Approved March 15, 1988
Date

MINUTES OF THE Senate COMMITTEE ON Local Government.

The meeting was called to order by Senator Don Montgomery at
Chairperson

9:06 a.m./~~p.m.~~ on March 1, 1988 in room 531-N of the Capitol.

All members were present except:

Committee staff present: Mike Heim, Emalene Correll, Theresa Kiernan and Lila McClaflin

Conferees appearing before the committee:

Dr. James Cooney, Dean, School of Allied Health K.U. Medical Center
Tuck Duncan, Medevac Ambulance, Shawnee County
Bob McDaneld, Bureau of EMS
Fred Thorp, Emergency Medical Services, Kansas City, Ks. Fire Department
Jay Scott Emler, Chairman, Emergency Medical Services Council
Marvin Van Blaricon, MICT-Firefighter Salina Fire Department
James Todd, Kansas State Firefighters Assn.
Bev Bradley, Legislative Coordinator, Kansas Assn. of Counties
Mick McCallum, registered nurse in an emergency department
Ted McFarlane, Director of the Douglas County Ambulance Service and a member of the State EMS Council

Substitute for H. B. 2639 - creates a new state administrative structure for the oversight of ambulance services and emergency medical services and training requirements for EMS personnel in Kansas.

Staff reviewed the interim committee report on the Emergency Medical Service. Also, the changes made by the House Committee were reviewed, Staff's memo containing a summary of those changes is attached to these minutes as (Attachment I). Staff addressed the first responder act and pointed out it is a free standing act.

The Chairman called attention to a memorandum from Staff addressing the suggestions submitted by Robert Orth (Attachment II).

The hearings for the proponents of Sub. for H.B. 2639 was opened. The Chairman called on Dr. James Cooney.

Dr. Cooney stated they basically support the bill, but they continue to be concerned about the issue of medical oversight, they suggested an amendment to require a contract between the board and the KUMC for training and medical oversight (Attachment III).

Tuck Duncan, on behalf of Medevac Ambulance, stated their support for Substitute for H.B. 2639. He suggested several other bills regarding emergency medical services might be considered for incorporating some of those provisions into this legislation in order to ensure consistency of new terminology and policy. He offered to work with the committee and staff to see that this was accomplished (Attachment IV).

Bob McDaneld, permit coordinator, Kansas Highway Patrol, presented written testimony requesting the committee consider a number of technical amendments. Included with his written testimony is a balloon of Sub. for H.B. 2639 identifying these amendments (Attachment V).

CONTINUATION SHEET

MINUTES OF THE Senate COMMITTEE ON Local Government,

room 531-N, Statehouse, at 9:06 a.m./~~p.m.~~ on March 1, 1988

Fred Thorp, Director, Emergency Medical Services Kansas City, Ks. Fire Department, urged the passage of H.B. 2639 as it stands today (Attachment VI).

Jay Scott Emler, Chairman, Emergency Medical Services Council, presented testimony outlining the councils concerns regarding Sub. for H.B. 2639. Attached to his testimony is a list of administrative regulations affected by H.B. 2639 (Attachment VII).

Marvin Van Blaricon, MICT-Firefighter Salina Fire Department and a EMT Instructor-Coordinator, voiced strong support for the bill and the changes suggested by the Kansas Committee on EMS legislation (Attachment VIII).

James Todd, Kansas State Firefighters Association, supported H.B. 2639 (Attachment IX).

Bev Bradley, Legislative Coordinator, Kansas Assn. of Counties, urged favorable consideration of substitute H.B. 2639, and the concept of two county commissioners on the EMS board. She stated a major concern of theirs has always been to protect the small less populated counties and the protection of the volunteer ambulance services (Attachment X).

Senator Montgomery, Chairman stated he agreed with Ms. Bradley's remarks. He quoted from the "State Legislatures" Magazine, dated March 1988, page 18, "disappearing health facilities and lengthening travel distances increase the importance of EMS systems at the same time that county and local governments are less able to afford adequate equipment and personnel" (Attachment XI).

Mick McCallum, registered nurse in an emergency department and also a mobile intensive care technician stated no better organization exists to provide emergency medical training than the University of Kansas School of Medicine (Attachment XII).

Ted McFarlane, Director of the Douglas County Ambulance Service and a member of the State EMS Council, supported the proposed legislation with some amendments. He suggested the "Good Samaritan Act" continue to be in play for the non-paid person. Finally, he expressed some concern that the rules and regulations be continued (Attachment XIII).

Senator Salisbury, Chairperson for the Rules and Regulations Committee stated temporary rules and regulations could be set in place immediately.

There was a short discussion regarding who would be the contact person at the K.U. Med-Center. Dr. Cooney expressed concern regarding the funding for this position.

Senator Daniels moved to adopt the minutes of February 23-24. The motion was seconded by Senator Salisbury. The motion carried.

The next meeting will be March 2, 1988. The meeting adjourned at 10:02 a.m.

Don Montgomery

Chairman, Senator Don Montgomery

Date: March 1, 1988

GUEST REGISTER

SENATE

LOCAL GOVERNMENT

| NAME | ORGANIZATION | ADDRESS |
|---|---|---|
| Willie Martin | Sedg. Co. Comm. | Wichita, Ks. |
| Gerry Roy | Jo Co Comm | Olathe, Ks |
| FRED THORP | K.C.K.F.D. | K.C. Kansas |
| Janet Wright | Marysville ambulance Serv. | Marysville, Ks. |
| Robert D Prewitt | Finney G EMS | Garden City, Ks |
| ROBERT OTTH | KANSAS EMS Commission | SCIBOTTE, KS |
| TOM POLLAN | SEDGWICK COUNTY EMS | WICHITA, Ks |
| Marlin Rem | KU | |
| Al Dimmitt | KUMC | KCKS |
| [illegible] | KUMC | KC, KS |
| Joe Thibodeau | Ks State F.F. Assoc. | Lawrence |
| Karl McNaton | Fire Marshal Dept | Topeka |
| Chip Wheelen | Ks Medical Society | Topeka |
| Mick McCallum | Independent | Salina |
| JED McFARLANE | DOUGLAS COUNTY, Ks. | LAWRENCE |
| GARTH Hulse | KDWP&E | Topeka |
| Whitney Damron | Pete McGill & Assoc. | Topeka |
| MARVIN VANBLARICOM | Salina Fire Dept. KANSAS Instructor/Coordinator Society | Salina, Ks |
| Bob McDonald | 111 W. 6th | KHP |
| Jay Scott Emler | Emergency Medical Services Council | |
| O.R. Meyer | | Box Galva KS |
| JUCK DUNCAN | MEDEVAC | TOPEKA, KANSAS |

