

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL & STATE AFFAIRS

The meeting was called to order by Representative Robert H. Miller at
Chairperson

1:30 a.m./p.m. on January 28, 1985 in room 526S of the Capitol.

All members were present except:

- Representative Aylward - E
- Representative Peterson - E
- Representative Sprague - E

Committee staff present:

- Lynda Hutfles, Secretary
- Mary Torrence, Revisor of Statutes
- Russ Mills, Research
- Raney Gilliland, Research

Conferees appearing before the committee:

- Lyle Eckert, State Emergency Medical Services Council
- Keith Landis, Christian Science Committee on Publications for Kansas
- Representative Sallee, Sponsor

The meeting was called to order by Chairman Miller.

Representative Goosen made a motion, seconded by Representative Eckert, to approve the minutes of the January 28 meeting. The motion carried.

HB2028 - Emergency transportation of certain persons by ambulances lawfully operating in Missouri

Representative Sallee, sponsor of the bill, explained HB2028 which permits any ambulance service lawfully operating under Missouri law to provide emergency transportation of a patient from Elwood and Wathena or vicinity, not otherwise served by an ambulance located in Kansas to a location within or outside the State of Kansas. This bill will effect approximately 3,000 people. See attachment A.

The differences between testing for certification in Kansas and Missouri were discussed.

Keith Landis, Christian Science Committee on Publications for Kansas, gave testimony in opposition to the concept of people being forced to accept ambulance service. He suggested the amendment which is attached. See attachment B. He said he would not be opposed to having a form to sign that stated they were refusing medical treatment. A committee member suggested this should be a fill in itself and would sponsor it if Mr. Landis wanted him to.

Lyle Eckert, State Emergency Medical Services Council, gave testimony in opposition to the bill. He stated that since 1980, all ambulance services operating in Kansas have complied with the statutes which require a permit to operate. It is unfair for one ambulance service to be exempted from the requirement that 214 other services must meet. See attachment C. Mr. Eckert told the committee that St. Joe is the logical place to serve this area, but he feels the service should meet the same standards required by Kansas. Training resource people are available if they are paid by the County. It takes two weeks to train a trainer in Kansas. This ambulance service has had 50 temporary extensions and have been advised of serious infractions.

There was discussion of the training and testing program and how Missouri requirements compare to those of Kansas. Continuing education requirements of both states were also discussed.

Representative Sallee and Mr. Eckert discussed the community and whether or not the ambulance service was needed or wanted and whether the existing ambulance service in Troy should be strengthened.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL & STATE AFFAIRS,
room 526S, Statehouse, at 1:30 a.m./p.m. on January 28, 1985

It was suggested that a change should be made in Sec. 5, inserting "to prohibit the St. Joe Ambulance Service..." which would specify St. Joe ambulance directly.

Hearings were concluded on HB2028.

Emalene Correll, Research Department, stated that the main problem existing between the State Emergency Medical Service and the St. Joe ambulance service seemed to be with continuing education. While Missouri training may not be exactly the same as Kansas, their training allows them to be DOT attendants. She checked the level of training and Missouri compares with other states around the country.

The Chairman announced that this bill would be taken up for committee discussion and possible action on Tuesday.

The meeting was adjourned.

DON SALLEE
 REPRESENTATIVE, FORTY-NINTH DISTRICT
 ATCHISON, BROWN, DONIPHAN
 AND JACKSON COUNTIES
 RR 2
 TROY KANSAS 66087



TOPEKA

HOUSE OF
 REPRESENTATIVES

COMMITTEE ASSIGNMENTS
 MEMBER COMMUNICATION COMPUTERS AND
 TECHNOLOGY
 FEDERAL AND STATE AFFAIRS
 LABOR AND INDUSTRY

HB 2028 would amend KSA 65-4327 to allow ambulance service from St. Joseph, MO to serve a small area in Doniphan County without Kansas certification. Doniphan County is small in population and presently has 2 volunteer services located in the mid and western part of the county. The two cities named in the bill had a volunteer shared service until about 3 years ago. The loss of people willing to serve and other problems resulted in the state withdrawing certification. Since that time the St. Joseph Hospital has served with some of their people being certified and some on temporary basis. The St. Joseph personnel are full time paid employees and because of that must be paid to train and test. This is made more difficult by the claim that the service cannot survive on the revenue it generates, and so must draw funds from the hospital to stay in operation. This is a sizable operation with approximately 40 employees. During the past year an effort has been made to certify these people and bring them into compliance with Kansas law. Money was raised by Wathena and Elwood in order to pay expenses incurred by testers and people being trained and everything seemed to be moving. This proved to be not so as only 10 have been able to pass the Kansas test. All the temporary extensions are about to expire and operations would be very limited with the present status. In fact they have expressed a desire to refund money and not serve the area if Kansas will not accept their qualifications. There has been an effort by all concerned to provide their own service, but no one could be found to fill the positions. This area contains a large percentage of senior citizens. There is a nursing home and some light industry. Even if personnel could be found the people feel they cannot provide the service that is available from the hospital.

