Session of 2014

HOUSE BILL No. 2509

By Committee on Vision 2020

1-27

1	AN ACT concerning emergency medical services; amending K.S.A. 2013
2	Supp. 65-6102, 65-6111, 65-6112, 65-6119, 65-6120, 65-6121, 65-
3	6129c, 65-6133, 65-6135 and 65-6144 and repealing the existing
4	sections.
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6	Be it enacted by the Legislature of the State of Kansas:
7	Section 1. K.S.A. 2013 Supp. 65-6102 is hereby amended to read as
8	follows: 65-6102. (a) There is hereby established the emergency medical
9	services board. The office of the emergency medical services board shall
10	be located in the city of Topeka, Kansas.
11	(b) The emergency medical services board shall be composed of 15
12	members to be appointed as follows:
13	(1) Eleven members shall be appointed by the governor. Of such
14	members:
15	(A) Three shall be physicians who are actively involved in emergency
16	medical services;
17	(B) two shall be county commissioners of counties making a levy for
18	ambulance service, at least one of whom shall be from a county having a
19	population of less than 15,000;
20	(C) one shall be an instructor-coordinator;
21	(D) one shall be a hospital administrator actively involved in
22	emergency medical services;
23	(E) one shall be a member of a firefighting unit which provides
24	emergency medical service; and
25	(F) three shall be attendants who are actively involved in emergency
26	medical service. At least two classifications of attendants shall be
27	represented. At least one of such members shall be from a volunteer
28	emergency medical service; and
29	(2) four members shall be appointed as follows:
30	(A) One shall be a member of the Kansas senate to be appointed by
31	the president of the senate;
32	(B) one shall be a member of the Kansas senate to be appointed by
33	the minority leader of the senate;
34	(C) one shall be a member of the Kansas house of representatives to
35	be appointed by the speaker of the house of representatives; and
36	(D) one shall be a member of the Kansas house of representatives to

1 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.

9 (c) Of the two additional physician members appointed by the 10 governor on and after July 1, 2011, one shall be appointed for a term of 11 three years and one shall be appointed for a term of four years. Thereafter, 12 Members shall be appointed for terms of four years and until their 13 successors are appointed and qualified. In the case of a vacancy in the 14 membership of the board, the vacancy shall be filled for the unexpired 15 term.

16 (d) The board shall meet at least six times annually and at least once 17 each guarter and at the call of the chairperson or at the request of the 18 administrator executive director of the emergency medical services board 19 or of any-six seven members of the board. At the first meeting of the board 20 after January 1 each year, the members shall elect a chairperson and a 21 vice-chairperson who shall serve for a term of one year. The vice-22 chairperson shall exercise all of the powers of the chairperson in the 23 absence of the chairperson. If a vacancy occurs in the office of the 24 chairperson or vice-chairperson, the board shall fill such vacancy by 25 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 26 27 subcommittee meeting thereof authorized by the board shall be paid 28 compensation, subsistence allowances, mileage and other expenses as 29 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.

34 Sec. 2. K.S.A. 2013 Supp. 65-6111 is hereby amended to read as 35 follows: 65-6111. (a) The emergency medical services board shall:

36 (1) Adopt any rules and regulations necessary to carry out the
 37 provisions of this act;

(2) review and approve the allocation and expenditure of moneysappropriated for emergency medical services;

(3) conduct hearings for all regulatory matters concerning ambulance
 services, attendants, instructor-coordinators, training officers and providers
 of training sponsoring organizations providers of training;

43 (4) submit a budget to the legislature for the operation of the board;

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1 (5) develop a state plan for the delivery of emergency medical 2 services;

3 (6) enter into contracts as may be necessary to carry out the duties 4 and functions of the board under this act;

5 (7) review and approve all requests for state and federal funding 6 involving emergency medical services projects in the state or delegate such 7 duties to the administrator executive director;

8 (8) approve all training programs for attendants, instructor 9 coordinators and training officers and prescribe certification application
 10 fees by rules and regulations;

(9) approve methods of examination for certification of attendants,
 training officers and instructor-coordinators and prescribe examination
 fees by rules and regulations;

(10) appoint a medical advisory council of not less than six members, 14 including-two one board-members, one of whom member who shall be a 15 16 physician and not less than-four five other physicians who are active and 17 knowledgeable in the field of emergency medical services who are not members of the board to advise and assist the board in medical standards 18 19 and practices as determined by the board. The medical advisory council 20 shall elect a chairperson from among its membership and shall meet upon 21 the call of the chairperson; and

(11) approve providers of training sponsoring organizations
 providers of training by prescribing standards and requirements by rules
 and regulations and withdraw or modify such approval in accordance with
 the Kansas administrative procedures act and the rules and regulations of
 the board.

