majority of the members. At the 11 first meeting of the advisory committee after July 1 each year, the 12 members shall elect a chairperson and vice-chairperson who shall serve 13 for terms of one year. The vice-chairperson shall exercise all of the 14 powers of the chairperson in the absence of the chairperson. The-15 16 chairperson and vice-chairperson serving on the effective date of this act 17 shall be among the members appointed to the advisory committee under subsection (b) and shall continue to serve as chairperson and vice-18 19 chairperson of the advisory committee until the first meeting of the advisory committee after July 1, 2002. 20

(e) The advisory committee shall be advisory to the secretary of
 health and environment on all matters relating to the implementation
 and administration of this act.

(f) All members of the advisory committee, when acting in their
official capacity under this act, shall be considered peer review officers
for all purposes of K.S.A. 65-4915, and amendments thereto.

27 (f)(g) Members of the advisory committee attending meetings of the 28 advisory committee or attending a subcommittee of the advisory 29 committee or other authorized meeting of the advisory committee shall 30 not be paid compensation but shall be paid amounts provided in 31 subsection (e) of K.S.A. 75-3223, and amendments thereto.

32 Sec. 15. K.S.A. 2010 Supp. 75-5665 is hereby amended to read as 33 follows: 75-5665. The secretary of health and environment, after 34 consultation with and consideration of recommendations from the 35 advisory committee, shall:

(a) Develop rules and regulations necessary to carry out the
provisions of this act, including fixing, charging and collecting fees
from trauma facilities to recover all or part of the expenses incurred in
the designation of trauma facilities pursuant to subsection (f) of this
section;

(b) develop a statewide trauma system plan including the
establishment of regional trauma councils, using the 19982001 Kansas
EMS-trauma systems plan study as a guide and not more restrictive than

1 state law. The secretary shall ensure that each council consist of at least

six members. Members of the councils shall consist of persons chosen 2 for their expertise in and commitment to emergency medical and trauma 3

4 services. All members of regional trauma councils, when acting in their 5 official capacity under this act, shall be considered peer review officers for all purposes of K.S.A. 65-4915, and amendments thereto. Such 6 7 members shall be chosen from the region and include prehospital personnel, physicians, nurses and hospital personnel involved with the 8 emergency medical and trauma services and a representative of a county 9 10 health department. The plan should:

(1) Maximize local and regional control over decisions relating to 11 12 trauma care: 13

(2) *minimize bureaucracy*;

(3) adequately protect the confidentiality of proprietary and 14 personal health information; 15

(4) promote cost effectiveness;

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(5) encourage participation by groups affected by the system;

18 (6) emphasize medical direction and involvement at all levels of the 19 system;

20 (7) rely on accurate data as the basis for system planning and 21 development; and

(8) facilitate education of health care providers in trauma care;

23 (c) plan, develop and administer a trauma registry to collect and analyze data on incidence, severity and causes of trauma and other 24 25 pertinent information which may be used to support the secretary's decision-making and identify needs for improved trauma care; 26

(d) provide all technical assistance to the regional councils as 27 28 necessary to implement the provisions of this act;

29 (e) collect data elements for the trauma registry that are consistent with the recommendations of the American college of surgeons 30 31 committee on trauma and centers for disease control;

32 (f) designate trauma facilities by level of trauma care capabilities 33 after considering the American college of surgeons committee on 34 trauma standards and other states' standards except that trauma level 35 designations shall not be based on criteria that place practice limitations 36 on registered nurse anesthetists which are not required by state law;

37 (g) develop a phased-in implementation schedule for each 38 component of the trauma system, including the trauma registry, which 39 considers the additional burden placed on the emergency medical and 40 trauma providers;

(h) develop standard reports to be utilized by the regional trauma 41 councils and those who report data to the registry in performing their 42 43 functions;

(i) assess the fiscal impact on all components of the trauma system,
 and thereafter recommend other funding sources for the trauma system
 and trauma registry;

4 (j) prepare and submit an annual budget in accordance with the 5 provisions of this act. Such budget shall include costs for the provision 6 of technical assistance to the regional trauma councils and the cost of 7 developing and maintaining the trauma registry and analyzing and 8 reporting on the data collected; and

9 (k) enter into contracts as deemed necessary to carry out the duties 10 and functions of the secretary under this act.]

11 [Sec.<u>∃.</u> [16.] K.S.A. 8-305 is [, 65-6102, 65-6110, 65-6126, 65-6132
12 and 65-6133 and K.S.A. 2010 Supp. 65-6112, 65-6120, 65-6121, 65-6123,
13 65-6129 and 65-6144 and K.S.A. 2010 Supp. 75-5664 and 75-5665 are]
14 hereby repealed.]

15 Sec. 3.2.[4]/[17.] This act shall take effect and be in force from and 16 after its publication in the statute book.

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