Approved Ivan Sand 1/27/88
Date

MINUTES OF THE House COMMITTEE ON Local Government.

The meeting was called to order by Representative Ivan Sand at
Chairperson

1:30 ~~A~~m./p.m. on January 21, 1988 in room 521-S of the Capitol.

All members were present except:

Committee staff present:
Mike Heim, Legislative Research Dept.
Bill Edds, Revisor of Statutes' Office
Lenore Olson, Committee Secretary

Conferees appearing before the committee:
Randy Reinecker, Director of EMS at Memorial Hospital, McPherson
Darlene Whitlock, Emergency Nurses Association
Jay Emler, Chairman, State EMS Council
Ralph Unger, Decatur County Commissioner
Sylvia Davis, President, Kansas Emergency Medical Technicians Ass'n
Bob Prewitt, Finney County EMS
Tuck Duncan, Medevac Midamerica
Ted McFarlane, Director, Douglas County EMS
Chip Wheelen, Kansas Medical Society
Bev Bradley, Kansas Association of Counties
Dave Nachtigal, Instructor for emergency care, Hiawatha
Charles A. Neal, Chairman, Region 1 EMS Council
Margaret Ziegler, Kansas Emergency Medical Technicians Association

Randy Reinecker testified on HB 2639, stating that consolidations are needed for efficiency and continuity. He also stated that the agency should be in Topeka. He supports the recommendations testified by Bob Orth on January 20, 1988. (Attachment 1)

Darlene Whitlock testified on HB 2639, stating that she supports many aspects of this legislation, but recommends a few changes. (Attachments 2 & 3)

Jay Emler testified on HB 2639, stating that he supports part of the bill, but does recommend amendments in the name of the agency, the location of the agency, support services, composition of the council, and a number of technical changes which will be recommended to the legislature. (Attachment 4)

Ralph Unger testified on HB 2639, stating that he supports consolidation of the two parts of EMS into a single agency. He also stated that he favors the present location of the agency in Topeka, but recommends some changes in the bill. (Attachment 5)

Sylvia Davis testified on HB 2639, stating that she supports the testimony given by Bob Orth on January 20, 1988.

Bob Prewitt testified on HB 2639, stating that he supports the location changes testified by Bob Orth on January 20, 1988. Mr. Prewitt also testified that regional representation is needed on the EMS Board.

MINUTES OF THE House COMMITTEE ON Local Government,

room 521-S, Statehouse, at 1:30 a.m./p.m. on January 21, 1988

Tuck Duncan testified on HB 2639, commending the work of the Interim Special Committee on Local Government and its report. He testified that he is concerned with funding, implementation of new administrative rules and regulations, and immunities attached relating to insurance costs. (Attachment 6)

Ted McFarlane testified on HB 2639, stating that he generally supports the proposed legislation, but he wants modifications made. He also stated that the new board should be attached to an agency other than the Kansas University Medical Center. He is also concerned with the composition of the Board, tax levies, and liability limits. (Attachment 7)

Chip Wheelen testified on HB 2639, stating that he generally supports the fundamental concepts of the bill, but with a few technical amendments. (Attachment 8)

Bev Bradley testified on HB 2639, stating that she is concerned with availability of ambulances, tax levies, geographical composition of the board, and the fee scale in Section 26. (Attachment 9)

Margaret Ziegler testified on HB 2639, stating that she generally supports the bill. Ms. Ziegler also thanked Representative Sand and the committee for work on this bill. (Attachment 10)

Dave Nachtigal testified on HB 2639, stating that the agency should be located in Topeka. He also stated that he fully supports the testimony given by Bob Orth on January 20, 1988.

Charles Neal testified on HB 2639, stating that he generally supports the bill, but with changes in Section 26, Subsection (a) as re-written and page 7 as re-written. Also Section 8 (a) subdivision 7 as re-written. (Attachment 11)

A discussion was held among the committee members. Chairman Sand closed the hearing on HB 2639.

The meeting adjourned.

HOUSE COMMITTEE ON LOCAL GOVERNMENT

DATE 1-21-88

NAME	ADDRESS	REPRESENTING
DAN STATESON	623 9TH AV. LV. KS.	LV. CO. E.M.S.
Darlene Whitlock	415 Aquarius Silver Lake, Ks.	Ks. ENA
JoAnn KNAK	POB 282 MARION	KAEMS & MARION CO. EMS.
RANDY REINECKER	503 N CHESTNUT MCPHERSON	MEMORIAL HOSPITAL
Jay Scott Emler	804 N. Main Lindsborg	Emergency Medical Services Council
Bob McDaniel	111 W. 6th Topeka	BEMS, KHP
TED MCFARLANE	225 Maine, Lawrence	Douglas County
T W PELLAM	538 N MAIN WICHITA	SEDGWICK CO KEMS
Ralph D. Ungles	Box 28 Oberlin, Ks	DECATUR Co., Ks
Chip Wheelen	Topeka	KS Medical Society
DON BRADLEY	TOPEKA	KS ASSOC of COUNTIES
Margaret Ziegler	Box 66	Colby Ks. KEMTA.
Sylvia Davis	207 SO Buffalo Oberlin, KS 67749	President of KEMTA
TUCK DUNLAP	TOPEKA	medevac
Bob Prewitt	608 N 5th Garden City, Ks	Finney Co EMS
Garth Hulse	LANDON STOCK & Co	Health + Environment
ROBERT ORTH	Box 900 SUBLETTE, KS 67877	EMS TASK FORCE
Harry Helm	Topeka Ks	Region IV EMS
DARRIS DISCOMBE	Hays, Ks	Region I EMS
Charles A. Neal	Hoxie, Ks	REGION I EMS + SHERIDAN Co
ALAN STOPPEL	Topeka	McGill & Assoc.
Gerry Ray	Olathe	Johnson Co Commission
[illegible]	Hiawatha	Brown Doniphan Nemaha Co. EMT's
J. Janet Wright	Marysville, Ks.	Marysville amb Service

Randy Reinecker

McPHERSON AREA EMERGENCY MEDICAL SERVICE

1000 Hospital Drive - McPherson, Kansas 67460 - (316) 241-2250

R.L. Reinecker, MICT
Director

R.D. Easter, MICT
M.G. Platner, MICT
C.M. Welch, MICT
Captains

January 21, 1988

To The Committee on Local Government:

I begin my testimony with the contention that despite any actual or perceived problems with the structure and organization of Kansas' emergency medical system, our citizens are afforded a sound and viable program which has directly and significantly reduced death and disability rates thru-out the State. In the past 14 years EMS has evolved from a basic sanitation need into a comprehensive program directed toward providing the most appropriate care to patients in need.

The conclusion of the Special Committee on Local Government which states that "the emergency medical services program in Kansas needs basic structural changes" will not be refuted. As previously stated by other conferees, consolidation of the responsibilities and authorities currently divided between the Bureau of EMS and KUMC is imperative. Forgoing any subjective "turf" battles, consolidation is needed simply for administrative efficiency and continuity.

The basis and intent of House Bill Number 2639 is laudable. The Committee has recognized a need to consolidate administrative function; to re-define the compliment of the advisory council; and to clarify and consolidate existing EMS statutes. The overall objectives of structural change and clarification of existing statutes will not be met with resistance. However the mechanics of accomplishing these objectives effected by House Bill Number 2639 will meet with strong opposition.

Specifically we are opposed to increasing the University of Kansas Medical Center's role in the administrative and regulatory function of the emergency medical services system as effected by this bill. The newly consolidated agency should be a free-standing and independent entity separate from the political, administrative and financial constraints of the University of Kansas Medical Center. This is not accomplished by the language of House Bill 2639.

Attachment 1
1-21-88

We are opposed to the physical transfer to the newly consolidated agency to Kansas City or Wichita. The agency should be housed in Topeka maintaining a liaison and rapport with other State agencies and the legislature.