Date: 3/1/88

GUEST REGISTER

SENATE

LOCAL GOVERNMENT

| NAME | ORGANIZATION | ADDRESS |
|---|---|---|
| Amy Apitz | KMHA | Topeka |
| Bev BRADLEY | KS Association of Counties | Topeka |
| Harry Holzle | Region IV EMS | Topeka |
| Terry Humphrey | KMHA | " |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Legislative Research Department February 24, 1988

SUMMARY OF SUB. FOR H.B. 2639, AS AMENDED BY HOUSE COMMITTEE OF THE WHOLE
BY SOURCE OF PREVIOUS LAW AND CONTENT

| Section of bill | Source | Content |
|---|---|---|
| No. 1 | New | Abolishes Bureau of Emergency Medical Services, position of Director, and Council and transfers powers and duties to Board and Administrator created by Sub. for HB 2639. |
| No. 2 | New | Creates a new agency named the Emergency Medical Services Board; provides for the composition and appointment of the new Board; specifies the new Board office is to be located in Topeka; and provides for staggered terms for the first Board. |
| No. 3 | New | Creates new position of Administrator, makes the Administrator an appointee of the Board, places the position in the unclassified service, and authorizes the Administrator to appoint other employees of the Board who are to be in the classified service. |
| No. 4 | New | Makes the Board created by the bill the successor to the powers, duties and functions of the Bureau of Emergency Medical Service and the Administrator the successor to the duties and functions of the Director; "saves" all directives, orders, and certain rules and regulations of the Council and Director. |
| No. 5 | New | Provides that any officer or employee of the Bureau who is transfered to the new Board retains benefits and rights. |



(AI)

| | | |
|---|---|---|
| No. 6 | New | Provides for any resolution of conflicts that may arise from the transfer of powers, duties and functions by the Governor. |
| No. 7 | New | Transfers all property and records of the Bureau and any unexpended balances of appropriations to the Board. |
| No. 8 | New | "Saves" any judicial or any administrative proceeding commenced or which could have been commenced lawfully before the transfer of powers. |
| No. 9 | KSA 65-4320 | Authorizes adoption of rules and regulations, specifies rules and regulations that must be adopted, and provides for the addition of instructor-coordinators and first responders to the list of persons for whom the Board is to set qualifications. |
| No. 10 | (a) through (f) found at KSA 65-4316(e); (g) is found at KSA 65-4315; (h) and (i) are new; and the responsibilities set out in (j), (k) (l), (n) rest with KUMC now. (m) is new authority. | Sets out powers and duties which are required to be carried out by the new board created by Sub. for HB 2639. |
| No. 11 | KSA 65-4301 (Supp), KSA 65-4314, KSA 65-4339 (Supp), except for several new definitions and an expanded definition of municipality. | Reenacts and creates definitions used in bill. |
| No. 12 | Generally KSA 65-4302 and repealed statutes found in Chap. 19, except that the | Sets out powers and duties of municipalities. Places new restrictions on sharing a countywide tax levy with a taxing subdivi- |

| | | |
|---|---|---|
| | authority of all political subdivisions is consolidated and made uniform. | sion creating a new service after the effective date of this act and creates new responsibilities for the Board in such circumstances. |
| No. 13 | KSA 65-4303 (now limited to counties and cities.) | Gives municipalities authority to operate emergency communication systems. |
| No. 14 | New | Provides for the continuation of any existing service authorized under repealed statutes. |
| No. 15 | KSA 65-4304 (now limited to cities and counties.) Some powers set out in section are also found in Chapter 19. | Sets out additional powers of municipalities. |
| No. 16 | KSA 65-4305 and Chapter 19. | Requires the establishment of standards for an emergency medical service established by a municipality. |
| No. 17 | KSA 19-263b (now limited to certain counties). | Authorizes the creation of an ambulance district by the board of county commissioners. |
| No. 18 | KSA 65-4306 (Supp). | Sets out authorized activities of a mobile intensive care technician. |
| No. 19 | KSA 65-4306a | Sets out authorized activities of an emergency medical technician-intermediate. |
| No. 20 | KSA 65-4306b (Supp). | Sets out authorized activities of an emergency medical technician. |
| No. 21 | KSA 65-4306c (Supp). | Sets out authorized activities of a crash injury management technician. |

| | | |
|---|---|---|
| No. 22 | KSA 65-4306d (Supp). | Sets out authorized activities of an emergency medical technician-defibrillator. |
| No. 23 | Paragraphs (a) and (b) are found at KSA 65-4306a and paragraphs (c) and (d) are new. | Provides limited relief from civil liability for persons enumerated in section when carrying out EMS activities set out in bill. |
| No. 24 | KSA 65-4317 (Supp). | Makes it unlawful to operate an ambulance service in Kansas without obtaining a permit issued by the board created by HB 2639. |
| No. 25 | KSA 65-4317 (Supp), paragraph (c) requires certain services to have a medical advisor. KSA 65-4317, paragraph (b), allows medical advisor to be appointed for any service. | Requires each ambulance service to have a medical advisor or alternative procedure approved by the Board, except service which employs an EMT defibrillator must have a medical advisor. |
| No. 26 | KSA 65-4318. | Sets out procedure to be followed by an applicant for a permit to operate an ambulance service. |
| No. 27 | KSA 65-4319 (Supp). | Sets out requirements to be met by an applicant for a permit to operate an ambulance service. |
| No. 28 | KSA 65-4321 (Supp). House Committee of the Whole amendment is new. | Sets out procedure to be followed by an applicant for an ambulance attendant's certificate and requirements to be met by such applicant. Sets out reciprocity for certain training programs offered by the armed forces. |
| No. 29 | KSA 65-4322 (Supp). | Authorizes the Board to |

| | | |
|---|---|---|
| | | investigate and require records and files of an ambulance service and attendants. Gives new authority to Board to issue subpoenas. |
| No. 30 | KSA 65-4323. | Authorizes any municipality that operates an ambulance service to licence and regulate such service. |
| No. 31 | KSA 65-4325 (Supp). | Sets out the grounds for the denial, revocation, or suspension of an operator's permit. |
| No. 32 | KSA 65-4325 (Supp). Instructor-coordinator now under KUMC. | Sets out the grounds for the revocation or suspension of attendant's or instructor-coordinator's certificate. |
| No. 33 | KSA 65-4325 (Supp). | Sets out grounds and procedure for the temporary limitation or restriction of an operator's permit. |
| No. 34 | KSA 65-4326. | Creates certain statutory requirements which must be met by ambulance services. |
| No. 35 | KSA 65-4327. | Creates certain exceptions to requirements of act. |
| No. 36 | KSA 65-4328, except penalty in current law is a class C misdemeanor. | Creates a criminal penalty for violations of act or rules and regulations adopted thereunder. |
| No. 37 | KSA 65-4329. | Authorizes Board to establish and maintain an emergency medical services communication system. |
| No. 38 | KSA 65-4330. | Authorizes Board to enter into contracts and agreements for EMS communication system. |
| No. 39 | KSA 65-4331. | Authorizes Board to accept grants and federal money for EMS communication system. |