Attach. A

Christian Science Committee on Publication For Kansas

820 Quincy Suite K
Topeka, Kansas 66612

Office Phone
913/233-7483

January 28, 1985

To: House Committee on Federal and State Affairs

Re: HB 2028

It is requested that HB 2028 be amended by inserting the following after line 0039:

"(6) to authorize any medical treatment to be given to any person who objects thereto on religious grounds, or to authorize the transportation of such person to any hospital or other medical care facility."

Attach B

SUMMARY OF TESTIMONY
BEFORE THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

HOUSE BILL 2028

PRESENTED BY THE STATE EMERGENCY MEDICAL SERVICES COUNCIL
(Lyle E. Eckhart)

January 28, 1985

" APPEARED IN OPPOSITION

The State Emergency Medical Services Council, at its January 25, 1985 meeting, voted unanimously to oppose H.B. 2028. The council opposes H.B. 2028 for the following reasons:

First, since 1980 all ambulance services operating in Kansas have complied with the statutes which require a permit to operate. It is unfair and illogical for one ambulance service to be exempted from the requirements 214 other services must meet.

Second, H.B. 2028 would create a precedent which other communities could use as justification for requesting exemptions for their specific geographic areas. At what point would the legislature be willing to say, "Enough is enough."

Third, St. Joseph Hospital Ambulance Service, the service which would be exempted from Kansas statutes and regulations by H.B. 2028, has been given ample opportunity during the past three years to fully meet Kansas requirements. As one example, St. Joseph has been issued more than fifty temporary attendant certifications.

Fourth, the council is concerned that governing bodies with "home rule" could possibly use H.B. 2028 to exempt themselves from state requirements for ambulance services.

Kansas can be proud of its emergency medical services and the statutes which help ensure all services will continue to meet our high standards. H.B. 2028 would be a step backwards; a step Kansas should not take.

attach c

EVAN A. PETERSON, M.D. & ASSOCIATES, P.C.

OFFICES

3306 MITCHELL AVE., BOX 185
ST. JOSEPH, MISSOURI 64502
PH.: 816-279-3506

324 ST. JOSEPH ST., BOX 98
WATHENA, KANSAS 66090
PH.: 913 989-3122

EVAN A. PETERSON, M.D., F.A.A.F.P., F.B.F.P.
CARLYN M. KLINE, M.D., F.A.A.F.P., F.B.F.P.
SAMUEL E. APARICIO, M.D.

January 11, 1985

Don Sallee
Route 2
Troy, KS 66087

Dear Mr. Sallee:

I am strongly in support of your proposed bill to provide and allow emergency ambulance service to continue to provide ambulance service to Eastern Doniphan County Kansas.

My practice started thirty years ago in Wathena and at that time funeral homes provided the ambulance transportation service and real emergencies were covered by St. Joseph, MO free lance ambulance services. Due to the proximity of St. Joseph to Elwood, KS-just across the Missouri River and Wathena, KS-7 miles across the river - both St. Joseph Hospitals provide the inpatient care for 96% of all hospital patients. Over 10 years ago I cosponsored the present excellent hospital based St. Joseph Ambulance Service. The service has progressed with excellent teams of paramedics (mobile emergency technicians) that communicate with the hospitals by radio and are directed thereby by the patient's private physician or the full time emergency room physician. The technicians thereby respond to medical direction at all times and can provide many life saving services to the patient in the field. The St. Joseph ambulance service has ambulances stationed at many points around town and they can respond to our area in less than ten minutes in most cases.

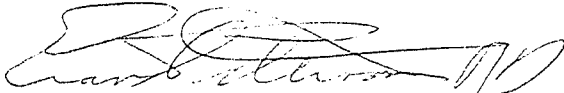
Our only other choice is an ambulance stationed in Troy. These people from Troy are citizens that volunteer their services and are emergency medical technicians trained and do their best to provide good fundamental transportation. They are citizens in other walks of life and mobilizing them takes a little time. Once available they are not equipped or legally able to communicate with the hospital for M.D. guidance at the scene. These people do their very best, but it is difficult to complete in competence with people doing the same job on a regular daily basis.

If you were involved in a serious vehicular accident while traveling thru eastern Doniphan County - or if you were suffering an

acute heart attack while visiting here which would you call
for your personal care or that of your loved one?