We are opposed to the composition of the emergency medical services board as defined by House Bill 2639. Historically the participation of elected officials appointed to the present EMS Advisory Council has been less than active. The board should reflect active participation in the provision of EMS and should include ancillary services involved with the overall EMS community. The compliment of the board should also include equal representation of the four emergency medical services regions which are governed by local regional councils.

These represent our major concerns and opposition to House Bill 2639. As stated by previous conferees there are additional measures that should be taken to improve this proposed bill in order to clarify language and reflect current standards and practices.

I would refer this committee to previously submitted material that has been developed by an EMS Task Force representing several regional councils and other EMS providers. I believe that these recommendations were submitted by Bob Orth at testimony before the Committee on January 20th, 1988.

I respectfully urge your thoughtful review of these recommendations and their incorporation by amendment into House Bill 2639.

Respectfully submitted by

Randall L. Reinecker, MICT

attach - 1
pg 2 of 2

Position presented by Darlene Whitlock, R.N.

Regarding House Bill No. 2639

Thank you for giving me this opportunity to speak to this committee.

I would first like to begin my remarks by stating that I agree with many aspects of this proposed legislation.

I am speaking to represent the Kansas State Council of the Emergency Nurses Association. I am a member of the current EMS Council because I am the immediate past president and was endorsed by that organization. Our ENA group is a statewide organization. I have attached a signed memo from the current ENA State Council Executive Committee with their position.

Although I am politically naive, I am gaining experience.

As a recently elected member of my small town's school board, I can appreciate how much time and effort was associated with the drafting of this bill. But as with my position, input both for and against proposed changes are always extremely helpful. I hope you all feel the same.

I have been a member of the EMS Council since June 1987 but have practiced as an Emergency Nurse since 1971 in Kansas City, Emporia, Holton and Topeka. My current job is to travel across the state doing education programs for nurses, physicians, MICT's and EMT's. I also present programs to lay people, pre-schools and others. I have seen many changes in

Attachment 2
1-21-88

Emergency care over these years and I feel Kansas has a system we can be proud of. There are some problems we could solve, but I feel overall, we have many dedicated people in the entire state. There is an excellent mechanism for communication and feedback in the current system.

I agree that the two arms of the EMS agencies should be consolidated. I think it is difficult to know which group is coordinating which aspects of EMS in Kansas. I feel though that this could be accomplished by establishing a Board to govern these activities, much like the Board of Nursing or the Board of Healing Arts do their respective areas. I feel that this Board should have its headquarters in Topeka as the others do. I'm sure many things could be expedited and financial consideration would be affected by the close proximity to other State agencies.

I also agree that the EMS Board with 18 members is probably a large group. I reviewed all of my minutes since joining the committee and found that as few as 2 members were always missing, as many as 7 might be gone. The average was 5 members absent; this makes the usual number 13. Obviously, if there was any reorganization in the group, Kansas State Council of ENA would want to have representation. We feel nurses can make excellent contributions in discussing EMS issues.

I hope the committee will seriously consider the Kansas State Council of Emergency Nurses Association's position in support of parts of House Bill No. 2639 and concerns of other areas.

Thank you. I would be glad to answer any questions.

Attach #2
pg 2 of 3

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NURSESASSOCIATION

KENA

ENA
Kansas State Council

KANSAS EMERGENCY NURSES ASSOCIATION 1987

TO WHOM IT MAY CONCERN:

The Executive Committee of the Kansas State Council of the Emergency Nurses Association would like to voice their support of the Bureau of Emergency Medical Services and the Emergency Medical Services Council.

The Kansas ENA group has been represented on the EMS Council for many years. KENA feels that it is in the best interest of Kansas consumers to have different branches of emergency care providers involved in the decision making and dialogue that occurs in that council. KENA executive committee feels strongly that emergency nurses who directly interact with EMT's,EMICT's and other prehospital caregivers should be involved with decision making in that area. Many emergency nurses are also certified at some of those same levels and have a good grasp of areas of concern.

Although KENA is not a large group (approximately 160 members), their members are statewide. With this kind of group the members are from both rural and urban areas. This range of caregivers gives a good understanding of the variety of problems that need to be addressed. We feel that the present Bureau of EMS has made a conserted effort to address urban and rural issues.

Please contact this group if we may be of any help in formulating plans for emergency care in Kansas.

Sue Unruh,President
Milford

Gwen Philbrook,Treasurer
Salina

Deb Condit,Secretary
Hays

#2
3 of 3

EMERGENCY PHYSICIANS OF TOPEKA, P.A.

at Stormont-Vail Regional Medical Center

1500 W. 10th • Topeka, Kansas 66606

Robert L. Peterson, M.D.
David J. Kingfisher, M.D., J.D.
P. Marcus Bassett, M.D.
Dean W. Ratliff, D.O.

January 19,1988

Memo: Local Government Committee
Regarding: House Bill 2639

I would like to lend my support to some provisions of the proposed legislation regarding the Bureau of Emergency Medical Services.

I think it would be helpful to consolidate the two different branches of EMS offices. I think it would be more efficient to have it located in Topeka for legislative access and communication with other state agencies.

I also support the concept of the EMS Council being more like the Board of Healing Arts and the Board of Nursing.

I am a member of the Kansas Medical Society EMS Committee and I will continue to monitor the progress of this bill and further legislation. As the Medical Director of an Emergency Department and the Medical Director of an ambulance service, I have a great interest in this area.

Sincerely,

R L Peterson MD

Robert L. Peterson,MD

Attachment 3
1-21-88

EMERGENCY MEDICAL SERVICES COUNCIL POSITION ON EMS PROGRAM CONSOLIDATION

Adopted December 4, 1987 Jay Emler

The EMS Council commends the Special Committee on Local Government for its work during the interim study of emergency medical services and notes that consolidation of the two parts of the EMS program into a single agency is a goal the council has recommended for the past year.

The EMS Council agrees that medical consultation for the consolidated program should be provided by a physician from the staff of KUMC, and commends the committee for its recognition that medical consultation at both the local and state levels is essential for good emergency medical services.

The EMS Council recommends, however, that the proposed bill be amended in committee by making the following changes.

1. The newly consolidated agency should be named the Board of Emergency Medical Services, rather than the Division of Emergency Medical Services, to clearly identify its independent status.

2. The offices of the agency should be located in Topeka to facilitate contact with other state agencies and the legislature, and to reduce travel time in conducting agency business.

3. Support services for the agency should be provided by the Kansas Highway Patrol, rather than the Kansas University Medical Center.

4. The governing body for the agency should reflect current EMS Council composition, although the following changes should be made: The number of council positions should be reduced from 18 to 14 by eliminating the positions of the Kansas Highway Patrol, the Kansas University Medical Center, the Kansas Department of Health and Environment and the Kansas Law Enforcement Training Center. The two consumer positions should be changed to provide for one county commissioner position and an additional legislative position. The governor should request nominations from the regional EMS councils for the four regional positions on the council.

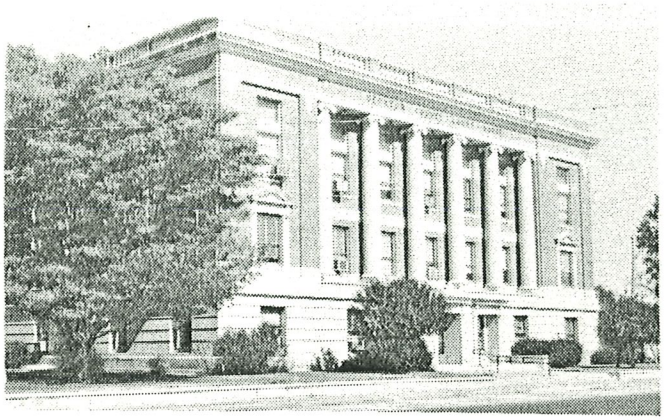
5. The existence of the four emergency medical services regions, governed by regional councils, should be recognized.

6. A number of technical problems also require correction or clarification. The EMS Council will recommend specific changes to the legislature.

The EMS Council recommends passage of the consolidation bill proposed by the Special Committee on Local Government if the changes described above are incorporated into the bill.

