As Amended by Senate Committee

Session of 2011

SENATE BILL No. 216

By Committee on Ways and Means

2-21

| 1 | AN ACT concerning emergency medical services; amending K.S.A. 65- |
|---|---|
| 2 | 6102, 65-6110, 65-6126, 65-6132 and 65-6133 and K.S.A. 2010 Supp. |
| 3 | 65-6112, 65-6120, 65-6121, 65-6123, [65-6124,] 65-6129 and 65-6144 |
| 1 | and repealing the existing sections. |

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Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 65-6102 is hereby amended to read as follows: 65-6102. (a) There is hereby established the emergency medical services board. The office of the emergency medical services board shall be located in the city of Topeka, Kansas.

- (b) The emergency medical services board shall be composed of 13 15 members to be appointed as follows:
- (1) Nine Eleven members shall be appointed by the governor. Of such members:
- (A) One Three shall be a member of the Kansas medical society physicians who is are actively involved in emergency medical services;
- (B) two shall be county commissioners of counties making a levy for ambulance service, at least one of whom shall be from a county having a population of less than 15,000;
 - (C) one shall be an instructor-coordinator;
- (D) one shall be a hospital administrator actively involved in emergency medical services;
 - (E) one shall be a member of a firefighting unit which provides emergency medical service; and
- (\bar{F}) three shall be attendants who are actively involved in emergency medical service. At least two classifications of attendants shall be represented. At least one of such members shall be from a volunteer emergency medical service; and
 - (2) four members shall be appointed as follows:
- 30 (A) One shall be a member of the Kansas senate to be appointed by the president of the senate; 32 (B) one shall be a member of the Kansas senate to be appointed by
 - (B) one shall be a member of the Kansas senate to be appointed by the minority leader of the senate;
 - (C) one shall be a member of the Kansas house of representatives to

 be appointed by the speaker of the house of representatives; and

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

All members of the board shall be residents of the state of Kansas. Appointments to the board shall be made with due consideration that representation of the various geographical areas of the state is ensured. The governor may remove any member of the board upon recommendation of the board. Any person appointed to a position on the board shall forfeit such position upon vacating the office or position 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 appointed for terms of one year, three for terms of two years, three for terms of three years and three for terms of four years. Of the two additional physician members appointed by the governor [on and] after July 1, 2011, one shall be appointed for a term of three years and one shall be appointed for a term of four years. Thereafter, members shall be appointed for terms of four years and until their successors are appointed and qualified. In the case of a vacancy in the membership of the board, the vacancy shall be filled for the unexpired term.
- (d) The board shall meet at least six times annually and at least once each quarter and at the call of the chairperson or at the request of the administrator of the emergency medical services board or of any six 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 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 chairperson. If a vacancy occurs in the office of the chairperson or vice-chairperson, the board shall fill such vacancy by election of one of its members to serve the unexpired term of such office. Members of the board attending meetings of the board or attending a subcommittee meeting thereof authorized by the board shall be paid compensation, subsistence allowances, mileage and other expenses as provided in 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.

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

- (b) The provisions of this act shall not apply to rescue vehicles operated by a fire department.
- Sec.—2. 3. K.S.A. 2010 Supp. 65-6112 is hereby amended to read as 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.
- (c) "Advanced registered nurse practitioner" means an advanced registered nurse practitioner as defined in K.S.A. 65-1113, and 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.
- (g) "Board" means the emergency medical services board 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.