(b) The emergency medical services board may grant a temporary variance from an identified rule or regulation when a literal application or enforcement of the rule or regulation would result in serious hardship and the relief granted would not result in any unreasonable risk to the public interest, safety or welfare.

32 See. 3. K.S.A. 2013 Supp. 65-6112 is hereby amended to read as-33 follows: 65-6112. As used in this act:

34 (a) "Administrator" means the executive director of the emergency 35 medical services board.

36 (b) "Advanced emergency medical technician" means a person who
 37 holds an advanced emergency medical technician certificate issued 38 pursuant to this act.

39 (c) "Advanced practice registered nurse" means an advanced practice
 40 registered nurse 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-

1 individuals who are ill or injured. 2 (c) "Ambulance service" means any organization operated for thepurpose of transporting sick or injured persons to or from a place where 3 4 medical care is furnished, whether or not such persons may be in need of 5 emergency or medical care in transit. 6 (f) "Attendant" means a first responder, an emergency medical-7 responder, emergency medical technician, emergency medical technician-8 intermediate, emergency medical technician-defibrillator, emergency 9 medical technician-intermediate/defibrillator, advanced emergency 10 medical technician, mobile intensive care technician or paramedic certified 11 pursuant to this act. 12 (g) "Board" means the emergency medical services board established pursuant to K.S.A. 65-6102, and amendments thereto. 13 (h) "Emergency medical service" means the effective and coordinated 14 15 delivery of such care as may be required by an emergency which includes 16 the care and transportation of individuals by ambulance services and the 17 performance of authorized emergency care by a physician, advanced-18 practice registered nurse, professional nurse, a licensed physician assistant 19 or attendant. 20 (i) "Emergency medical technician" means a person who holds an 21 emergency medical technician certificate issued pursuant to this act. 22 (i) "Emergency medical technician-defibrillator" means a person who 23 holds an emergency medical technician-defibrillator certificate issued 24 pursuant to this act. 25 (k) "Emergency medical technician-intermediate" means a person-26 who holds an emergency medical technician-intermediate certificate issued 27 pursuant to this act. 28 (1) "Emergency medical technician-intermediate/defibrillator" means 29 a person who holds both an emergency medical technician-intermediate 30 and emergency medical technician-defibrillator certificate issued pursuant 31 to this act. 32 (m) "Emergency medical responder" means a person who holds an 33 emergency medical responder certificate issued pursuant to this act. 34 (n) "First responder" means a person who holds a first responder-35 certificate issued pursuant to this act. 36 (o) "Hospital" means a hospital as defined by K.S.A. 65-425, and 37 amendments thereto. 38 (p) "Instructor-coordinator" means a person who is certified under-39 this act to teach, coordinate, or both, initial certification and continuing 40 education classes. 41 (q) "Medical director" means a physician: 42 (1) Appointed by the operator of an ambulance service who holds a 43 permit to operate the ambulance service in this state who provides medical