| | | |
|---|---|---|
| No. 40 | KSA 65-4341 (Supp). | Makes it unlawful to represent oneself as a certified first responder unless certified under the act. |
| No. 41 | KSA 65-4342 (Supp). | Sets out procedure and requirements which must be met to be certified as a first responder. |
| No. 42 | KSA 65-4343 (Supp). | Sets out powers of Board in regard to first responders. |
| No. 43 | KSA 65-4344 (Supp). | Sets out authorized activities of a certified first responder. |
| No. 44 | KSA 65-4345 (Supp). | Creates exceptions to first responder provisions of the act. |
| No. 45 | KSA 65-4346 (Supp). | Sets out grounds for the denial, revocation, limitation, or suspension of a first responder certificate. |
| No. 46 | KSA 65-4348 (Supp). | Creates limited relief from liability for civil damages for certified first responders. |
| No. 47 | New | Repeals existing statutes that are amended or repealed, or reenacted by Sub. for HB 2639. |
| No. 48 | New | Makes Sub. for HB 2639 effective on publication in Kansas Register. |

County Tax Levies for Ambulance Service by County
(Levy Made in 1987 for Calendar Year 1988)

| COUNTY | LEVY | COUNTY | LEVY | COUNTY | LEVY |
|---|---|---|---|---|---|
| Allen | 1.020 | Haskell | --- | Riley | .990 |
| Anderson | 2.299 | Hodgeman | 1.440 | Rooks | .500 |
| Atchison | .976 | Jackson | .770 | Rush | (a) |
| Barber | 1.387 | Jefferson | 1.000 | Russell | 1.636 |
| Barton | .279 | Jewell | 1.586 | Saline | 1.948 |
| Bourbon | .702 | Johnson | (c) | Scott | 1.050 |
| Brown | .770 | Kearney | .160 | Sedgwick | 1.010 |
| Butler | 1.463 | Kingman | 1.000 | Seward | --- |
| Chase | 2.280 | Kiowa | .410 | Shawnee | --- |
| Chautauqua | --- | Labette | .700 | Sheridan | 1.045 |
| Cherokee | 2.000 | Lane | 1.330 | Sherman | .995 |
| Cheyenne | .100 | Leavenworth | 2.948 | Smith | 1.590 |
| Clark | .470 | Lincoln | 1.210 | Stafford | .890 |
| Clay | 1.950 | Linn | .290 | Stanton | .580 |
| Cloud | (a) | Logan | .970 | Stevens | .180 |
| Coffey | .500 | Lyon | .622 | Sumner | .490 |
| Comanche | 1.654 | Marion | .861 | Thomas | 1.000 |
| Cowley | 1.000 | Marshall | 1.145 | Trego | .511 |
| Crawford | .996 | McPherson | .902 | Wabaunsee | (d) |
| Decatur | .588 | Meade | .500 | Wallace | .500 |
| Dickinson | 1.520 | Miami | 1.892 | Washington | .998 |
| Doniphan | --- | Mitchell | 1.150 | Wichita | (e) |
| Douglas | 2.208 | Montgomery | .993 | Wilson | 3.960 |
| Edwards | .320 | Morris | .500 | Woodson | 1.340 |
| Elk | 1.196 | Morton | .450 | Wyandotte | --- |
| Ellis | 2.426 | Nemaha | .713 | | |
| Ellsworth | .750 | Neosho | 1.100 | | |
| Finney | 1.700 | Ness | .993 | | |
| Ford | 1.028 | Norton | .010 | | |
| Franklin | 2.040 | Osage | 1.060 | | |
| Geary | (b) | Osborne | .970 | | |
| Gove | --- | Ottawa | --- | | |
| Graham | 1.460 | Pawnee | --- | | |
| Grant | .450 | Phillips | .500 | | |
| Gray | .840 | Pottawatomie | --- | | |
| Greeley | .250 | Pratt | 1.860 | | |
| Greenwood | .405 | Rawlins | .250 | | |
| Hamilton | .250 | Reno | .911 | | |
| Harper | --- | Republic | 2.395 | | |
| Harvey | .977 | Rice | 1.316 | | |

a. All but one township is making a levy for ambulance service.
b. Ambulance district #1 is making a levy.
c. Five townships are making an ambulance service levy.
d. Three ambulance districts are making a levy.
e. City of Leoti is making a levy for ambulance and fire equipment.

MEMORANDUM

Attention Committee Members February 26, 1988

TO: Senator Don Montgomery

FROM: Emalene Correll, Kansas Legislative Research Department

RE: Comments on Proposed Changes to Sub. for H.B. 2639 Submitted by Robert Orth

| Location of Proposed Change | Proposed Change | Comments on Proposed Change |
|---|---|---|
| Page 2, line 52 | Change title of chief administrative employee to "Executive Director" | This suggestion was made to the interim committee and to the House Committee. Various titles are used in state laws. The most recent title is "Administrator," used in the creation of a new administrator of the Board of Healing Arts in 1987. Administrator may reflect the role envisioned by the interim committee and makes it clear that the position is different than that of the present director. |
| Page 3, line 106 | Change the date on which the Board reorganizes each year from January 1 to October 1. | This change was submitted to the interim committee and to the House Committee. A January organization allows the new chairperson and vice chairperson to be in office when the new budget is prepared and submitted to the Board for approval prior to submission to the Governor and Budget Division. If any change is made, July 1 is probably appropriate since it represents the beginning of the new fiscal year. |