Attachment 4
1-21-88

County of Decatur



Oberlin, Kansas 67749

January 20, 1988

The Honorable Representative Ivan Sand, Chairman;
and Members of the House Local Government Committee:

Decatur County supports the consolidation of the two parts of EMS into a single agency. We strongly favor the present location of the EMS office in Topeka where it is convenient to the other functions of State Government.

We want to continue to support and strengthen the volunteers role in the providing of EMS services in many counties throughout Kansas. Effective medical care services are most responsive to local needs when they are controlled and directed by the local government and the local health care providers such as has been done in Decatur County in the past.

Decatur County Commissioners intend to provide, as we have in the past, the highest level of EMS services that the County can afford.

There are aspects of the proposed bill that we feel may not insure the continuance of or at least impair the operation of EMS in some areas of the State. Changes we recommend are:

1. Philosophically, we support the general idea of bringing training, testing, and recertification to the people -- rather than taking people to the sites that provide these services.
2. We support the "Certified Training Officer" program which has been initiated during the past two years. This program is advantageous in providing ongoing training throughout the year as well as being more cost effective for the local EMS services. Our EMT's have indicated to us that recently the emphasis in testing has stressed the importance of the practical application of their knowledge and skills rather than just the recall of memorized procedures. We feel this is a real improvement.
3. We propose on Section 8, the membership of the board should be 15 members rather than 13 and should be composed of the following people:
   One shall be a member of the Kansas medical society who is actively involved in emergency medical services.
   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 and not having a full-time paid service, to be selected from recommendations submitted by the Kansas Association of Counties.

attachment 5
1-21-88

Two shall be legislators to be selected from recommendations submitted by the leadership of the Senate and House.

* One shall be a member of a fire service actively involved in providing emergency medical services.
* One shall be an attendant who is actively involved in a volunteer ambulance service.
* One shall be an attendant who is actively involved in an emergency medical technician level ambulance service utilizing full-time, paid personnel.
* One shall be an attendant who is actively involved in a mobile intensive care technician level ambulance service.
* One shall be an instructor/coordinator.
* One shall be a registered professional nurse actively involved in emergency medical services.

Four shall be representatives of the four emergency medical services regions of this state, to be selected from recommendations submitted by the regional emergency medical services councils. One representative shall be from each emergency medical services region.

* At least one of the members marked with an asterik shall be from each one of the four EMS regions.

4. We propose on Section 8, Subsection (b), that the terms for appointment after the initial appointment shall be for four years with no member serving more than two consecutive four-year terms. Also the number of appointments per year should be more evenly divided.

5. We propose on Section 26, Subsection (a), Part (3), to change the $25 to $10, or be eliminated.

6. Section 26, Subsection (a), we would add Part (4) "a valid drivers license".

7. We would encourage the new EMS statutes to recognize by statute the establishment of the existing four regional EMS Councils and define the broad area of responsibilities of the Regional EMS Council such as "may include but not limited to":
   a. Prepare and submit a regional emergency medical services plan to the board.
   b. Contract with the board for specific purposes.
   c. Maintain a training equipment pool.
   d. Submit an annual budget to the board.
   e. Submit an annual progress report and expenditure statement to the board.
   f. Coordinate intitial training and continuing education classes held within each region.
   g. Provide field coordinators.
   h. Provide testing and training sites within the region.
   i. Perform other duties identified by the board in the administrative rules and regulations.

#5
2 of 5

Attached to our letter you will find vital statistics about Decatur County and its record of EMS services for the past several years. We are proud of the improvements we have made during this time and of the many volunteer hours donated by our EMT's, doctors, community leaders and medical personnel, without whom none of this would be possible. We ask for your support for the changes we suggest on the preceding pages so we can continue this advancement.

Thank you for the opportunity to share our concerns with your Committee.

Sincerely,

DECATUR COUNTY BOARD OF COMMISSIONERS:

Dennis L. Sloan, Chairman

Jack Noone, Member

Ralph D. Unger, Member

Ren R. Whitaker, MD, Health Officer &
Medical Director of Ambulance Service

#5
3 of 5

D E C A T U R C O U N T Y

S T A T I S T I C S

YEAR	VALUATION	LEVY
1987	27,199,868	39.049
1986	28,178,855	29.700
1985	31,165,086	21.007
1984	31,305,577	19.097
1983	33,226,365	21.900
1982	39,405,669	19.840

EMS Ambulance Runs -- 1975 through 1987

3,403 Runs 212,176 accident-free miles

Average response time: 3.7 minutes

Volunteer Time on Call

365 days X 24 hours X 6 EMT's = 52,560 hrs/yr

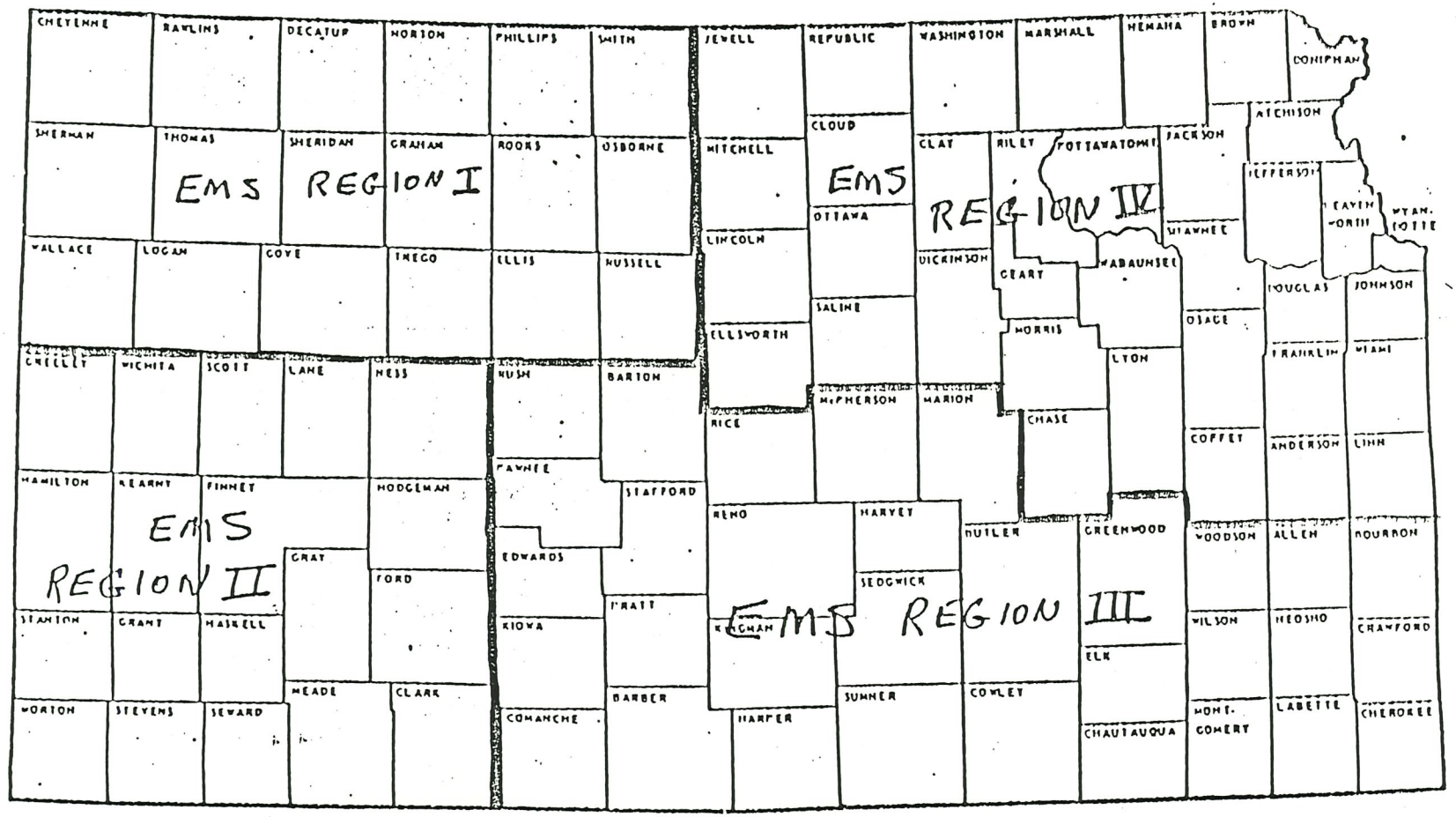
683,280 hrs @ $3.50 = $2,391,480 *

* If this would have to be added to each ambulance call, the basic charge would need to increase by $702.75. This is why it is so important to us to keep our volunteers.