- (i) "Emergency medical technician" means a person who holds an emergency medical technician certificate issued pursuant to this act.
- (j) "Emergency medical technician-defibrillator" means a person who holds an emergency medical technician-defibrillator certificate issued pursuant to this act.
- (k) "Emergency medical technician-intermediate" means a person who holds an emergency medical technician-intermediate certificate issued pursuant to this act.
- (l) "Emergency medical technician-intermediate/defibrillator" means a person who holds both an emergency medical technician-intermediate and emergency medical technician defibrillator certificate issued pursuant to this act.
- (m) "Emergency medical responder" means a person who holds an emergency medical responder certificate issued pursuant to this act.
- (n) "First responder" means a person who holds a first responder certificate issued pursuant to this act.
- (o) "Hospital" means a hospital as defined by K.S.A. 65-425, and amendments thereto.
- (p) "Instructor-coordinator" means a person who is certified under this act to teach initial eourses of certification of instruction [certification] and continuing education classes.
 - (q) "Medical adviser director" means a physician.
- (r) "Medical protocols" mean written guidelines which authorize attendants to perform certain medical procedures prior to contacting a physician, physician assistant authorized by a physician, advanced registered nurse practitioner authorized by a physician or professional nurse authorized by a physician. The medical protocols shall be approved by a county medical society or the medical staff of a hospital to which the ambulance service primarily transports patients, or if neither of the above are able or available to approve the medical protocols, then the medical protocols shall be submitted to the medical advisory council 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.
- (v) "Operator" means a person or municipality who has a permit to operate an ambulance service in the state of Kansas.

- (w) "Paramedic" means a person who holds a paramedic certificate issued pursuant to this act.
 - (x) "Person" means an individual, a partnership, an association, a joint-stock company or a corporation.
 - (y) "Physician" means a person licensed by the state board of healing arts to practice medicine and surgery.
 - (z) "Physician assistant" means a person who is licensed under the physician assistant licensure act and who is acting under the direction of 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.
- Sec. 3. 4. K.S.A. 2010 Supp. 65-6120 is hereby amended to read as follows: 65-6120. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician-intermediate may:
- (1) Perform any of the activities identified by K.S.A. 65-6121, and amendments thereto;
- (2) when approved by medical protocols and or where voice contact by radio or telephone is monitored by a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician or licensed professional nurse where authorized by a physician, and direct communication is maintained, upon order of such person, may perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions or ringers lactate IV solutions, endotracheal intubation and administration of nebulized albuterol;
- (3) perform, during an emergency, those activities specified in subsection (a)(2) before contacting the persons identified in subsection (a) (2) 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.

- (b) An individual who holds a valid certificate as an emergency medical technician-intermediate once *successfully* completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, *may apply to transition to become an advanced emergency medical technician*. *Alternatively,* upon application for renewal, *such individual* shall be deemed to hold a certificate as an advanced emergency medical technician under this act, *provided such individual has completed all continuing education hour requirements inclusive of the successful completion of a transition course* and such individual shall not be required to file an original application for certification as an advanced emergency medical technician under this act.
- (c) "Renewal" as used in subsection (b), refers to the *first or* second opportunity *after December 31, 2011*, that an emergency medical technician-intermediate has to apply for renewal of a certificate following the effective date of this act.
- (d) Emergency medical technician-intermediates who fail to meet the transition requirements as specified will be required, at a minimum, to gain the continuing education applicable to emergency medical technician asdefined by rules and regulations of the board. Failure to do so will result in loss of certification. may complete either the board prescribed emergency medical technician transition course or emergency medical responder transition course, provide validation of cognitive and psychomotor competency and all continuing education hour requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the board. Upon completion, such emergency medical technician-intermediate may apply to transition to become an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Alternatively, upon application for renewal of an emergency medical technician-intermediate certificate, the applicant shall be renewed as an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Such individual shall not be required to file an original application for certification as an emergency medical technician or emergency medical responder.
- (e) Failure to successfully complete either an advanced emergency medical technician transition course, an emergency medical technician transition course or emergency medical responder transition course will result in loss of certification.
- (e) (f) Upon transition, notwithstanding any other provision of law to the contrary, an advanced emergency medical technician may:
 - (1) Perform any of the activities identified by K.S.A. 65-6121, and