(Attachment II) Local Go 3/1/88

A II

| Location of Proposed Change | Proposed Change | Comments on Proposed Change |
|---|---|---|
| Page 6, line 226 | Delete reference to rescue vehicles. | This change was proposed to the interim committee and to the House Committee. It has been the position of the Bureau and the Council that rescue vehicles are not regulated under the act. However the terminology has been in the law since it was first enacted, and no request has been made prior to this year to delete the term from the law. The new Board may choose to define the term through rules and regulations or may decide to request that the statute be amended to delete it. |
| Page 6, line 225 | Add "training officers" to the list of persons for whom the Board is to set qualifications. | While this recommendation was made to the interim committee, the subject of training officers was never brought to the attention of the interim committee. Apparently, this term was created by the Bureau and has never had Legislative sanction. The new Board may want to take up the policy question of who can provide instruction, whether supplemental or otherwise, and may want to decide the roles of instructor-coordinators in continuing education, etc. The new Board can then make any recommendations for change to the next session of the Legislature. |
| Page 6, line 225 | Delete the reference to "first responders" as one of the classes of persons for whom the Board is to set qualifications. This recommendation is a part of the recommendation to add first responders to the definition of attendant on page 8. | Apparently, the Council and others involved in EMS are not aware that first responders are not EMS personnel. They are regulated under a totally different act and, unlike ambulance attendants, do not have to be certified to carry out first responder responsibilities. An individual who is certified may use the title "certified first responder" and no other person functioning as a first responder may use the protected title. Additionally, the protection from civil liability presently in the law |

| Location of Proposed Change | Proposed Change | Comments on Proposed Change |
|---|---|---|
| | | and continued in Sub. for H.B. 2639 applies only to those first responders who choose to be certified. In the case of ambulance attendants, no person may provide the emergency services an ambulance attendant is authorized by law to provide unless such person is certified (except persons licensed to practice medicine and surgery, nurses, etc.). Because these categories of persons are treated differently by law, they cannot be combined in the statutes. (Not all first responders are employed by or volunteers working as part of an ambulance service.) |
| Page 6, line 228 | Add "instructor-coordinators and training officers" to those persons for whom the Board is required to develop rules and regulations relating to records and equipment. | This appears to reflect a policy question. Clearly, they are not included under the present mandated rules and regulations which must be adopted under the law since instructor-coordinators are certified by KUMC. The Board would have power under Sub. for H.B. 2639 to adopt rules and regulations relating to the records of instructor-coordinators, but is not mandated to do so if it does not find it necessary. The proposed amendment would require the Board to adopt such rules and regulations. |
| Page 7, line 241 | Add "attendants, instructor-coordinators, and training officers" and delete "first responders" as matters on which the Board shall hold hearings relating to regulatory matters. | The term "emergency medical services" includes attendants, and instructor-coordinators. The bill does not recognize training officers (see previous comment). First responders cannot be included in the definition of attendants (see prior comment) and thus must be included as a separate listing. |

| Location of Proposed Change | Proposed Change | Comments on Proposed Change |
|---|---|---|
| Page 7, line 252 | Delete "ambulance" modifying attendants. | All personnel included in the present definition of ambulance attendants are ambulance attendants. The bill should not be modified to include first responders in the term "attendant" for reasons previously noted. |
| Page 7, lines 257, 259, and 260 | Add "training officers." | See previous comment in regard to including training officers in the present legislation. |
| Page 7, lines 264 and 265 | Delete all references to training programs for first responders in line with the recommendation that first responders be included in the definition of attendants. | See previous comments in regard to classifying first responders as attendants. |
| Page 8, line 280 and line 298 | Amend definitions of attendant and emergency medical services to include first responders. | See previous comment. |
| Page 8, lines 290, 304 and page 9, line 314 | Mr. Orth's recommendation is to delete statutory references to the hours of training as they relate to the definitions of crash injury management technician, emergency medical technician, emergency medical technician-intermediate, and mobile intensive care technician. | This was proposed to the interim committee and to the House Committee. Both declined to make the change since the definitions in the present bill are identical to those in the existing law. While the number of required hours may in fact be greater than set out in the existing law, there is questionable authority to set higher requirements than currently set in the statutory language. As an alternative, the current statutory language could be stated as a minimum, i.e., not less than 81 hours of approved training. |

| Location of Proposed Change | Proposed Change | Comments on Proposed Change |
|---|---|---|
| Page 9, line 318 | Change the definition of first responder to a definition of certified first responder. | This act and the existing laws regulate only first responders who are certified. There is no regulation of other first responders, thus the terminology used in this definition is correct as it is written because it defines persons who hold a valid first responder certificate under this act and cannot refer to any other first responder. The terminology is the same as defining an emergency medical technician rather than a certified emergency medical technician. |
| Page 9, following line 327 | Insert a new definition of "training officer." | See previous comment on training officers. |
| Page 14, line 515 | Reference the lawful acts that may be performed by an emergency medical technician rather than specifying rescue, first aid and resuscitation services. | The lawful acts of mobile intensive care technicians as they appear in the bill are a repeat of the present law. While this change appears, on the surface, to conform with definitions enacted later than this one, there are some differences in the existing language and simply referencing Section 20. The differences arise from the different treatment of supervised and unsupervised acts. It is not clear that deleting the existing language and substituting a reference to Section 20 may not make a policy change in the existing law as it relates to mobile intensive care technicians. |
| Page 16, line 0010 | Correct an internal statutory reference. | It appears that the internal reference in the existing law is incorrect, but this needs to be checked against the original Session Laws. |

| Location of Proposed Change | Proposed Change | Comments on Proposed Change |
|---|---|---|
| Page 17, following line 0063 | Insert section setting out the authorized activities of a first responder. | This would be a logical change if "first responder" were included in the definition of "attendant." However, since such action is not appropriate, it may be wise to keep all the sections relating to first responders together in the bill as it is presently drafted. |
| Page 17, following line 0080 | Add new authority for an emergency medical technician-defibrillator to perform actions under the direction of a mobile intensive care technician that under current law may only be performed when in voice contact with a person licensed to practice medicine and surgery or a registered professional nurse authorized by a person licensed to practice medicine and surgery. | This represents a substantive change from the current law and should be considered carefully by the new Board with input from medical personnel before being put into the law. |
| Page 18, line 0098 | Add training officers to those persons to whom limited civil immunity is extended by law. | See previous comments in regard to training officers. |
| Page 18, line 0111 and lines 0117 through 0121 on page 19 | Delete language which While on first glance the two paragraphs appear to be repetitive, they are not. Paragraph (a) relates to an emergency medical service that does not employ an emergency medical technician-defibrillator and allows an approved alternative to a medical adviser. Paragraph (b) concerns only those services that employ an emergency medical technician-defibrillator and does not allow such services to utilize an alternative. | |