#5

4 of 5

ATTACHMENT A



Emergency Medical Service Regions

July 1987

To: House Committee on Local Government
From: R.E. "Tuck" Duncan
Medevac Midamerica, Shawnee County, Kansas
RE: H.B. 2639

We commend the work of the Interim Special Committee on Local Government and its report, at page 385 of the Report to the 1988 Legislature. Medevac, which operates the services for Shawnee County, Kansas, under contract, has enjoyed a good working relationship with regulatory authorities to date, and if the structure is changed by the passage of H.B. 2639, we would anticipate continuing that positive relationship. The important factor in this discussion is that there is a general recognition that we need to maintain quality emergency medical services in Kansas.

There are several matters that were either brought to the attention of the Committee or became known after the committee completed its work, which are not in H.B. 2639 which we wish to bring to your attention today.

1. Any reorganization that is adopted must also be accompanied by adequate funding to complete the state-wide communications program. After recieving EMS issues, this committee might consider suggesting to the committee on appropriations it study this matter when it prepares the budget for the new independant agency.

2. In as much as the new agency would differ in governance from the existing structure, this bill should place a stay on the implementation of the new administrative rules and regulations due to become effective May 1. It is reasonable to expect that a new independant agency governed by a Board comprised differently than the existing structure, might have a new approach (or might not see the need for any changes). For example certain classes of service will be deregulated as of May 1, by action to revoke certain regulations, this should be reviewed by this Committee. Class III and IV services would be deregulated and that is contrary to the Interim Committee's conclusion that (at p. 392) "...most agreed that Kansas has a superior emergency medical system. The consensus of the providers was that there should be no reduction in training or equipment standards for service." During the transition administrative rules, promulgated after the Interim Committee's review, but

Attachment 6
1-21-88

before the exactment of this law, should not take effect. The new agency should have an opportunity to review existing rules, and chart its own course.

3. Quasi-governmental services, i.e. private services funded in part by subsidies, should enjoy the same immunities as government operated services. The types of services provided are the same, but the liability exposures differ considerably. H.B. 2639 preserves certain immunities at section 21, but this should be broadened to address this concern. The issue here is, what protection from suit should be provided irrespective of the nature of the entity providing the service. As a matter of public policy, to maintain the availability of services and to create the opportunity for expanded services, what protections are warranted? If gross and wantos negligence is the standard upon which to judge the person providing the service in the field, should it not also be the standard to judge the employer (government or non-government) of that person?

Your attention to and consideration of these matters is greatly appreciated.

Douglas County

Department of Emergency Medical Services and Emergency Preparedness

Ted McFarlane, Director

January 21, 1988

REF: House Bill 2639

Thank you for allowing me to comment on House Bill 2639. As you can tell from my written testimony I am the Director of the Douglas County Ambulance Service. We are a paramedic level service owned and operated by Douglas County. I have been a member of the State EMS Council for the past 6 years.

I support the proposed legislation in concept but would like to encourage you to consider some modifications before sending it to the full house.

1. Like most of the conferees that you have heard from I would like to see the new board attached to an agency other than the KU Medical Center. The logic of putting it at the KU Medical Center doesn't escape me. The problem with housing it there is the lack of commitment from the Medical Center for the training program over the past 5 years. Most of us assume that this same level of commitment or lack of it would continue.

2. My second concern is the composition of the Board. The bill would make 6 of the 13 positions elected officials either County or State. Its likely these people would not be familiar with EMS issues. They would have to devote a great deal of time to familiarize themselves with the issues and attend meetings. The past legislative members of the EMS Council have been inactive participants. They have attended very few meetings. If this were to continue with the new Board then most of the power would shift from the board to the Administrator. He or she would become more powerful than the current Bureau Director. I welcome the interest and involvement of elected officials on the Board. I think 3 members instead of 6 would make the Board more effective in leading the continued development of EMS in the State.

Ambulance Service Division
225 Maine Street
Lawrence, Kansas 66044
(913) 843-7777

Emergency Preparedness Division
Judical and Law Enforcement Center
111 East Eleventh
Lawrence, Kansas 66044
(913) 841-7700 Extension 259

Attachment 7
1-21-88

3. Finally, I would like to call your attention to 2 other problems with the proposed legislation. Section 12(c) (page 10) requires a municipality to pass an ordinance subject to petition and election if it wants to levy a tax to support its EMS effort. Many years ago our County by Home Rule Resolution authorized a 3 mill levy for EMS. I suggest that you recognize these existing authorizations in the bill in the form of a grandfather clause.

Section 21 (page 16) grants a liability limit to doctors, nurses and instructors. Current law (KSA 65-2891) commonly referred to as the Good Samaritan Act, grants this same protection to EMT's Mobile Intensive Care Technicians, and others trained to provide emergency medical care. I encourage you to continue your efforts to centralize the EMS laws and write the liability protection for all EMS personnel into this new act. This will free up the Good Samaritan Act for the common law understanding of what a good samaritan is.

Again, thank you for the opportunity to speak.

KANSAS MEDICAL SOCIETY
1300 Topeka Avenue · Topeka, Kansas 66612 · (913) 235-2383

January 21, 1988

TO: House Local Government Committee

FROM: Kansas Medical Society

SUBJECT: House Bill 2639, As Introduced

As you may be aware, there are a number of committees organized within the Kansas Medical Society which focus on specific areas of interest and make policy recommendations. One of those is an eleven member Emergency Medical Services Committee chaired by Doctor Robert A. Worsing, Jr. of Wichita.

Our EMS Committee has reviewed the provisions of HB 2639 and generally endorses the fundamental concepts that were recommended by the 1987 Special Committee on Local Government. Our principal concern is, of course, the need to maintain and enhance the general policy of medical input and oversight in regard to curriculum and local EMS program operations.

Our EMS Committee has, however, recommended a few technical amendments that are outlined in the attachment to this statement. We respectfully request that you adopt these amendments before taking action on the bill.

Thank you for your consideration.

CW:nb

Attachment 8
1-21-88

SUMMARY OF PROPOSITION 26
A BILL TO REORGANIZE THE BUREAU OF EMS

Sec. 1.a. Abolishes Bureau of EMS.
Establishes Div. of EMS (DEMS)
Duties of KU transferred to DEMS

1.b. Abolish office of Director BEMS
Establish office of Administrator DEMS

1.c. Abolishes EMS Council
Establishes EMS Board

Sec. 2.a. DEMS located at KUMC
Accounting, admin, etc under chancellor, KU
Budget process separate from KU

2.b. Administrator DEMS chief adm. off.
Appointed by Board
Unclassified civil service

2.c. Administrator DEMS hires other employees

Sec. 3.a. DEMS succeeds BEMS powers/duties

3.b. Administrators succeeds Director power/duties

3.c. EMS Board succeeds Council

3.d. All laws, rules, regs of Council and BEMS remain in effect.