amendments thereto; and

- (2) any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, as specifically identified in rules and regulations, after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or upon order when direct communication is maintained by radio, telephone or video conference with a physician, physician assistant where authorized by a physician, an advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician upon order of such a person: (A) Continuous positive airway pressure devices; (B) advanced airway management; (C) referral of patient of alternate medical care site based on assessment; (D) transportation of a patient with a capped arterial line; (E) veni-puncture for obtaining blood sample; (F) initiation and maintenance of intravenous infusion or saline lock; (G) initiation of intraosseous infusion; (H) nebulized therapy; (I) manual defibrillation and cardioversion; (J) cardiac monitoring; (K) medication administration via ECG [electrocardiogram] interpretation; (L) administration of generic or trade name medications by one or more of the following methods: (i) Aerosolization; (ii) nebulization; (iii) intravenous; (iv) intranasal; (v) rectal; (vi) subcutaneous; (vii) intraosseous; (viii) intramuscular; or (ix) sublingual.
- (f) (g) An individual who holds a valid certificate as both an emergency medical technician-intermediate and as an emergency medical technician-defibrillator once successfully completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to an advanced emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an advanced emergency medical technician under this act, provided such individual has completed all 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 advanced emergency medical technician under this act.
- (g) (h) "Renewal" as used in subsection (f)[(g)], refers to the *first or* second opportunity *after December 31, 2011*, that an emergency medical technician-intermediate and emergency medical technician-defibrillator has to apply for renewal of a certificate following the effective date of this act.
- (h) (i) Emergency medical technician-intermediate and emergency medical technician-defibrillator who fail to meet the transition requirements as specified will be required, at a minimum, to gain the

continuing education applicable to emergency medical technician as-1 defined by rules and regulations of the board. Failure to do so will result in 2 loss of certification. An individual who holds both an emergency medical 3 technician-intermediate certificate and an emergency medical technician-4 defibrillator certificate, who fails to meet the transition requirements as 5 6 specified may complete either the board prescribed emergency medical 7 technician transition course or emergency medical responder transition 8 course, and provide validation of cognitive and psychomotor competency and all continuing education hour requirements inclusive of successful 9 completion of a transition course as determined by rules and regulations 10 of the board. Upon completion, such individual may apply to transition to 11 12 become an emergency medical technician or emergency medical responder, depending on the transition course that was successfully 13 completed. Alternatively, upon application for renewal of an emergency 14 15 medical technician - intermediate technician-intermediate certificate and 16 an emergency medical technician -defibrillator technician-defibrillator certificate, the applicant shall be renewed as an emergency medical 17 technician or an emergency medical responder, depending on the 18 19 transition course that was successfully completed. Such individual shall 20 not be required to file an original application for certification as an 21 emergency medical technician or emergency medical responder.

- (j) Failure to successfully complete either the advanced emergency medical technician transition requirements, an emergency medical technician transition course or the emergency medical responder transition course will result in loss of certification.
- Sec. 4. 5. K.S.A. 2010 Supp. 65-6121 is hereby amended to read as follows: 65-6121. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any of the following activities:
 - (1) Patient assessment and vital signs;
- 31 (2) airway maintenance including the use of:
 - (A) Oropharyngeal and nasopharyngeal airways;
- 33 (B) esophageal obturator airways with or without gastric suction device;
- 35 (C) multi-lumen airway; and
 - (D) oxygen demand valves.
- 37 (3) Oxygen therapy;

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- (4) oropharyngeal suctioning;
- 39 (5) cardiopulmonary resuscitation procedures;
- 40 (6) control accessible bleeding;
- 41 (7) apply pneumatic anti-shock garment;
- 42 (8) manage outpatient medical emergencies;
- 43 (9) extricate patients and utilize lifting and moving techniques;