| Location of Proposed Change | Proposed Change | Comments on Proposed Change |
|---|---|---|
| Page 20, lines 0170, 0171 and 0172 | Reflects recommendation to delete required hours from the statute and leave them completely up to the Board. | See previous comments. |
| Page 20, following line 0179 | Insert language relating to a first responder certificate to comply with earlier recommendation that "first responder" be included in the definition of attendant. | See previous comments. |
| Page 20, lines 0181 and 0182, lines 0185 through 0187, and lines 0189 and 0190 through 0192 | All reflect the previous recommendation to remove the required hours of training from the statutes and leave this matter up to the Board. | See previous comments. |
| Page 21, lines 0198 through 0201 | Reflects previous recommendation to take all statutory provisions relating to training out of the law and leave this matter totally up to the Board. | See previous comments. |
| Page 21, line 0020 | Delete statutorily set number of hours of continuing education required for recertification and leave this to the discretion of the Board. | Some laws relating to health care providers set the continuing education requirement by statute and other set only a statutory minimum or maximum. |
| Page 22, following line 0265 | Add new authority for Board to investigate instructor-coordinators and training officers, including the use of subpoena power in investigation of such individuals. | Currently, the authority to conduct investigations is limited to investigation of ambulance services and attendants. The authority to use subpoena powers was added by the House Committee. |
| Page 23, line 0295 | Add training officers to those whose certificates may be revoked or suspended by the Board. | See previous comments in regard to training officers. Note, however, that line 0296 should be amended to allow the Board to deny a certificate. This was a recommendation of the interim committee that did not get into the bill draft. |

| Location of Proposed Change | Proposed Change | Comments on Proposed Change |
|---|---|---|
| Page 24, line 0317 | Add "training officer." | See previous comments. |
| Pages 27 through 30 | Delete these sections relating to first responders which would either be moved to other locations or deleted since first responders would be included in the definition of attendant. | See previous comments about keeping first responders separate from emergency medical personnel. |

In regard to the policy changes proposed by Mr. Orth, the following comments are offered.

1. Both the interim Committee and the House Committee heard proposals to change the composition of the Board. Both committees declined to make the changes proposed by conferees.

2. The issue of nullifying certain of the current temporary regulations and certain permanent regulations that will become effective on May 1 should be discussed by the Senate Committee.

3. I believe this comment has merit and the deletion should be considered by the Senate Committee.

4. Persons who teach attendants not covered by the present bill are persons licensed to practice medicine and surgery and registered professional nurses. Both classes of persons carry professional liability insurance and, in the case of persons licensed to practice medicine and surgery, are covered under the Health Care Provider Insurance Availability Act. In both instances, teaching attendants would be considered a part of the professional practice of such persons. In terms of attendants, S.B. 493 extends the "good samaritan" act to all attendants. The "good samaritan" act contains more protection from liability than does the proposal suggested by Mr. Orth and other EMS personnel.

88-60/EC

**THE UNIVERSITY OF KANSAS**
**MEDICAL CENTER**
School of Allied Health
Office of the Dean
39th and Rainbow Blvd., Kansas City, Kansas 66103

TESTIMONY SUMMARY
OF
JAMES P. COONEY, JR., PhD
DEAN, SCHOOL OF ALLIED HEALTH
UNIVERSITY OF KANSAS MEDICAL CENTER
MARCH 1, 1988

CONCERNING
HB 2639 (SUBSTITUTE)

The University of Kansas is in basic support of HB 2639. An area of concern will however be noted in this testimony. Before such comment, observations will be offered in reference to: the traditional role and function of the University of Kansas Medical Center (KUMC) in statewide Emergency Medical Services and the efforts leading to the development of HB 2639.

KUMC Role and Function in the Kansas Emergency Medical Services System. KUMC has a long history of supporting the development of an emergency medical services (EMS) system in Kansas. The first state EMS legislation in the early 1970s resulted from the efforts of KUMC.

The initial KUMC EMS Program was organized in 1974 to meet the training needs of emergency medical techicians (EMTs) and mobile intensive care technicians. (MICTs). Since its inception, the KU Program has played role in training MICTs on-campus and administering the statewide EMS training. The KUMC statewide role was first legislatively mandated in KSA 65-4321, 1975. Kansas statutes currently require that any person certified in the following EMS-related areas complete a course of instruction approved by the KUMC: First Responser, Crash Injury Management Technician (CIMT), EMT, EMT-Defibrillation, EMT-Intermediate (EMT-I), and MICT.

The KUMC Program was originally affiliated with the Department of Surgery in the School of Medicine; in 1978 it became part of the School of Allied Health.

(It should be noted because of continuing levels of insufficient funds to support both the on-campus and statewide training responsibilities, the University suspended the on-campus program in FY 1987 to allow reallocation of those resources to the statewide responsibility).

Until approximately 1978, much of the KUMC Program's state activity was funded through the US Department of Transportation (USDOT) National Highway Traffic Safety Program. As those federal funds began to be eliminated, some Program activities and related personnel were transferred to state funds and some were eliminated. At the same time, to offset the loss of resources, the Board of Regents approved a student fee for the statewide EMS courses.

(Attachment III) Local Go 3/1/88

In fulfilling the Kansas statute mandate, the functions of the Program have included: establishing curricula and teaching standards for all levels of certification; selecting and training local area instructor-coordinators; teaching program quality assurance and technical assistance to the more than 150 local EMS training programs; and approval of EMS continuing education programs at all levels.

Development of HB 2639. The KUMC administration and the Program faculty had the opportunity to work with the Special Committee on Local Government during their interim study of Kansas EMS and the development of the draft legislation. We also appreciated the additional opportunity to have further input as the bill was modified in t the House of Representatives.

Throughout the Bill development process, the KUMC has supported the concept of consolidation and reorganization of EMS functions IF the Legislature determined that to be in the best interest of the system and the people of Kansas.

We have in the past, and continue to express serious concerns that the EMS program:

1. be recognized as a medical program requiring physician oversight. Such oversight must be representative of, or provide access to, a broad spectrum of medical specialities. Such a spectrum of expertise is continuously necessary to assure that the training programs remain technically correct as knowledge of emergency medical treatment continues to evolve.

2. Both the initial training and continuing education of the full range of EMS technicians is adult education. The complex nature of this type of education must not be overlooked and/or underrated.

3. Governance of the restructured EMS system must provide the appropriate checks and balances among providers, consumers, the medical community and state and local governmental units.

The final KUMC area of concern is directly related to current operation. Under Board of Regents' policy, current faculty of the EMS program must receive one years notice of termination. In order that this requirement would not present an impediment to EMS reorganization, we gave such notice of termination to Program faculty before the end of the past Fiscal Year. Therefore, the Program is now moving into a "shut-down" operation. HB 2639 implies, and some of its sponsors seem to feel, that the KUMC oversight role will continue after the reorganization. However, unless some action is taken in the near future to assure that continuation, the University will be out of the "EMS business" in the next ninety days. Key Program staff will have left or transferred to other University units. Our capacity will be gone.