Sec. 4. Officers and employees of BEMS remain DEMS employees

Sec. 5. Decision of governor final in all conflicts over transfer

Sec. 6. EMS Board succeeds to all properties and appropriations of BEMS

Sec. 7. All suits, actions, etc against BEMS transferred to DEMS

THE COMMITTEE ON EMS RECOMMENDATIONS REGARDING PROPOSITION 26

Sec. 1.a. Recommend strong support for consolidation of BEMS/ KUMC components

Sec. 8.a. Compositions of EMS Board
i) Member Ks Med Soc interested in EMS
ii) Two county commissioners making levy for EMS (1 from county with pop < 15,000)
iii) Four legislators (2 senate, 2 house)
iv) One instructor/coordinator
v) One hospital administrator involved in EMS
vi) One fire fighter providing EMS
vii) Three EMS attendants in different training classifications, from different geographical areas of state, at least one a volunteer.
Must be Kansas residents. May be removed by governor for good cause or on recommendation of board

8.b. Four year appointments. Initial appoints 4x 1 yr, 3x 2 yr, 2x 3 yr, 2x 4 yr

8.c. Board to meet ≥ 6x/yr, and at least quarterly. Chair and Vicechair elected first meeting of year. All vouchers to be approved by chair. Meeting expenses to be paid to members.

8.d. Council members to continue to serve until new Board members appointed

Sec. 9.a. Board to adopt rules/regs necessary for ambulance operations

9.b. Vehicles in use on 1 July 1975 my continue in use under same owner/lessee

Sec. 8.a. Recommend the following changes in composition of EMS Board to make it more like other professional boards (Board of Healing Arts, Nursing, Accounting, etc)
1) Decrease county commissioners/legislators to two
2) Question need for hospital administrator
3) Add RN with EMS experience
(This would correspond to representatives from the three types of EMS attendants)
Suggest medical consultant (Sec. 10.b.) also be voting member of Board

8.b. Suggest more balanced staggering of terms

Sec. 10.a. Adopt rules/regs to carry out act

10.b. Review/approve allocations/ expenditures for EMS appropriations

10.c. Conduct regulatory hearings regarding EMS and 1st responders

10.d. Submit budget to legislature

10.e. Develop state EMS plan

10.f. Contract as necessary to carry out functions

10.g. Review and approve all requests for fed/state funding for EMS projects in state

10.h. Approve all attendant training programs

10.i. Approve testing methods for attendant certificates

10.j. Develop criteria and approve course of instruction for instructor-coordinators

10.k. Conduct/contract for I/C instruction

10.l. Certify I/Cs

10.m. Appoint a part-time medical consultant for the board from the staff at KUMC. To be MD/DO and active in EMS

10.n. Approve all training programs for certified 1st responders

Sec. 11. Definitions used in Act

11.1. Definition of 1st Responder

Sec. 12.a. Municipalities may operate EMS or contract to provide.

12.b. Munis may make annual levy ≤ 3 mills for EMS operations

12.c. Must adopt ordinance to authorize levy of EMS tax
Levy may be put to vote with petition (10% qualified electors) within 60 days

12.d. Counties shall not provide EMS if already there
Shall contribute proportional amount of tax levy

Sec. 13. Munis may set up centralized emergency communication system

10.g. Need clarification on this item to determine if this means that individual services are required to obtain approval from the Board for applications for grants for local projects or if applies only to statewide projects. If requires approval for all projects in state, then time element may come into play in local services meeting deadlines on applications.

10.m. Need further clarification on part-time medical consultant including
1) Why needs to be on staff at KUMC
2) Definition of duties/ responsibilities

Sec. 11.1. All other attendants are defined in terms of level and hours of instruction except 1st responders yet section 38.b. lists and defines training

Sec. 14. Munis have power to
- 14.a. acquire equipment and facilities
- 14.b. enter into contracts for EMS
- 14.c. make app for and received grants from Feds, gov. entity, other public/private sources
- 14.d. Contract/combine/coordinate EMS activities within/without Muni
- 14.e. Charge for ambulance services Provide for audit and records
- 14.f. Perform incidental functions req by Act

Sec. 15. If Muni estabs EMS, shall estab min stds for facilities, equip, personnel qualifications and training

Sec. 16. Listing of allowed MICT procedures/activities

Sec. 17. Listing of allowed EMT-I procedures/activities

Sec. 18. Listing of allowed EMT procedures/activities

Sec. 19. Listing of allowed crash injury management technician procedures/activities

Sec. 20. Listing of allowed EMT-D procedures/activities

Sec. 16-20 List allowed medical activities of various levels of attendants. Suggest including 1st responder duties Sec. 40.a-i. in this area as well

Sec. 21.a. Waiver of civil liability for person licensed to practice medicine and surgery or reg professional nurse giving emergency instructions to MICT or EMT-I except for gross negligence
- 21.b. Waiver of civil liability for MICT/ EMT-I rendering care pursuant to instructions from MD/DO or RN except for gross negligence, willful or wanton acts or omissions
- 21.c. Waiver of civil liability for I-Cs for damages resulting from course of instruction except from gross negligence, willful or wanton acts or omission
- 21.d. Waiver of civil liability for medical advisors except gross negligence

Sec. 21.a-d. Absolutely mandatory that these be retained.

Sec. 22. Unlawful to operate ambulance service without permit

Sec. 23.a. Except as in 23.b., each service shall have a medical advisor to review, approve, monitor the activities of attendants.
EMS Board may approve alt method for medical oversight if no medical advisor available.

23.b. Service with EMT-D must have medical advisor

Sec. 24.a. Application for permit on DEMS forms
Permit fee based on base amount plus fee/ambulance, fee not to exceed $25

24.b. Application to give op name, attendant names, primary svc area, type of svc, location and description of where calls for svc received, vehicles garaged, description of vehicles and other equipment

24.c. No exclusive territories
Operating permits expire 60d after change of ownership

24.d. Permits in effect at time Act enacted remain in effect until EMS Board adapts new rules,regs, fees

Sec. 25. Denial of permits and rights to appeal
Permits valid for one year

Sec. 26.a. Applications for attendants on DEMS forms within one year of completing course, passing exam, pay fee ≤ $25

26.b. Crash injury management tech ≥ 72 hrs instruction
EMT ≥ 81 hours
MICT ≥ 200 hours
EMT-I = EMT + 1yr exp + ≥ 40 hrs
EMT-D = EMT + ≥1yr exp + ≥ training program

26.c. Attendant's certificates valid for 1yr, expiring 31 Dec
Renewal fee ≤ $25 + ≥ 8hrs CEUs approved by DEMS
Certificates void if not renewed in 30d of expiration

Sec. 23.a. Significant change from the past in that all services, including Type 2 (Basic Life Support) would be required to have medical advisors. This requirement should be strongly supported.

23.b. Redundant if 23.a. requires a medical advisor

26.d. EMS Board may issue temp certificates when:
i) Operator request certificate
ii) Person meets min training req. by rules regs
Temp cert good max 1 yr and only working for operator requesting

26.e. Fees for permits to be remitted to state at least monthly

26.f. If, within 2 yrs of cert expiration, person applies for renewal , Board may grant new certificate without instruction if passes exam and pays fee ≤ $25

Sec. 27. Board may inquire into service operations, conduct of attendants, and conduct periodic inspections without notice
May require records regarding services performed to be provided
May require operators to submit lists of personnel and notify of changes or ownership

Sec. 27. Board needs to have subpoena powers to compel production of records, including medical records,for evaluation of performance of duties.

Sec. 28. Munis may license/regulate ambulance services in jurisdiction
Such req/regs in addition to DEMS rules/regs

Sec. 29.a. Operator's permits may be denied/revoked upon proof of:
1) Misrepresentation to get permit
2) Activities not authorized
3) Demonstrated incompetence, unable to provide adequate svc
4) Failure to keep/maintain records, failure to make req reports
5) Knowingly operate faulty/unsafe equipment
6) Violated Act's provisions or DEMS rules/regs

29.b. Attendant's certificate may be revoked for:
1) Misrepresentation to get permit
2) Activities not authorized
3) Demonstrated incompetence
4) Violated Act's provisions or DEMS rules/regs
5) Convicted of felony or EMS Board finds does not warrant public trust
6) Demonstrated habitual intemperance or addiction to drugs
7) Engaged in unprofessional conduct

29.c. Board shall not revoke or suspend a permit without hearing in accordance with Kansas admin procedures act

Sec. 30. Operators permit may be temporarily limited or restricted pending hearing upon receipt of a complaint indicating public health, safety, or welfare to be in imminent danger.
If inspection proves complaint invalid or corrected, suspension shall be terminated
Proceedings may be initiated by Board or any person filing written charges.
Board shall not limit nor restrict permit without hearing according to Ks admin proc act

Sec. 30. Says that the Board may temporarily limit or restrict a permit pending a hearing for imminent danger, yet next paragraph says not limits or restrictions without a hearing. Needs clarification.