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1 *direction, leadership, oversight and quality assurance to ensure that*effective emergency medical care is provided to out-of-hospital patients by 2 3 attendants functioning under the service permit. The medical director-4 implements protocols for treatment and supports the attendants through-5 training and competency validation; or 6 (2) identified by a sponsoring organization of an emergency medical. 7 services education program who reviews and approves the educational-8 content of the program curriculum to certify its ongoing appropriateness. 9 and medical accuracy, reviews the quality of medical instruction, -10 supervision and evaluation of the students. (r) "Medical protocols" mean written guidelines which authorize-11 12 attendants to perform certain medical procedures prior to contacting a-13 physician, physician assistant authorized by a physician, advanced practice registered nurse authorized by a physician or professional nurse authorized 14 by a physician. The medical protocols shall be approved by a county-15 medical society or the medical staff of a hospital to which the ambulance 16 17 service primarily transports patients, or if neither of the above are able or 18 available to approve the medical protocols, then the medical protocols-19 shall be submitted to the medical advisory council for approval. 20 (s) "Mobile intensive care technician" means a person who holds a 21 mobile intensive care technician certificate issued pursuant to this act. 22 (t) "Municipality" means any city, county, township, fire district or 23 ambulance service district. 24 (u)(t) "Nonemergency transportation" means the care and transport of 25 a sick or injured person under a foreseen combination of circumstances 26 ealling for continuing care of such person. As used in this subsection,-27 transportation includes performance of the authorized level of services of 28 the attendant whether within or outside the vehicle as part of such-29 transportation services. 30 (v)(u) "Operator" means a person or municipality who has a permit to 31 operate an ambulance service in the state of Kansas. 32 (w)(v) "Paramedic" means a person who holds a paramedic certificate 33 issued pursuant to this act. 34 (x)(w) "Person" means an individual, a partnership, an association, a 35 joint-stock company or a corporation. 36 (y)(x) "Physician" means a person licensed by the state board of-37 healing arts to practice medicine and surgery. 38 (z)(y) "Physician assistant" means a person who is licensed under the 39 physician assistant licensure act and who is acting under the direction of a 40 responsible physician assistant as defined in K.S.A. 65-28a02, andamendments thereto. 41 42 (aa)(z) "Professional nurse" means a licensed professional nurse as-43 defined by K.S.A. 65-1113, and amendments thereto.

1	(bb) "Provider of training" means a corporation, partnership,-
2	accredited postsecondary education institution, ambulance service, fire-
3	department, hospital or municipality that conducts training programs that
4	include, but are not limited to, initial courses of instruction and continuing
5	education for attendants, instructor-coordinators or training officers
6	(aa) "Sponsoring organization" means any professional association,
7	accredited postsecondary educational institution, ambulance service-
8	which holds a permit to operate in this state, fire department, other-
9	officially organized public safety agency, hospital, corporation,
10	governmental entity or emergency medical services regional council, as-
11	approved by the executive director, to offer initial courses of instruction or
12	continuing education programs.
13	(cc) "Responsible physician" means responsible physician as such-
14	term is defined under K.S.A. 65-28a02, and amendments thereto.
15	(dd) (bb) "Training officer" means a person who is certified pursuant
16	to this act to teach, or coordinate, or both, initial courses of instruction for
17	first responders or emergency medical responders and continuing
18	education as prescribed by the board.
19	See. 4. K.S.A. 2013 Supp. 65-6119 is hereby amended to read as-
20	follows: 65-6119. (a) Notwithstanding any other provision of law, mobile
21	intensive care technicians may:
22	(1) Perform all the authorized activities identified in K.S.A. 65-6120,
23	65-6121, 65-6123, 65-6144, and amendments thereto;
24	(2) when voice contact or a telemetered electrocardiogram is
25	monitored by a physician, physician assistant where authorized by a
26	physician, an advanced practice registered nurse where authorized by a
27	physician or licensed professional nurse where authorized by a physician
28	and direct communication is maintained, and upon order of such person
29	may administer such medications or procedures as may be deemed-
30	necessary by a person identified in subsection (a)(2);
31	(3) perform, during an emergency, those activities specified in
32	subsection (a)(2) before contacting a person identified in subsection (a)(2)
33	when specifically authorized to perform such activities by medical-
34	protocols; and
35	(4) perform, during nonemergency transportation, those activities-
36	specified in this section when specifically authorized to perform such
37	activities by medical protocols.
38	(b) An individual who holds a valid certificate as a mobile intensive
39	care technician once meeting the continuing education requirements-
40	prescribed by the rules and regulations of the board, upon application for
41	renewal, shall be deemed to hold a certificate as a paramedic under this
42	act, and such individual shall not be required to file an original application
43	as a paramedic for certification under this act.
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1 (c) "Renewal" as used in subsection (b), refers to the first opportunity 2 that a mobile intensive care technician has to apply for renewal of a-3 eertificate following the effective date of this act.