KUMC Position of HB 2639. KUMC is willing to support and assist consolidation of EMS program authority in a " working board" and independent organization as proposed in HB 2639.

We continue concerned however, about the issue of medical oversight. The Bill requires the appointment of a medical director. However, the absence of an organized method for the medical director to obtain technical input from a variety of medical subspeciality practioners is not in the best interest of the EMS system.

Because of the medical oversight concern and the complexity of adult education, we believe that the Bill should be amended to require a contract between the Board and the

KUMC for training and medical oversight. Such functions should include:

1. administration of Board policy related to:

    a. technical training support of instructional personnel;
    b. approval of all initial and continuing education;
    c. quality assurance activities related to training.

2. medical consultation;

3. technical assistance to the Board in the development of EMS training and testing policy.

In the absense of an explicit KUMC contractual relationship, we recommend that Section 2(a) be amended to indicate that the Medical Center "may" provide technical support rather than "shall" provide such assistance. Without the contractual assurance, we will have no designated faculty or fiscal resources to provide such assistance.

MEDEVAC MIDAMERICA

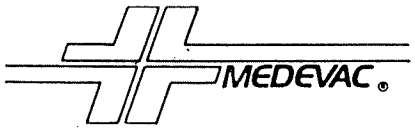
To: Senate Committee on Local Government
From: R.E. "Tuck" Duncan
Re: Sub. HB 2639

On behalf of Medevac Midamerica, the ambulance provider for Shawnee County, Kansas please be advised that we support Substitute for House Bill 2639.

The Committee should also be apprised that there are several other bills regarding emergency medical services, and the Committee may want to consider incorporating some of those provisions into this enactment in order to ensure consistency of new terminology and policy.

We are aware that there is some concern regarding the issue of tolling the implementation of certain new rules and regulations. We have discussed that with staff, and at such time as is appropriate we would offer to work with the members of the Committee and staff to offer langauge that accomplishes meeting the policy concerns of the legislature and the needs of the emergency medical services providers.

Provided herewith is a copy of our testimony to the House Committee for your reference. Thank you for your attention to and consideration of these matters.




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

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.

# KANSAS HIGHWAY PATROL

*Service—Courtesy—Protection*

Mike Hayden
Governor

Col. Donald L. Pickert
Superintendent

DATE: March 1, 1988

TO: Senate Committee on Local Government

FROM: Bob McDaneld, Permit Coordinator

SUBJECT: Testimony on Substitute for HB 2639

I am Bob McDaneld, Permit Coordinator for the Bureau of Emergency Medical Services, one of the two agencies which would be consolidated into the new Board of Emergency Medical Services with passage of HB 2639. As the person who is primarily responsible for the regulation of ambulance services, I am requesting the committee to consider a number of technical amendments to HB 2639 which would clarify the bill and make it easier to administer. These technical amendments are clearly identified in a balloon copy of the bill I have submitted with my testimony. I will not attempt to summarize each proposed change, but I will describe three primary areas of concern.

First, Sections 12 through 17 should be moved to the end of the bill. These sections deal with the role of counties, municipalities and the funding of emergency medical services. In their current location, they are out of context and confusing.

Second, the sections on "first responders" should be incorporated into the body of the bill, rather than being tagged on at the end. This can be easily done by listing "first responders" as "attendants". I recognize that "first responders" are not actually ambulance attendants, but neither are Crash Injury Management Technicians and they have been listed as attendants for more than ten years.

Third, several problems were inadvertently created by House Committee amendments to the bill. When HB 2657 was incorporated into HB 2639, "rescue vehicles" were added back as an area regulated by the board. When the committee amended the duties of the board in Section 10, they stated one specific duty could be delegated to the administrator; Section 3 provides that the board may delegate any of its responsibilities to the administrator. Section 32 does not give the board authority to deny attendant and instructor/coordinator certification. Finally, Section 33 allows the board to suspend a permit without a hearing when the public health is endangered. Unfortunately, the next paragraph requires a hearing prior to the suspension.

(continued...)



BUREAU OF EMERGENCY MEDICAL SERVICES
111 W. Sixth Street
Topeka, KS 66603-3805 (913) 296-7296

I have one final concern about the bill which is not technical; it involves a policy decision made by the House Committee. Based on the testimony of a single lobbyist, the committee determined that all regulations adopted in 1987 should be voided. If these regulations are voided, the continuing education of all EMS attendants will be interrupted; there will be no approved providers of continuing education, and the training officer program will end. If Section 4 of this bill is not amended to permit these regulations to remain in effect, irreparable harm may be done to Kansas emergency medical services.

I recognize that no bill can be perfect, and that the time this committee can spend on this bill is limited. You have the opportunity, however, to make minor corrections now which will prevent major problems when the bill is implemented.

Thank you for considering these changes. I would be happy to respond to questions.

kh

[As Amended by House Committee of the Whole]

Session of 1988

# Substitute for HOUSE BILL No. 2639

By Committee on Local Government

2-3

AN ACT concerning the regulation of emergency medical services; abolishing the bureau of emergency medical services; creating the emergency medical services board; transferring certain powers and duties; authorizing certain municipalities to establish, operate and maintain emergency medical services and ambulance services and providing for the regulation thereof; authorizing the levy of taxes therefor; providing for the regulation of persons engaged in emergency medical service and ambulance service activities; making certain acts unlawful and providing penalties for violations; repealing K.S.A. 19-262, 19-263, 19-263a, 19-263b, 19-3623b, 19-3633, 19-3634, 19-3635, 19-3636, 19-3636a, 65-4302 to 65-4306, inclusive, 65-4307 to 65-4309, inclusive, 65-4314 to 65-4316, inclusive, 65-4318 to 65-4320, inclusive, 65-4322, 65-4323, 65-4326 to 65-4331, inclusive, 74-2126 to 74-2132, inclusive, 80-1423, 80-1424, 80-1426 to 80-1428, inclusive, and K.S.A. 1987 Supp. 19-261, 19-3632, 65-4301, 65-4306a, 65-4306b, 65-4306c, 65-4306d, 65-4317, 65-4321, 65-4324, 65-4325, 65-4325a, 65-4339 to 65-4348, inclusive, and 80-1425.

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

Section 1. (a) The bureau of emergency medical services established pursuant to K.S.A. 74-2127, and amendments thereto, is hereby abolished and all of the powers, duties and functions of such bureau are transferred to and conferred and imposed upon the emergency medical services board established pursuant to section 2. Except as provided by this act, all powers, duties and functions of the university of Kansas relating to emergency medical services are transferred to and conferred and imposed upon the emergency medical services board established pursuant to section 2.