- (10) manage musculoskeletal and soft tissue injuries including dressing and bandaging wounds or the splinting of fractures, dislocations, sprains or strains;
 - (11) use of backboards to immobilize the spine;
 - (12) administer activated charcoal and glucose;
- (13) monitor peripheral intravenous line delivering intravenous fluids during interfacility transport with the following restrictions:
- (A) The physician approves the transfer by an emergency medical technician;
- (B) no medications or nutrients have been added to the intravenous fluids; and
- (C) the emergency medical technician may monitor, maintain and shut off the flow of intravenous fluid;
 - (14) use automated external defibrillators;
 - (15) administer epinephrine auto-injectors provided that:
- (A) The emergency medical technician successfully completes a course of instruction approved by the board in the administration of epinephrine; and
- (B) the emergency medical technician serves with an ambulance service or a first response organization that provides emergency medical services; and
- (C) the emergency medical technician is acting pursuant to medical protocols;
- (16) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols; or
- (17) when authorized by medical protocol, assist the patient in the administration of the following medications which have been prescribed for that patient: Auto-injection epinephrine, sublingual nitroglycerin and inhalers for asthma and emphysema.
- (b) An individual who holds a valid certificate as an emergency medical technician at the current basic level once *successfully* completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, *may apply to transition to become an emergency medical technician. Alternatively,* upon application for renewal, *such individual* shall be deemed to hold a certificate as an emergency medical technician under this act, *provided such individual has completed all 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.
 - (c) "Renewal" as used in subsection (b), refers to the first opportunity

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after December 31, 2011, that an emergency medical technician has to apply for renewal of a certificate following the effective date of this act.

- (d) Emergency medical technicians who fail to meet the transition requirements as specified will be required, at a minimum, to gain thecontinuing education applicable to emergency medical responder asdefined by rules and regulations of the board. Failure to do so will result in loss of certification.may successfully complete the board prescribed emergency medical responder transition course, provide validation of cognitive and psychomotor competency and all continuing education hour requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the board. Alternatively, upon application for renewal of an emergency medical technician certificate, the applicant shall be deemed to hold a certificate as an emergency medical responder under this act, and such individual shall not be required to file an original application for certification as an emergency 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.
- (e) (f) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any activities identified in K.S.A. 65-6144, and amendments thereto, and any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician assistant when authorized by a physician, an advanced registered nurse practitioner when authorized by a physician or a licensed professional nurse when authorized by a physician, upon order of such person:
- (1) Airway maintenance including use of:
- 33 Single lumen airways as approved by the board; (A)
 - (B) multilumen airways;
- 35 (C) ventilator devices;
- 36 forceps removal of airway obstruction; (D)
- 37 CO2 monitoring; (E) 38
 - airway suctioning; (F)
- 39 apply pneumatic anti-shock garment; (2)
- assist with childbirth; 40 (3)
- 41 monitoring urinary catheter; (4)
- capillary blood sampling; 42 (5) 43
 - cardiac monitoring: (6)

- (7) administration of patient assisted medications as approved by the board;
 - (8) administration of medications as approved by the board by appropriate routes; and
 - (9) monitor, maintain or discontinue flow of IV line if a physician approves transfer by an emergency medical technician.
 - Sec. <u>-5</u>. **6**. K.S.A. 2010 Supp. 65-6123 is hereby amended to read as follows: 65-6123. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician-defibrillator may:
 - (1) Perform any of the activities identified in K.S.A. 65-6121, and amendments thereto;
 - (2) when approved by medical protocols and or where voice contact by radio or telephone is monitored by a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician, and direct communication is maintained, upon order of such person, may perform electrocardiographic 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.
 - (b) An individual who holds a valid certificate as an emergency medical technician-defibrillator once successfully completing an emergency medical technician-intermediate, initial course of instruction and the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an advanced emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an advanced emergency medical technician under this act, provided such individual has completed all 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 advanced emergency medical technician under this act.
 - (c) "Renewal" as used in subsection (b), refers to the second opportunity *after December 31, 2011*, that an attendant has to apply for renewal of a certificate following the effective date of this aet.
 - (d) EMT-D [Emergency medical technician-defibrillator] attendants who fail to meet the transition requirements as specified will be required,

at a minimum, to gain the continuing education applicable to emergency medical 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 prescribed emergency medical technician transition course or emergency medical responder transition course, provide validation of cognitive and psychomotor competency provided such individual has completed all continuing education hour requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the board. Upon completion, such emergency medical technician-defibrillator may apply to transition to become an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Alternatively, upon application for renewal of an emergency medical technician-defibrillator certificate, the applicant shall be renewed as an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Such individual shall not be required to file an original application for certification as an emergency medical technician or emergency medical responder.