- 4 (d) Upon transition notwithstanding any other provision of law, a 5 paramedic may:
- 6

(1)(a) Perform all the authorized activities identified in K.S.A. 65-

7 6120, 65-6121, 65-6144, and amendments thereto;

8 (2)(b) when voice contact or a telemetered electrocardiogram is-9 monitored by a physician, physician assistant where authorized by a physician or an advanced practice registered nurse where authorized by a 10 physician or licensed professional nurse where authorized by a physician 11 12 and direct communication is maintained, and upon order of such person, 13 may administer such medications or procedures as may be deemed-14 necessary by a person identified in this subsection (d)(2); and

15 (3)(c) perform, during an emergency, those activities specified in-16 subsection (d)(2) (b) before contacting a person identified in subsection (d) 17 (2) (b) when specifically authorized to perform such activities by medical 18 protocols: and

19 (4) perform, during nonemergency transportation, those activities-20 specified in this section when specifically authorized to perform such-21 activities by medical protocols.

22 Sec. 5. 3. K.S.A. 2013 Supp. 65-6120 is hereby amended to read as 23 follows: 65-6120. (a) Notwithstanding any other provision of law to the 24 contrary, an emergency medical technician-intermediate may:

25 (1) Perform any of the activities identified by K.S.A. 65-6121(a), and 26 amendments thereto:

27 (2) when approved by medical protocols or where voice contact by radio or telephone is monitored by a physician, physician assistant where 28 authorized by a physician, advanced practice registered nurse where 29 authorized by a physician or-licensed professional nurse where authorized 30 31 by a physician, and direct communication is maintained, upon order of 32 such person, may perform veni-puncture for the purpose of blood sampling 33 collection and initiation and maintenance of intravenous infusion of saline 34 solutions, dextrose and water solutions or ringers lactate IV solutions, 35 endotracheal intubation and administration of nebulized albuterol;

36 (3) perform, during an emergency, those activities specified in 37 subsection (a)(2) before contacting the persons identified in subsection (a)38 (2) when specifically authorized to perform such activities by medical 39 protocols; or

40 (4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such 41 activities by medical protocols. 42

43 (b) An individual who holds a valid certificate as an emergency

medical technician-intermediate once successfully completing the board 1 2 prescribed transition course, and validation of cognitive and psychomotor 3 competency as determined by rules and regulations of the board, may 4 apply to transition to become an advanced emergency medical technician. 5 Alternatively, upon application for renewal, such individual shall be 6 deemed to hold a certificate as an advanced emergency medical technician 7 under this act, provided such individual has completed all continuing 8 education hour requirements inclusive of the successful completion of a 9 transition course and such individual shall not be required to file an original application for certification as an advanced emergency medical 10 technician under this act 11

(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.

(d) Emergency medical technician-intermediates who fail to meet the 15 transition requirements as specified may complete either the board 16 17 prescribed emergency medical technician transition course or emergency 18 medical responder transition course, provide validation of cognitive and 19 psychomotor competency and all continuing education hour requirements 20 inclusive of the successful completion of a transition course as determined 21 by rules and regulations of the board. Upon completion, such emergency 22 medical technician-intermediate may apply to transition to become an 23 emergency medical technician or an emergency medical responder, 24 depending on the transition course that was successfully completed. 25 Alternatively, upon application for renewal of an emergency medical technician-intermediate certificate, the applicant shall be renewed as an 26 27 emergency medical technician or an emergency medical responder, 28 depending on the transition course that was successfully completed. Such 29 individual shall not be required to file an original application for 30 certification as an emergency medical technician or emergency medical 31 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.

(f) Upon transition, notwithstanding any other provision of law to thecontrary, an advanced emergency medical technician may:

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

40 (2) perform any of the following interventions, by use of the devices,
41 medications and equipment, or any combination thereof, as specifically
42 identified in rules and regulations, after successfully completing an
43 approved course of instruction, local specialized device training and