(b) The position of the director of the bureau of emergency

The technical amendments proposed in this bill have been developed by the staff of the Bureau of Emergency Medical Services.

February 12, 1988

(Revised 2/29/88)

3/1/88
(Attachment V)
goes with
Senate Bill

medical services appointed pursuant to K.S.A. 74-2127, and amendments thereto, is hereby abolished and all of the powers, duties and functions of the director of emergency medical services are transferred to and conferred and imposed upon the emergency medical services board or the administrator thereof as provided by this act. The director shall continue to carry out the duties of that position until an administrator is appointed and qualified pursuant to this act.

(c) The emergency medical services council established under K.S.A. 65-4316, and amendments thereto, is hereby abolished and all of the powers, duties and functions of the council are transferred to and conferred and imposed upon the emergency medical services board.

Sec. 2. (a) There is hereby established the emergency medical services board. The office of the emergency medical services board shall be located in the city of Topeka, Kansas. The university of Kansas medical center shall provide technical expertise and consultation in areas related to medical procedures and training upon request by the board.

(b) The emergency medical services board shall be composed of 13 members appointed by the governor. Of such members:

(1) One shall be a member of the Kansas medical society who is actively involved in emergency medical services;

(2) 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;

(3) four shall be legislators to be selected from recommendations submitted by the president of the senate, minority leader of the senate, the speaker of the house of representatives and the minority leader of the house of representatives;

(4) one shall be an instructor-coordinator;

(5) one shall be a hospital administrator actively involved in emergency medical services;

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

(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.

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.

(c) Of the members first appointed to the board, four shall be appointed for terms of one year, three for terms of two years, three for terms of three years and three for terms of four years. Thereafter, members shall be appointed for terms of four years and until their successors are appointed and qualified. In the case of a vacancy in the membership of the board, the vacancy shall be filled for the unexpired term.

(d) The board shall meet at least six times annually and at least once each quarter and at the call of the chairperson or at the request of the administrator of the emergency medical services board or of any six members of the board. At the first meeting of the board after January 1 each year, the members shall elect a chairperson and a vice-chairperson who shall serve for a term of one year. The vice-chairperson shall exercise all of the powers of the chairperson in the absence of the chairperson. Members of the board attending meetings of the board or attending a subcommittee meeting thereof authorized by the board shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K.S.A. 75-3223, and amendments thereto.

(e) Members of the emergency medical services council appointed pursuant to K.S.A. 65-4316, and amendments thereto, shall continue to serve until the members of the emergency medical services board are appointed and qualified pursuant to this section.

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

Sec. 3. The chief administrative officer of the emergency medical services board shall be the administrator of the emergency medical services board. The emergency medical services board shall appoint the administrator. The administrator shall be in the unclassified service under the Kansas civil service act and shall serve at the pleasure of the board. The administrator shall administer the duties and responsibilities of the emergency medical services board as directed by the board. The administrator shall appoint other officers and employees as may be necessary to carry out the functions of the emergency medical services board. All such officers and employees shall be within the classified service under the Kansas civil service act.

Sec. 4. (a) Except as provided in this act, the emergency medical services board established by section 2 shall be the successor in every way to the powers, duties and functions of the bureau of emergency medical services established by K.S.A. 74-2127, and amendments thereto, in which the same were vested prior to the effective date of this act.

(b) Except as provided in this act, the administrator of the emergency medical services board appointed pursuant to section 3 shall be the successor in every way to the powers, duties and functions of the director of the bureau of emergency medical services established by K.S.A. 74-2127, and amendments thereto, in which the same were vested prior to the effective date of this act.

(c) Whenever the bureau of emergency medical services or emergency medical services council or words of like effect are referred to or designated by a statute, contract or other document, such reference or designation shall be deemed to apply to the emergency medical services board established by section 2. Whenever the director of the bureau of emergency medical services or words of like effect are referred to or designated by a statute, contract or other document, such reference or designation shall be deemed to apply to the emergency medical services board.

(d) All orders and directives of the emergency medical services council which relate to emergency medical services and

which were adopted under K.S.A. 65-4314 to 65-4331, inclusive, and amendments thereto, in existence immediately prior to the effective date of this act shall continue to be effective and shall be deemed to be the orders or directives of the emergency medical services board, until revised, amended, repealed or nullified pursuant to law.

All rules and regulations of the emergency medical services council which relate to emergency medical services and which were adopted under K.S.A. 65-4314 to 65-4331, inclusive, and amendments thereto, in effect on May 1, 1987, shall continue to be effective and shall be deemed to be the rules and regulations of the emergency medical services board, until revised, amended, repealed or nullified pursuant to law. Any such rules and regulations which were not in effect on or before May 1, 1987, including any temporary rules and regulations that became effective after May 1, 1987, and permanent rules and regulations that are scheduled to take effect on May 1, 1988, shall expire on the effective date of this act and be of no force and effect.

Sec. 5. Officers and employees who were engaged immediately prior to the effective date of this act in the performance of powers, duties and functions, which are transferred pursuant to the provisions of this act, and who, in the opinion of the emergency medical services board, are necessary to perform the powers, duties and functions of the board shall become officers and employees of the board. Any such officer or employee shall retain all retirement benefits and all rights of civil service which had accrued to or vested in such officer or employee prior to the effective date of this act. The service of each such officer and employee so transferred shall be deemed to have been continuous. All transfers and any abolishment of personnel in the classified service under the Kansas civil service act shall be in accordance with civil service laws and any rules and regulations adopted thereunder.

Sec. 6. Whenever any conflict arises as to the disposition of any power, duty or function as a result of any abolishment or transfer made by this act, such conflict shall be resolved by the governor, and the decision of the governor shall be final.

Sec. 7. The emergency medical services board shall succeed to all property and records which were used for, or pertain to, the performance of the powers, duties and functions transferred to the board pursuant to section 1. The unexpended balances of any appropriations for the bureau of emergency medical services, abolished by this act, shall be transferred to the emergency medical services board to be used by the board to carry out the powers, duties and functions transferred by this act. Any conflict as to the proper disposition of property or records or the unexpended balance of any appropriation arising under this section shall be determined by the governor, and the decision of the governor shall be final.

Sec. 8. No suit, action or other proceeding, judicial or administrative, lawfully commenced, or which could have been commenced, by or against the bureau of emergency medical services abolished by this act, or by or against any officer or employee of such bureau in the official capacity of such officer or employee or in relation to the discharge of official duties of such officer or employee, shall abate by reason of the governmental reorganization effected under the provisions of this act. The court may allow any such suit, action or other proceeding to be maintained by or against the successor of such state agency or any officer or employee affected.