- (e) Failure to complete either the advanced emergency medical technician transition requirements, an emergency medical technician transition course or an emergency medical responder transition course will result in loss of certification.
- [Sec. 7. K.S.A. 2010 Supp. 65-6124 is hereby amended to read as follows: 65-6124. (a) No physician, physician assistant, advanced registered nurse practitioner or licensed professional nurse, who gives emergency instructions to an attendant as defined by K.S.A. 65-6112, and amendments thereto, during an emergency, shall be liable for any civil damages as a result of issuing the instructions, except such damages which may result from gross negligence in giving such instructions.
- (b) No attendant as defined by K.S.A. 65-6112, and amendments thereto, who renders emergency care during an emergency pursuant to instructions given by a physician, the responsible physician for a physician assistant, advanced registered nurse practitioner or licensed professional nurse shall be liable for civil damages as a result of implementing such instructions, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of such attendant as defined by K.S.A. 65-6112, and amendments thereto.
- (c) No person certified as an instructor-coordinator and no training officer shall be liable for any civil damages which may result from such instructor-coordinator's or training officer's course of instruction, except such damages which may result from gross negligence or by

willful or wanton acts or omissions on the part of the instructorcoordinator or training officer.

- (d) No medical adviser director who reviews, approves and monitors the activities of attendants shall be liable for any civil damages as a result of such review, approval or monitoring, except such damages which may result from gross negligence in such review, approval or monitoring.]
- Sec. -6: 7-[8.] K.S.A. 65-6126 is hereby amended to read as follows: 65-6126. Each emergency medical service shall have a medical adviserdirector appointed by the operator of the service to review; and implement medical protocols, approve and monitor the activities and education of the attendants. The board may approve an alternative procedure for medical oversight if no medical adviserdirector is available.
- Sec. 7. 8-[9.] 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 made to the board. The board shall not grant an attendant's certificate unless the applicant meets the following requirements:
- (1) (A) Has successfully completed coursework required by the rules and regulations adopted by the board; or
- (B) has successfully completed coursework in another jurisdiction that is substantially equivalent to that required by the rules and regulations adopted by the board; and
- (2) (A) has passed the examination required by the rules and regulations adopted by the board; or
- (B) has passed the certification or licensing examination in another jurisdiction that has been approved by the board-; and
- (3) has paid a [an application] fee required by the rules and regulations adopted by the board.
- (b) (1) The board shall not grant a temporary attendant's certificate unless the applicant meets the following requirements:
- (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
- (B) if the applicant has completed the required coursework, has taken the required examination, but has not received the results of the examination, such temporary certificate shall be valid for 120 days from 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.
- (f) If a person who was previously certified as an attendant applies for an attendant's certificate after the certificate's expiration, the board may grant a certificate without the person completing an initial course 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.
- (g) The board shall adopt, through rules and regulations, a formal list of graduated sanctions for violations of article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, which shall specify the number and severity of violations for the imposition of each level of sanction.
- Sec. **8. 9. [10.]** K.S.A. 65-6132 is hereby amended to read as follows: 65-6132. (a) An operator's permit may be denied, revoked, limited, modified or suspended by the board upon proof that such operator or any agent or employee thereof:
- (1) Has been guilty of misrepresentation in obtaining the permit or in the operation of the ambulance service;
- (2) has engaged or attempted to engage in, or represented themselves as entitled to perform, any ambulance service not authorized 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;
- (4) has failed to keep and maintain the records required by the provisions of this act, or the rules and regulations promulgated—thereunderadopted by the board, or has failed to make reports when and as

required;