1 competency validation and when authorized by medical protocols, or upon 2 order when direct communication is maintained by radio, telephone or 3 video conference with a physician, physician assistant where authorized by 4 a physician, an advanced practice registered nurse where authorized by a 5 physician, or licensed professional nurse where authorized by a physician 6 upon order of such a person: (A) Continuous positive airway pressure 7 devices; (B) Advanced airway management; (C)(B) referral of patient of 8 alternate medical care site based on assessment; (D)(C) transportation of a 9 patient with a capped arterial line; (E)(D) veni-puncture for obtaining blood sample; (F)(E) initiation and maintenance of intravenous infusion or 10 saline lock; (G)(F) initiation of intraosseous infusion; (H)(G) nebulized 11 12 therapy; (H)(H) manual defibrillation-and cardioversion; (H)(I) cardiac 13 monitoring; (K)(J) electrocardiogram interpretation; (K) monitoring of a 14 nasogastric tube; (L) administration of generic or trade name medications 15 by-one or more of the following methods: (i) Aerosolization; (ii)-16 nebulization; (iii) intravenous; (iv) intranasal; (v) rectal; (vi) subcutaneous; 17 (vii) intraosseous; (viii) intramuscular; or (ix) sublingual as specified by 18 rules and regulations of the board.

19 (g) An individual who holds a valid certificate as both an emergency 20 medical technician-intermediate and as an emergency medical technician-21 defibrillator once successfully completing the board prescribed transition 22 course, and validation of cognitive and psychomotor competency as 23 determined by rules and regulations of the board, may apply to transition 24 to an advanced emergency medical technician. Alternatively, upon 25 application for renewal, such individual shall be deemed to hold a 26 certificate as an advanced emergency medical technician under this act, 27 provided such individual has completed all continuing education hour 28 requirements inclusive of successful completion of a transition course, and 29 such individual shall not be required to file an original application for 30 certification as an advanced emergency medical technician under this act.

(h) "Renewal" as used in subsection (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.

35 (i) An individual who holds both an emergency medical technician-36 intermediate certificate and an emergency medical technician-defibrillator 37 certificate, who fails to meet the transition requirements as specified may 38 complete either the board prescribed emergency medical technician 39 transition course or emergency medical responder transition course, and 40 provide validation of cognitive and psychomotor competency and all 41 continuing education hour requirements inclusive of successful completion 42 of a transition course as determined by rules and regulations of the board. 43 Upon completion, such individual may apply to transition to become an

emergency medical technician or emergency medical responder, depending 1 on the transition course that was successfully completed. Alternatively, 2 upon application for renewal of an emergency medical technician-3 intermediate certificate and an emergency medical technician-defibrillator 4 certificate, the applicant shall be renewed as an emergency medical 5 6 technician or an emergency medical responder, depending on the transition 7 course that was successfully completed. Such individual shall not be 8 required to file an original application for certification as an emergency medical technician or emergency medical responder. 9

(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.-6. 4. K.S.A. 2013 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:

- 18
- (1) Patient assessment and vital signs;

19 (2) airway maintenance including the use of:

- 20 (A) Oropharyngeal and nasopharyngeal airways; and
- (B) esophageal obturator airways with or without gastric suction device;

23 (C)—multi-lumen airway; and

24 (D) oxygen demand valves.

- 25 (3) Oxygen therapy;
- 26 (4) oropharyngeal suctioning;
- 27 (5) cardiopulmonary resuscitation procedures;
- 28 (6) control accessible bleeding;

29 (7) apply pneumatic anti-shock garment;

- 30 (8)(7) manage outpatient medical emergencies;
- 31 (9)(8) extricate patients and utilize lifting and moving techniques;

32 (10)(9) manage musculoskeletal and soft tissue injuries including
 33 dressing and bandaging wounds or the splinting of fractures, dislocations,
 34 sprains or strains;

35 (11)(10) use of backboards to immobilize the spine;

36 (12)(11) administer activated charcoal and glucose;

37 (13)(12) monitor intravenous line delivering intravenous fluids during
 38 interfacility transport with the following restrictions:

39 (A) The physician approves the transfer by an emergency medical40 technician;

41 (B) no medications or nutrients have been added to the intravenous 42 fluids; and

43 (C) the emergency medical technician may monitor, maintain and

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1 shut off the flow of intravenous fluid;

(14)(13) use automated external defibrillators;

(15)(14) administer epinephrine auto-injectors provided that:

4 (A) The emergency medical technician successfully completes a 5 course of instruction approved by the board in the administration of 6 epinephrine;

7 (B) the emergency medical technician serves with an ambulance 8 service or a first response organization that provides emergency medical 9 services; and

10 (C) the emergency medical technician is acting pursuant to medical 11 protocols;

12 (16)(15) perform, during nonemergency transportation, those
 13 activities specified in this section when specifically authorized to perform
 14 such activities by medical protocols; or

(17)(16) 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.