We need and I strongly support your bill for providing alternate
acute emergency services to Eastern Doniphan County. It will
save lives and prevent morbidity that would be otherwise lost.

Sincerely,

A handwritten signature in black ink, appearing to read "Evan A. Peterson". The signature is fluid and cursive, with a large, stylized initial "E" and "P".

Evan A. Peterson, M.D.

EAP/sapc

KANSAS LEGISLATIVE RESEARCH DEPARTMENT

Room 545-N — Statehouse

Phone 296-3181

January 25, 1985

TO: REPRESENTATIVE DON SALLEE

Office No. 181-W

**RE: MISSOURI EMERGENCY MEDICAL SERVICE
REGULATION**

I am enclosing a copy of the Missouri laws governing the operation of ambulance or emergency medical services in Missouri (see Attachment No. 1). The sections that are most pertinent to your bill are Section 190.105 which requires that ambulances be licensed, Section 190.115 which sets standards for ambulance equipment, and Sections 190.135 through 190.165 which concern the licensing of attendants, mobile emergency medical technicians, and attendant drivers in Missouri, including the services that may be performed by such individuals. These statutes are roughly similar to Kansas statutes although they do not provide for as many levels of emergency medical personnel as do the Kansas statutes, nor do they deal with the subject matter in as great a detail. Note that, if necessary, your bill could refer to emergency medical services personnel licensed by the state of Missouri pursuant to MRS 190.135 et seq.

I am also enclosing as Attachment No. 2 the Missouri regulations concerning ambulance or emergency special services. See particularly, 13 CSR 50-40.050, 13 CSR 50-40.090, and 13 CSR 50-40.100 which concern the licensure and relicensure of emergency medical technicians and mobile emergency medical technicians. Also see 13 CSR 50-40.110 and 13 CSR 50-40.120 for training requirements.

I am also enclosing, as Attachment No. 3, pages 10 and 11 of a bulletin issued by the Missouri Department of Social Services, Division of Health, relating to the type of continuing education for relicensure that must be completed by emergency medical technicians in Missouri.

If you need additional information, please contact me.

Emalene Correll
Emalene Correll *By DFB*
Research Associate

EC/jsf

Enclosure

PARAMEDIC REFRESHER PROGRAM

The course outline and class sessions must be consistent with the curriculum established in the National Department of Transportation EMT-P program.

Module	Minimum Hours
I The Emergency Medical Technician	2
II Human Systems and Patient Assessment	4
III Shock and Fluid Therapy	4
IV General Pharmacology	6
A. Cardiac	4
B. Medical/Surgical	2
V Respiratory System	6*
A. Cardiac	2
B. Non-Cardiac	4
VI Cardiovascular System	16
VII Central Nervous System	4
VIII Soft Tissue Injuries	2
IX Musculoskeletal System	2
X Medical Emergencies	6
XI Obstetric/Gynecologic Emergencies	2
XII Pediatrics/Neonatal Emergencies	2
XIII Emergency Care of the Emotionally Disturbed	2
XIV Extrication/Rescue Techniques	4
XV Telemetry/Communications/Patient Data	2
 Total Hours	 64

* Respiratory System - 2 Hours Cardiac Related, i.e. Adjunctive Devices
 4 Hours Non-Cardiac, i.e.: COPD, Pulmonary Edema
 Pulmonary Embolism, Toxic Inhalations, Trauma

American Heart Association ACLS certification may be used to substitute for 4 hours of cardiac pharmacology, 2 hours cardio-respiratory and 16 hours cardiovascular system requirements for a total of 22 of 28 hours in modules IV, V, and VI.

Paramedic refresher students will not be allowed to attend selected portions of a full paramedic program for relicensure. The paramedic refresher student may attend the entire didactic presentation of a full paramedic program in order to qualify for relicensure.

CLINICAL REQUIREMENTS

Paramedics who have been actively engaged in providing advanced life support during the year prior to relicensure are not required to complete additional clinical rotations or skills if the physician medical director for the service submits a letter to the training entity verifying that the candidate has been actively involved in providing advanced life support on a full time or part-time basis for the past year and verifying clinical competency of the candidate in the following: (Note minimum numbers which should be documented)

- 2 Successful Endotracheal Intubations on patients
- 1 Defibrillation on a patient
- 2 Intravenous Medications
- 2 Intravenous Infusions
- 2 Intramuscular Medications
- 5 Dysrhythmia Interpretations

Paramedics who have not been actively involved in providing advanced life support during the past year or that have not been able to document performance of all clinical skills must perform all clinical skills listed above during rotations in the following areas:

Coronary/Intensive Care	8 hours
Surgery/Recovery	8 hours
Emergency Department	16 hours