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- (5) has knowingly operated faulty or unsafe equipment; or
- (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.
- (b) The board shall not limit, modify, revoke or suspend any operator's permit pursuant to this section without first conducting a hearing in accordance with the provisions of the administrative procedure act.
- Sec. 9. 10./11./ 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:
- (1) Has made intentional misrepresentations in obtaining a certificate or renewing a certificate;
- (2) has performed or attempted to perform activities not authorized by statute at the level of certification held by the individual;
- (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:
- (4) 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]:
- (5) has been convicted of a felony and, after investigation by the board, it is determined that such person has not been sufficiently rehabilitated to warrant the public trust;
- (6) has demonstrated an inability to perform authorized activities with reasonable skill and safety by reason of illness, alcoholism, excessive use of drugs, controlled substances or any physical or mental 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 medical services as an attendant denied, revoked, limited or suspended or has been publicly or privately censured, by a licensing or other regulatory authority of another state, agency of the United States government, territory of the United States or other country or has had other 39 disciplinary action taken against the applicant or holder of a permit, license or certificate by a licensing or other regulatory authority of 40 another state, agency of the United States government, territory of the United States or other country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or

other disciplinary action of the licensing or other regulatory authority of another state, agency of the United States government, territory of the United States or other country shall constitute prima facie evidence of 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.
- Sec.—10. 11.[12.] K.S.A. 2010 Supp. 65-6144 is hereby amended to read as follows: 65-6144. (a) A first responder may perform any of the following 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;
 - (2) cardiopulmonary resuscitation and airway management;
 - (3) control of bleeding;
 - (4) extremity splinting excluding traction splinting;
- (5) stabilization of the condition of the individual in need of emergency care;
 - (6) oxygen therapy;
 - (7) use of oropharyngeal airways;
 - (8) use of bag valve masks;
 - (9) use automated external defibrillators; and
- (10) other techniques of preliminary care a first responder is trained to provide as approved by the board.
- (b) An individual who holds a valid certificate as a first responder, once completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an emergency medical responder. Alternatively, upon application for renewal of such certificate, such individual shall be deemed to hold a certificate as an emergency medical responder under this act, provided such individual has completed all continuing education hour requirements inclusive of a transition course and such individual shall not be required to file an original application for certification as an emergency medical responder under this aet.
- (c) "Renewal" as used in subsection (b), refers to the first opportunity *after December 31, 2011,* that an attendant has to apply for renewal of a certificate following the effective date of this aet.
 - (d) First responder attendants who fail to meet the transition requirements as specified will forfeit their certification.
 - (e) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical responder may perform any of the

following interventions, by use of the devices, medications and equipment, 1 2 or any combination thereof, after successfully completing an approved 3 course of instruction, local specialized device training and competency 4 validation and when authorized by medical protocols, or upon order when 5 direct communication is maintained by radio, telephone or video 6 conference is monitored by a physician, physician assistant when 7 authorized by a physician, an advanced registered nurse practitioner when 8 authorized by a physician or a licensed professional nurse when authorized 9 by a physician, upon order of such person: (1) Emergency vehicle 10 operations; (2) initial scene management; (3) patient assessment and 11 stabilization; (4) cardiopulmonary resuscitation and airway management; 12 (5) control of bleeding; (6) extremity splinting; (7) spinal immobilization; (8) oxygen therapy; (9) use of bag-valve-mask; (10) use of automated 13 14 external defibrillator; (11) nebulizer therapy; (12) intramuscular injections 15 with auto-injector; (13) administration of oral glucose; (14) administration 16 of aspirin; (15) recognize and comply with advanced directives; (16) 17 insertion and maintenance of oral and nasal pharyngeal airways; (17) use 18 of blood glucose monitoring; and (18) other techniques and devices of preliminary care an emergency medical responder is trained to provide as 19 20 approved by the board.

Sec. 11. 12.[13.] K.S.A. 65-6102, 65-6110, 65-6126, 65-6132 and 65-6133 and K.S.A. 2010 Supp. 65-6112, 65-6120, 65-6121, 65-6123, [65-6124,] 65-6129 and 65-6144 are hereby repealed.

Sec. 12. 13.[14.] This act shall take effect and be in force from and after its publication in the statute book.