19 (b) An individual who holds a valid certificate as an emergency 20 medical technician at the current basic level once successfully completing 21 the board prescribed transition course, and validation of cognitive and 22 psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an emergency medical 23 24 technician. Alternatively, upon application for renewal, such individual 25 shall be deemed to hold a certificate as an emergency medical technician 26 under this act, provided such individual has completed all continuing 27 education hour requirements inclusive of successful completion of a 28 transition course, and such individual shall not be required to file an original application for certification as an emergency medical technician. 29

30 (c) "Renewal" as used in subsection (b), refers to the first opportunity 31 after December 31, 2011, that an emergency medical technician has to 32 apply for renewal of a certificate following the effective date of this act.

33 (d) Emergency medical technicians who fail to meet the transition 34 requirements as specified may successfully complete the board prescribed 35 emergency medical responder transition course, provide validation of 36 cognitive and psychomotor competency and all continuing education hour 37 requirements inclusive of the successful completion of a transition course 38 as determined by rules and regulations of the board. Alternatively, upon 39 application for renewal of an emergency medical technician certificate, the 40 applicant shall be deemed to hold a certificate as an emergency medical 41 responder under this act, and such individual shall not be required to file 42 an original application for certification as an emergency medical 43 responder.

1 (e) Failure to successfully complete either an emergency medical 2 technician transition course or emergency medical responder transition 3 course will result in loss of certification.

(f) Upon transition, notwithstanding any other provision of law to the 4 contrary, an emergency medical technician may perform any activities 5 6 identified in K.S.A. 65-6144, and amendments thereto, and any of the 7 following interventions, by use of the devices, medications and equipment, 8 or any combination thereof, after successfully completing an approved 9 course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or upon order when 10 direct communication is maintained by radio, telephone or video 11 conference is monitored by a physician, physician assistant when 12 authorized by a physician, an advanced practice registered nurse when 13 authorized by a physician or a licensed professional nurse when authorized 14 15 by a physician, upon order of such person:

- (1) Airway maintenance including use of:
- 17 (A) Single lumen airways as approved by the board;
- 18 (B) multilumen airways;
- 19 (C) ventilator devices;
- 20 (D) non-invasive positive pressure ventilation;
- 21 (E) forceps removal of airway obstruction;
- 22 (E)(F) CO2 monitoring;
- 23 (F)(G) airway suctioning;
- 24 (2) apply pneumatic anti-shock garment;
- 25 (3)(2) assist with childbirth;
- 26 (4)—monitoring urinary catheter;
- 27 (5)(4)(3) capillary blood sampling;
- 28 (6) cardiac monitoring;

29 (7)(5)(4) administration of patient assisted medications as approved
 30 by the board;

31 (8)(6)(5) administration of medications as approved by the board by
 32 appropriate routes; and

33 (9)(7)(6) monitor, maintain or discontinue flow of IV line if a
 34 physician approves transfer by an emergency medical technician; and

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(8)(7) application of a traction splint.

Sec. 7. 5. K.S.A. 2013 Supp. 65-6129c is hereby amended to read as 36 follows: 65-6129c. (a) Application for a training officer's certificate shall 37 38 be made to the emergency medical services board upon forms provided by 39 the administrator executive director. The board may grant a training officer's certificate to an applicant who: (1) Is an-emergency medical 40 technician, emergency medical technician-intermediate, emergency-41 42 medical technician-defibrillator, mobile intensive care technician,advanced emergency medical technician, paramedic attendant certified 43

1 *pursuant to K.S.A. 65-6119, 65-6120 and 65-6121, and amendments* 2 *thereto*, physician, physician assistant, advanced practice registered nurse 3 or professional nurse; (2) successfully completes an initial course of 4 training approved by the board; (3) passes an examination prescribed by 5 the board; (4) is appointed by a provider of training *sponsoring*-6 *organization* provider of training approved by the board; and (5) has paid 7 a fee established by the board.