Sec. 31.a. All ambulance services providing emergency care shall operate 24hrs/day every day

31.b. Whenever operator req to have permit at least on person shall be EMT, MICT, MD/DO, registered PA, or registered professional nurse

8-8

Sec. 32.a. Nothing in Act shall be construed to
1) Prevent operation of police emergency vehicle
2) Affect statute of reg authority of DOT concerning automotive equipment and safety req
3) Prohibit privately owned vehicles/aircraft not ordinarily used in the ambulance svc from transporting persons who are sick, injured, wounded, or otherwise incapacitated or helpless
4) Prevent any vehicle from being pressed into service as an ambulance
5) Prohibit ambulance lawfully operating under the laws of an adjoining state from providing emergency transportation of pt from muni not otherwise served by an ambulance svc located in Ks to a location within or outside Ks when the governing body of the muni declares a hardship.
The governing body shall notify the Board 30d prior to initiating such out-of-state service

32.b. Federal ambulances exempt

32.c. Ambulances based outside KS receiving patients within the state for transport outside KS shall comply with this act except for major catastrophe, making a prearranged interhospital transfer, or except as Board rules/regs

Sec. 33. Violating act class B misdemeanor

Sec. 34. Establish, maintain, operate emergency communication system

Sec. 35. May contract to provide communications system

Sec. 36. May accept grants to establish, maintain, operate communications system

Sec. 37.a. Unlawful to represent as 1st responder without valid certificate

37.b. Violation class B misdemeanor

Sec. 38. Description of 1st Responder
1st responder ≥ 45 hours

Sec. 32.c. Suggest that hospital to hospital transfers be left to Board rules and regulations to allow some regulation of air ambulance services to minimum requirements set by the Board as there are no good national standards having the force of law at this time. (FAA reqs on air ambulances are grossly outdated. The FAA is waiting for the AMA and ASHBEAMS to develop there standards before adopting new standards. Probably an minimum of 2 yrs away.)

Sec. 38-43 Include in previous sections defining similar items for MICTs, EMT, EMT-I, EMT-D

Sec. 39. Board may inquire into conduct of 1st responders

Sec. 40. Listing of 1st responders authorized activities

Sec. 41. Munis may license/reg 1st responders in addition to DEMS req Act does not preclude others from providing assistance if they do not hold out they are 1st responders

Sec. 42. 1st responder's certificate may be revoked for:
1) Misrepresentation to get permit
2) Activities not authorized
3) Demonstrated incompetence
4) Violated Act's provisions or DEMS rules/regs
5) Convicted of felony or EMS Board finds does not warrant public trust
6) Demonstrated habitual intemperance or addiction to drugs
7) Engaged in unprofessional conduct

Sec. 43. Waiver of civil liabilitiy for 1st responder except for gross negligence, willful or wanton acts or omissions

Sec. 44. Repeal of previous legislation

Sec. 45. Act takes effect after publication in KS register

Kansas Association of Counties

Serving Kansas Counties

212 S.W. Seventh Street, Topeka, Kansas 66603 Phone (913) 233-2271

January 21, 1988

To: Representative Ivan Sand, Chairman
Members House Local Government Committee

From: Bev Bradley, Legislative Coordinator
Kansas Association of Counties

Re: HB 2639 Emergency Medical Services

Mr. Chairman and members of the committee, thank you for allowing time for brief testimony today concerning HB 2639. I am Bev Bradley representing the Kansas Association of Counties.

Our legislative policy statement which was approved at the annual meeting in November says "Kansas Association of Counties supports more unified administration of Emergency Medical Services at the State Level and the clarification of responsibilities."

We would express a few of our major concerns. One is that volunteer ambulance services are important in our state as are of course the more sophisticated services. We would ask that you carefully review any legislation so that it "does not preclude the offering and/or availability of volunteer ambulance services in those areas of the state not otherwise served."

In section 8 (2) we would strongly support item two, the inclusion of two county commissioners from 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. It is important that all areas of the state are represented and that large and small counties are represented.

Section 8 (7), which addressed attendants serving on the board says that at least one of such members shall be from a volunteer emergency medical service and not more than one of such members shall be from the same geographical area of the state. These are particularly important considerations and should be retained.

In the section 26, the fee section, we would propose the board prepare a graduated fee scale with entry level training at a more reasonable rate than the more advanced training. This is not to discourage advanced training, but to insure that volunteers who are paying this fee from their own pockets will be able to do so.

Thank you Mr. Chairman. We appreciate the time and interest of this committee as we did that of the special committee. We are willing to assist the committee in any way possible.

Attachment 9
1-21-88

Boeve Ambulance Service

PROVIDER CODE 5720 139 NORTH SIXTH

WAKEENEY KANSAS 67672 PHONE 743-2926

Zeigler

January 19, 1988

STATE CAPITOL BUILDING
TOPEKA, KANSAS

ATT: LEGISLATIVE OF THE HOUSE OF LOCAL GOVERNMENT

We, the EMS Providers of Trego County, would like to thank the Special Committee on Local Government for their work on Bill 7RS1662, later House Bill 2639. We know and understand it takes a lot of time to write these bills.

It is our hope, however, that the following changes be considered in the light in which they are presented, that being, the continuing excellence of Emergency Medical Services in Kansas.

We ask that you support the changes along with this bill. Thank You.

Sincerely,

John W. Boeve

John W. Boeve
EMS Director of Trego County
Boeve Ambulance Service
WaKeeney, Kansas

Attachment 10
1-21-88

Re: House Bill 2639 on restructuring the EMS Program

We support House Bill 2639 with the changes proposed by the Special Committee on Local Government as formulated on December 28 at Salina plus changes on Section 26, Subsection (a) as re-written and page 7 as re-written. Also Section 8 (a) subdivision 7 as re-written.

Attachment 11
1-21-88

BOARD OF COMMISSIONERS

SHERIDAN COUNTY, KANSAS

Tom Jamison, Chairman

Eugene Schwarz, Commissioner

Fred Bixenman, Commissioner

Wes Wikoff

Wes Wikoff
Sheridan County Ambulance Co-Director

Florence Mense

Florence Mense
Sheridan County Ambulance Co-Director

Johnnie Oelke

Johnnie Oelke
Sheridan County E.M.T. President

Charles A. Neal

Charles A. Neal, Region I EMS Chairman

It is suggested the emergency medical service regions be recognized statutorily according to their present existence in the state.

Definition of a regional emergency medical services council - A Kansas non-profit corporation organized to conduct the affairs of a Kansas emergency medical services region and which has been recognized by the board as eligible to enter into contracts with the board.

Current emergency medical services region delineations:

Region I - Consists of the counties of Cheyene, Decatur, Ellis, Gove, Graham, Logan, Norton, Osborne, Phillips, Rawlins, Rooks, Russell, Sheridan, Sherman, Smith, Thomas, Trego and Wallace.

Region II - Consists of the counties of Clark, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearney, Lane, Meade, Morton, Ness, Scott, Seward, Stanton, Stevens and Wichita.

Region III - Consists of the counties of Allen, Barber, Barton, Bourbon, Butler, Chatauqua, Cherokee, Crawford, Comanche, Cowley, Edwards, Elk, Greenwood, Harper, Harvey, Kingman, Kiowa, Labette, Marion, McPherson, Montgomery, Neosho, Pawnee, Pratt, Reno, Rice, Rush, Sedgwick, Stafford, Sumner, Wilson and Woodson.