8 (b) A training officer's certificate shall expire on the expiration date 9 of the attendant's certificate if the training officer is an attendant or on the 10 expiration date of the physician's, physician assistant's, advanced practice registered nurse's or professional nurse's license if the training officer is a 11 12 physician, physician assistant, advanced practice registered nurse or professional nurse. A training officer's certificate may be renewed for the 13 14 same period as the attendant's certificate or the physician's, physician 15 assistant's, advanced practice registered nurse's or professional nurse's license upon payment of a fee as prescribed by rules and regulations and 16 upon presentation of satisfactory proof that the training officer has 17 successfully completed continuing education prescribed by the board and 18 19 is certified as-an emergency medical technician, emergency medicaltechnician-intermediate, emergency medical technician-defibrillator, 20 21 mobile-intensive care technician, advanced emergency medical technician, 22 paramedie an attendant certified pursuant to K.S.A. 65-6119, 65-6120 and 23 65-6121, and amendments thereto, physician, physician assistant, advanced practice registered nurse or professional nurse. The board may 24 25 prorate to the nearest whole month the fee fixed under this subsection as 26 necessary to implement the provisions of this subsection.

(c) A training officer's certificate may be denied, revoked, limited,
 modified or suspended by the board or the board may refuse to renew such
 certificate if such individual:

(1) Fails to maintain certification or licensure as <u>an emergeney</u>
medical technician, emergeney medical technician-intermediate,
emergeney medical technician-defibrillator, mobile intensive care
technician, advanced emergeney medical technician, paramedie an
attendant certified pursuant to K.S.A. 65-6119, 65-6120 and 65-6121, and
amendments thereto, physician, physician assistant, advanced practice
registered nurse or professional nurse;

fails to maintain support of appointment by a provider of training
 sponsoring organization provider of training;

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(3) fails to successfully complete continuing education;

40 (4) has made intentional misrepresentations in obtaining a certificate 41 or renewing a certificate;

42 (5) has demonstrated incompetence or engaged in unprofessional43 conduct as defined by rules and regulations adopted by the board;

1 (6) has violated or aided and abetted in the violation of any provision 2 of this act or the rules and regulations promulgated by the board; or

(7) has been convicted of any state or federal crime that is related 3 substantially to the qualifications, functions and duties of a training officer 4 5 or any crime punishable as a felony under any state or federal statute and 6 the board determines that such individual has not been sufficiently 7 rehabilitated to warrant public trust. A conviction means a plea of guilty, a 8 plea of nolo contendere or a verdict of guilty. The board may take disciplinary action pursuant to this section when the time for appeal has 9 elapsed, or after the judgment of conviction is affirmed on appeal or when 10 an order granting probation is made suspending the imposition of sentence. 11

12 (d) The board may revoke, limit, modify or suspend a *training officer* certificate or the board may refuse to renew such certificate in accordance 13 14 with the provisions of the Kansas administrative procedure act.

15 (e) If a person who previously was certified as a training officer 16 applies for a training officer's certificate within two years of the date of its 17 expiration, the board may grant a certificate without the person completing 18 an initial course of training or taking an examination if the person 19 complies with the other provisions of subsection (a) and completes 20 continuing education requirements.

21 Sec.-8. 6. K.S.A. 2013 Supp. 65-6133 is hereby amended to read as 22 follows: 65-6133. (a) An attendant's, instructor-coordinator's or training 23 officer's certificate may be denied, revoked, limited, modified or 24 suspended by the board or the board may refuse to renew such certificate 25 upon proof that such individual:

26 (1) Has made intentional misrepresentations in obtaining a certificate 27 or renewing a certificate;

28 (2) has performed or attempted to perform activities not authorized by 29 statute at the level of certification held by the individual:

30 (3) has demonstrated incompetence as defined by rules and 31 regulations adopted by the board or has provided inadequate patient care 32 as determined by the board;

33 (4) has violated or aided and abetted in the violation of any provision 34 of this act or the rules and regulations adopted by the board;

35 (5) has been convicted of a felony and, after investigation by the 36 board, it is determined that such person has not been sufficiently 37 rehabilitated to warrant the public trust;

38 (6) has demonstrated an inability to perform authorized activities with reasonable skill and safety by reason of illness, alcoholism, excessive use 39 of drugs, controlled substances or any physical or mental condition; 40

41 (7) has engaged in unprofessional conduct, as defined by rules and 42 regulations adopted by the board; or

43 (8) has had a certificate, license or permit to practice emergency

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medical services as an attendant denied, revoked, limited or suspended or 1 has been publicly or privately censured, by a licensing or other regulatory 2 authority of another state, agency of the United States government, 3 territory of the United States or other country or has had other disciplinary 4 action taken against the applicant or holder of a permit, license or 5 6 certificate by a licensing or other regulatory authority of another state, 7 agency of the United States government, territory of the United States or 8 other country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or other disciplinary 9 action of the licensing or other regulatory authority of another state, 10 agency of the United States government, territory of the United States or 11 12 other country shall constitute prima facie evidence of such a fact for 13 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.

18 Sec. 9. **7.** K.S.A. 2013 Supp. 65-6135 is hereby amended to read as 19 follows: 65-6135. (a) All ambulance services providing emergency care as 20 defined by the rules and regulations adopted by the board shall offer 21 service 24 hours per day every day of the year.

(b) Whenever an operator is required to have a permit, at least one
 person on each vehicle providing emergency medical service shall be an
 attendant certified as an emergency medical technician, emergency
 medical technician-intermediate, emergency medical technician defibrillator, a mobile intensive care technician, emergency medical
 technician-intermediate/defibrillator, advanced emergency medical

technician, a paramedic pursuant to K.S.A. 65-6119, 65-6120 or 65-6121,

and amendments thereto, a physician, a licensed physician assistant, a
 licensed an advanced practice registered nurse or a professional nurse.

Sec. 10. 8. K.S.A. 2013 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;

38 (3) control of bleeding;

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39 (4) extremity splinting excluding traction splinting;

40 (5) stabilization of the condition of the individual in need of 41 emergency care;

42 (6) oxygen therapy;

43 (7) use of oropharyngeal airways;

(8) use of bag valve masks;

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(9) use automated external defibrillators; and

3 (10) other techniques of preliminary care a first responder is trained 4 to provide as approved by the board.

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

(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.

(d) First responder attendants who fail to meet the transitionrequirements as specified will forfeit their certification.

20 (e) Upon transition, notwithstanding any other provision of law to the 21 contrary, an emergency medical responder may perform any of the 22 following interventions, by use of the devices, medications and equipment, 23 or any combination thereof, after successfully completing an approved 24 course of instruction, local specialized device training and competency 25 validation and when authorized by medical protocols, or upon order when direct communication is maintained by radio, telephone or video 26 27 conference is monitored by a physician, physician assistant when 28 authorized by a physician, an advanced practice registered nurse when 29 authorized by a physician or a licensed professional nurse when authorized 30 by a physician, upon order of such person: (1) Emergency vehicle 31 operations; (2) initial scene management; (3) patient assessment and stabilization; (4) cardiopulmonary resuscitation and airway management; 32 33 (5) utilize equipment for the purposes of acquiring an EKG rhythm strip; (6)control of bleeding; (6)(7) extremity splinting; (7)(8) spinal 34 35 immobilization; (8)(9) oxygen therapy; (9)(10) use of bag-valve-mask; 36 (10)(11) use of automated external defibrillator; (11)(12) nebulizer 37 therapy; (12)(13) intramuscular injections with auto-injector; (13)(14)38 administration of oral glucose; (14)(15) administration of aspirin; (15)(16)39 recognize and comply with advanced directives; (16)(17) insertion and 40 maintenance of oral and nasal pharyngeal airways; (17)(18) use of blood 41 glucose monitoring; and (18)(19) assist with childbirth; (20) non-invasive 42 monitoring of hemoglobin derivatives; and (21) other techniques and 43 devices of preliminary care an emergency medical responder is trained to

- 1 provide as approved by the board.
- 2 Sec. 11. 9. K.S.A. 2013 Supp. 65-6102, 65-6111, 65-6112, 65-6119,
- 3 65-6120, 65-6121, 65-6129c, 65-6133, 65-6135 and 65-6144 are hereby 4 repealed.
- 5 Sec. 12. **10.** This act shall take effect and be in force from and after 6 its publication in the statute book.