Region IV - Consists of the counties of Anderson, Atchison, Brown, Chase, Clay, Cloud, Coffey, Dickinson, Doniphan, Douglas, Ellsworth, Franklin, Geary, Jackson, Jefferson, Jewell, Johnson, Leavenworth, Lincoln, Linn, Lyon, Marshall, Miami, Mitchell, Morris, Nemaha, Osage, Ottawa, Pottawatomie, Republic, Riley, Saline, Shawnee, Waubaunsee, Washington and Wyandotte.

Emergency Medical Services Council Organizations:

Governed by by-laws

Representation of counties by a minimum of 18 people selected according to each region's by-laws

Duties of a regional emergency medical services council - "shall include but not be limited to:"

Prepare and submit a regional emergency medical services plan to the board

Contract with the board for specific purposes

Maintain a training equipment pool

Submit an annual budget to the board

Submit an annual progress report and expenditure statement to the board

Coordinate initial training and continuing education classes held within each region

Provide field coordinators

Provide testing and training sites within the region

Perform other duties identified by the state EMS board in the administrative rules and regulations

Section 26, Subsection (a), New Paragraph - has a valid driver's license	To require that all attendants have valid driver's licenses
Section 26, Subsection (b) - the indicated hours should be changed: 72 to 81, 81 to 120, 200 to 1200. Additionally, emergency medical technician-intermedicate hours (minimum of 40 hours) and emergency medical technician-defibrillator hours (minimum of 45 hours) should be indicated	To reflect current standards
Section 26, Subsection (c) - the requirement of "not less than eight hours" should be changed to "not less than fourteen hours"	To reflect current standards
Section 29, Subsection (b) - the words "instructor-coordinator's or training officer's" should be inserted after the word "attendants" in the first sentence	To allow the board to revoke or suspend these additonal certificates
Section 29, Subsection (c) - the words "instructor-coordinator's or training officer's" should be inserted after the word "attendants"	To encompass the control of these additional certificates
Section 30 - the first paragraph of this section is in direct conflict with the second paragraph of this section. This section needs to be rewritten or deleted	
Section 31, Subsection (b) - additional language should be added to require certain training of the second person	To reflect current standards
Section 32, Subsection (a), Paragraph (4) - add the words "in a major catastrophe" after the word "ambulance"	This would disallow the use of unlicensed vehicles as a routine procedure
Section 38 thru 43 - possibly these sections dealing with the first responder could be relocated after Section 20	Places all personnel legislation together

Section 8 (a) Subsection (7)

three shall be attendants who are actively involved in emergency medical service. Not more than one of such members shall represent the same classification of attendants. At least one of such members shall be from a volunteer emergency medical service. Not more than one of such members shall be from the same geographical area of the state.

All members of the board shall be residents of the state of Kansas. The governor may remove any member of the board for good cause upon recommendation of the board.

H.B. 2639

TO WHOM IT MAY CONCERN:

The following suggested changes to the proposed EMS bill, prepared by the Special Committee on Local Government, were discussed at a meeting held on December 28, 1987.

Those attending that meeting represented EMS providers at the grassroot level. That representation included regional emergency medical services councils from across the state, the Kansas Emergency Medical Technician Association and the Kansas Association of Emergency Medical Service Administrators.

It is the hope of those attending that meeting that the following changes be considered in the light in which they are presented, that being the continuing excellence of emergency medical services in Kansas.

SUGGESTED CHANGE	RATIONALE
Section 1, Subsection (a, change the word "division" to "board" (this change should be made in every instance where mentioned in this act)	The term "division could be intrepreted as meaning "a part of" and it is the feeling that nothing should detract from the concept of a free-standing agency. Also, this terminology would follow other terminology in use in state agencies, such as Board of Nursing, Board of Architects, etc.
Additionally, the words "except as provided by this act" should be deleted.	This change is reflected in a later suggested change
Section 1, Subsection (b) - change the term "administrator" to "director" (this change should be made in every instance where mentioned in this act)	Every state denotes the full-time person in their EMS agency as "director". Simply a conforming change.
Section 2, Subsection (b) - the board of emergency medical services should be located in Topeka rather then at the University of Kansas Medical Center	A Topeka location would put the board in much closer proximity to the legislature and other agencies, cutting down travel expenses
Additionally, the support agency should be located in Topeka	While the Kansas Highway Patrol is favored as the support agency of choice, because of their familiarity with EMS, the important consideration is that the board of emergency medical services be a free-standing board. Thus, the support agency could be one of several in Topeka, such as the Department of Transportation, Bureau of Health and Environment, etc.
Section 3, New Subsection - This sub-section should state the continuation of all permits, certification and licenses currently in force	This would grandfather all presently certified ambulance services, attendants, etc. so that there is no lapse in legal recognition
Section 8, Subsection (a) - The membership of the board should be 15 members rather then 13 and should be composed of the following people: One shall be a member of the Kansas medical society who is actively involved in emergency medical services. One shall be a county commissioner of a county currently making a levy for emergency medical services, to be selected from recommendations submitted by the Kansas Officials Association Two shall be legislators to be selected from recommendations submitted by the leadership of the Senate and House. One shall be a hospital administrator actively involved in emergency medical services One shall be a member of a fire service actively involved in providing emergency medical services One shall be an attendant who is	While the composition of the board suggested by the committee is certainly respected, it is felt there should be more active EMS input by the members of the board.

actively involved in a volunteer ambulance service

One shall be an attendant who is actively involved in an emergency medical technician level ambulance service utilizing full-time, paid personnel.

One shall be an attendant who is actively involved in a mobile intensive care technician level ambulance service

One shall be an instructor/coordinator

One shall be a registered professional nurse actively involved in emergency medical services

Four shall be representatives of the four emergency medical services regions of this state, to be selected from recommendations submitted by the regional emergency medical services councils. One representative shall be from each emergency medical services region

Section 8, Subsection (b) - The staggering of terms should reflect the additional two members.	Accomodate a larger board
The following sentence should be added: "A vacancy shall occur if a member ceases to represent the category for which he/she was appointed"	This would negate any "lame-duck" members that might occur if a member dropped his/her EMS designation or no longer held an elective office
Section 8, Subsection (c) - The date of January 1 should be changed to October 1	This would allow the new officers to be in place and familiar with their duties before the legislature convenes
The words "or his/her designee" should be added to the sentence ending "shall be approved by the Chairperson of the board"	It is conceivable that the chairperson would not be available to timely approve payrolls and other expenditures
Section 8, Subsection (d) - Add the words " except as otherwise provided by this act" after the words "pursuant to this section"	To accomodate any changing between old and new members
Section 9, Subsection (a) - The words "and ambulance vehicles" should be added after the words "types of ambulance services"	This would allow the board to regulate ambulance vehicle types
The words "training officers" should be inserted after the words "instructor-coordinators"	To allow the board to regulate training officers
Section 9, Subsection (b) - should be deleted	This is an old grandfather clause that is no longer needed
Section 10, Subsection (b) - should be deleted	This is impossible to enforce as it covers too wide an area and also infringes on local government entity control
Section 10, Subsection (c) - The words "attendants, instructor-coordinators, training officers" should be added after the words "emergency medical services"	To allow the board to conduct hearings in all areas of EMS

Section 10, Subsection ( ) - Should be deleted	Impossible to enforce as this would encompass every project in the state that might happen to include EMS funds and could dilute local government entity control
Section 10, Subsection (j) - the words "and training officers" should be added after the words "instructor-coordinators"	To allow the board to regulate training for training officers
Section 10, Subsection (k) - the words "and training officers" should be added after the words "instructor-coordinators"	To allow the board to regulate training for training officers
Section 10, Subsection (l) - the words "attendants, training officers and first responders" should be added after the words "instructor-coordinator"	To allow the board to certify all levels of EMS
Section 10, Subsection (m) - delete the words "part-time" and the words "from the staff at the university of Kansas medical center". The first sentence could then be constructed to read "appoint a medical consultant as deemed necessary by the board"	"Part-time" is not defined and the degree of need of the board for the input of a medical consultant should be determined by the board. Additionally the board should not be limited in the selection of a medical consultant.
Section 11, Subsection (b) - delete the words "or otherwise disabled"	This distinction is covered in the regulations
Section 11, Subsection (f) - this definition needs to correspond to the state agency selected	
Section 11, Subsection (g) - hours should be changed from "72" to "minimum of 81"	To reflect current standards
Section 11, Subsection (i) - hours should be changed from "81" to "a minimum of 120"	To reflect current standards
Section 11, Subsection (j) - this subsection should contain the requirement of a minimum of a year as a certified emergency medical technician and a minimum of 45 hours of training	To reflect current standards
Section 11, New Subsection (between (k) and (l)) - "Mobile intensive care technician" means personnel who have been specially trained in emergency cardiac and noncardiac care in a training program approved by the board, consisting of a minimum of 1200 hours of instruction	To add a definition inadvertently left out of the act
Section 11, Subsection (l) - the words "been trained in preliminary emergency care" should be deleted and replaced with the words "completed a training program approved by the board, which consists of a minimum of 45 hours"	To reflect current standards

Section 11, Subsection (m) - add the words "and first responders" at the end of the the subsection	To recognize current training requirements for first responders
Section 11, New Subsection - "Training officer" means any person who has successfully completed a course of training, approved by the board, to teach specified units of supplemental instruction	To add a definition inadvertenly left out of the act
Section 12 - Add language to grandfather existing levies	
Section 13 - In the middle of the section, the word "shall" should be changed to "may"	The concept of <u>having</u> to provide communications to include motor vehicle repair and towing services is somewhat binding economically
Section 15 - should be deleted	This section is in direct conflict with Sections 24, 25 and 28
Section 16, Subsection (a) - the language should be deleted and replaced with the words "May perform any of the activites prescribed by section 18 which an emergency medical technician may perform"	To conform to language used in other sections
Section 16, New Subsection - No mobile intensive care technician who renders emergency care during an emergency shall be liable for civil damages as a result of rendering such emergency care, except for such damages which may result from gross negligence or from willful or wanton acts or omissions on the part of the mobile intensive care technician rendering such emergency care	Immunity clause for MICT
Section 17, New Subsection - No emergency medical technician-intermediate who renders emergency care during an emergency shall be liable for civil damages as a result of rendering such emergency care, except for such damages which may result from gross negligence or from willful or wanton acts or omissions on the part of the emergency medical technician-intermediate rendering such emergency care	Immunity clause for EMT-I
Section 18, New Subsection - No emergency medical technician who renders emergency care during an emergency shall be liable for civil damages as a result of rendering such emergency care, except for damages which may result from gross negligence or from willful and wanton acts or omissions on the part of the emergency medical technician rendering such emergency care	Immunity clause for EMT

Section 19, New Subsection - No crash injury management technician who renders emergency care during an emergency shall be liable for civil damages as a result of rendering such emergency care, except for damages which may result from gross negligence or from willful and wanton acts or omissions on the part of the crash injury management technician rendering such emergency care	Immunity clause for CIMT
Section 20, New Subsection - No emergency medical technician-defibrillator who renders emergency care during an emergency shall be liable for civil damages as a result of rendering such emergency care, except for damages which may result from gross negligence or from willful and wanton acts or omissions on the part of the emergency medical technician-defibrillator rendering such emergency care	Immunity clause for EMT-D
Section 21, New Subsection - No person certified as a training officer shall be liable for any civil damages which may result from such 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 training officer	Immunity clause for training officers
Section 21, New Subsection - No person licensed to practice medicine and surgery or registered professional nurse who gives instruction to a mobile intensive care technician student during an approved course of instruction shall be liable for any civil damages as a result of giving such instruction, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of the person licensed to practice medicine and surgery or registered professional nurse who gives instruction	Immunity clause for physicians and nurses giving instruction to MICTs during training
Section 24, Subsection (a) - the figure "$25" should be followed by the words "per service permit and $15 per vehicle"	To enable larger services to pay their proportional share of permit fees and to reflect current charges
Section 25 - the word "board" should be replaced with the word "director"	It is conceivable that a delay of up to two months could occur if approval requires board action
Section 26, Subsection (a) - the word "board" should be replaced with the word "director"	It is conceivable that a delay of up to two months could occur if approval requires board approval
Section 26, Subsection (a), Paragraph (3) - the words "of not to exceed $25" should be deleted	This would allow the board to set course fees, testing fees, retesting fees, etc. as needed
Section 26, Subsection (a), New Paragraph - has attained the age of 18	To recognize current certification age

Section 26, Subsection (a), New Paragraph - has a valid Kansas driver's license	To require that all attendants have valid ~~Kansas~~ driver's licenses
Section 26, Subsection (b) - the indicated hours should be changed: 72 to 81, 81 to 120, 200 to 1200. Additionally, emergency medical technician-intermedicate hours (minimum of 40 hours) and emergency medical technician-defibrillator hours (minimum of 45 hours) should be indicated	To reflect current standards
Section 26, Subsection (c) - the requirement of "not less then eight hours" should be changed to "not less then fourteen hours"	To reflect current standards
Section 29, Subsection (b) - the words "instructor-coordinators or training officer's" should be inserted after the word "attendants" in the first sentence	To allow the board to revoke or suspend these additional certificates
Section 29, Subsection (c) - the words "instructor-coordinator's or training officer's" should be inserted after the word "attendants"	To encompass the control of these additional certificates
Section 30 - the first paragraph of this section is in direct conflict with the second paragraph of this section. This section needs to be rewritten or deleted	
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Sections 38 thru 43 - possibly these sections dealing with the first responder could be relocated after Section 20	Places all personnel legislation together

It is suggested the t... emergency medical service regions be recognized statutorily according to their present existence in the state. While no attempt will be made to write legislation to include this recognition, the following facts and suggestions are hereby submitted:

Definition of a regional emergency medical services council - A Kansas non-profit corporation organized to conduct the affairs of a Kansas emergency medical services region and which has been recognized by the board as eligible to enter into contracts with the board.

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Region II - Consists of the counties of Clark, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearney, Lane, Meade, Morton, Ness, Scott, Seward, Stanton, Stevens and Wichita.

Region III - Consists of the counties of Allen, Barber, Barton, Bourbon, Butler, Chatauqua, Cherokee, Crawford, Comanche, Cowley, Edwards, Elk, Greenwood, Harper, Harvey, Kingman, Kiowa, Labette, Marion, McPherson, Montgomery, Neosho, Pawnee, Pratt, Reno, Rice, Rush, Sedgwick, Stafford, Sumner, Wilson and Woodson.

Region IV - Consists of the counties of Anderson, Atchison, Brown, Chase, Clay, Cloud, Coffey, Dickinson, Doniphan, Douglas, Ellsworth, Franklin, Geary, Jackson, Jefferson, Jewell, Johnson, Leavenworth, Lincoln, Linn, Lyon, Marshall, Miami, Mitchell, Morris, Nemaha, Osage, Ottawa, Pottawatomie, Republic, Riley, Saline, Shawnee, Waubaunsee, Washington and Wyandotte.

Emergency Medical Services Council Organizations:

Governed by by-laws

Representation of counties by a minimum of 18 people selected according to each region's by-laws

Duties of a emergency medical services council - "May include but not limited to:"

Prepare and submit a regional emergency medical services plan to the board

Contract with the board for specific purposes

Maintain a training equipment pool

Submit an annual budget to the board

Submit an annual progress report and expenditure statement to the board

Coordinate initial training and continuing education classes held within each region

Aid in providing field coordinators

Aid at testing and training sites within the region

Perform other duties identified by the board in the administrative rules and regulations

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There has been no attempt to write legislation in the suggested changes you have just read. The people preparing these suggested changes certainly bow to the expertise of the legislature in these matters. It is realized that these changes carry a need for renumbering various sections, subsections and paragraphs.

It is respectfully suggested that some rewriting might make the act less awkard, an awkardness caused in no small part by our suggestions.

As was mentioned in the cover note, our concern is basic. We enjoy a reputation across the United States of an enviable degree of excellence in EMS in Kansas. We join the Special Committee on Local Government in striving to maintain that enviable position and to make EMS in Kansas ever better.

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