Sec. 9. (a) The board shall adopt any rules and regulations necessary for the regulation of ambulance services. Such rules and regulations shall include: (1) A classification of the different types of ambulance services; (2) requirements as to equipment necessary for ambulances ~~and rescue vehicles~~; (3) qualifications and training of attendants, instructor-coordinators and first responders; (4) requirements for the licensure and renewal of licensure for ambulances ~~and rescue vehicles;~~ (5) records and equipment to be maintained by operators and attendants and (6) such other matters as the board deems necessary to implement and administer the provisions of this act.

(b) Vehicles in use as emergency ambulances on July 1, 1975, may continue to be used for this purpose as long as the owner or lessee of such vehicle as of July 1, 1977, continues to own or

lease such vehicle.

Sec. 10. The emergency medical services board shall:

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

(b) review and approve the allocation and expenditure of moneys appropriated for emergency medical services;

(c) conduct hearings for all regulatory matters concerning ~~emergency medical services and first responders certified pursuant to this act~~ operators, attendants and instructor/coordinators;

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

(e) develop a state plan for the delivery of emergency medical services;

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

(g) review and approve all requests for state and federal funding involving emergency medical services projects in the state ~~or delegate such duties to the administrator~~;

(h) approve all training programs for ambulance attendants;

(i) approve methods of examination of applicants for initial attendants' certificates and prescribe examination fees by rules and regulations;

(j) develop the criteria for and approve a course of instruction for instructor-coordinators;

(k) conduct or contract for the provision of instruction of instructor-coordinators;

(l) certify instructor-coordinators;

(m) appoint a medical consultant for the board. Such person shall be a person licensed to practice medicine and surgery and shall be active in the field of emergency medical services~~; and~~

~~(n) approve all training programs for certified first responders~~.

Sec. 11. As used in this act: (a) "Administrator" means the administrator of the emergency medical services board.

(b) "Ambulance" means any privately or publicly owned motor vehicle, airplane or helicopter designed, constructed, prepared and equipped for use in transporting and providing

emergency care for individuals who are ill, injured ~~or otherwise disabled, including any specially constructed and equipped motor vehicle, airplane or helicopter which is capable of providing life support services for extended periods of time.~~

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

(d) "Attendant" means a crash injury management technician, an emergency medical technician, an emergency medical technician-intermediate, an emergency medical technician-defibrillator or a mobile intensive care technician ~~whose primary function is ministering to the needs of persons requiring emergency medical services~~.

(e) "Board" means the emergency medical services board established pursuant to section 2.

(f) "Crash injury management technician" means any person who has been trained in preliminary emergency medical care in a ~~72 hour~~ training program approved by the board.

(g) "Emergency medical service" means a service which provides for the effective and coordinated delivery of such emergency care as may be required by an emergency, ~~including first responder services and transportation of individuals by ground or air ambulances and the performance of authorized emergency care by a person licensed to practice medicine and surgery, a licensed professional nurse, a registered physician's assistant, a crash injury management technician, an emergency medical technician, emergency medical technician-intermediate, emergency medical technician-defibrillator or a mobile intensive care technician~~.

(h) "Emergency medical technician" means any person who has been trained in preliminary emergency medical care in an ~~81 hour~~ training program approved by the board.

(i) "Emergency medical technician-defibrillator" means any person, currently certified as an emergency medical technician or emergency medical technician-intermediate, who has suc-

or

or

a first responder,

who holds a valid crash injury management technician certificate under this act.

who holds a valid emergency medical technician certificate under this act.

after not less than one year's certification as an emergency medical technican or emergency medical technican intermediate,

cessfully completed a training program in cardiac defibrillation approved by the board.- → who holds a valid emergency medical technician-defibrillator certificate under this act.

(j) "Emergency medical technician-intermediate" means any person, currently certified as an emergency medical technician, who, after not less than one year's certification as an emergency medical technician, has completed a training program approved by the board ~~which consists of a minimum of 40 clock hours and includes training in veni-puncture for blood sampling and administration of intravenous fluids and advanced patient assessment~~ → who holds a valid emergency medical technician-intermediate certificate under this act.

(k) "First responder" means ~~a person who has been trained~~ any in a training program approved by the board, in preliminary emergency care, who holds a valid first responder certificate under this act ~~and who provides services to individuals in need of emergency medical care that assist in stabilization or improvement of such individual's condition until personnel with a higher level of training arrive at the scene and assume responsibility for the individual~~.

(l) "Instructor-coordinator" means any person who has successfully completed a course of training, approved by the board, to instruct attendants.

(m) "Local component medical society" means a county medical society or a multicounty medical society.

(n) "Medical adviser" means a person licensed to practice medicine and surgery.

(o) "Mobile intensive care technician" means any person who has been specially trained in emergency cardiac and non-cardiac care in a training program approved by the board. → who holds a valid mobile intensive care technician certificate under this act.

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

(q) "Operator" means ~~a~~ person or municipality who has a permit to operate an ambulance service in the state of Kansas. → any

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

Sec. 12. (a) The governing body of any municipality may establish, operate and maintain an emergency medical service or ambulance service as provided in this act as a municipal function and may contract with any person, other municipality or board of

(Sec. 12-17 would be moved to the end of the act, following Sec. 39.)

a county hospital for the purpose of furnishing emergency medical services or ambulance services within or without the boundaries of the municipality upon such terms and conditions and for such compensation as may be agreed upon which shall be payable from the general fund of such municipality or from a special fund for which a tax is levied under the provisions of this act.

(b) The governing body of the municipality may make an annual tax levy of not to exceed three mills upon all of the taxable tangible property within such municipality for the establishment, operation and maintenance of an emergency medical service or ambulance service under this act and to pay a portion of the principal and interest on bonds issued under the authority of K.S.A. 12-1774, and amendments thereto. Such tax levy shall be in addition to all other tax levies authorized or limited by law and shall not be subject to or within the limitations upon the levy of taxes imposed by K.S.A. 79-5001 to 79-5037, inclusive, and amendments thereto.

(c) No tax shall be levied under the provisions of subsection (b) until the governing body of the municipality adopts an ordinance or resolution authorizing the levy of such tax. Such ordinance or resolution shall be published once each week for three consecutive weeks in the official newspaper of the municipality. If within 60 days following the last publication of such ordinance or resolution, a petition in opposition to the levy of such tax, signed by a number of the qualified electors of such municipality equal to not less than 5% of the electors of such municipality who voted for the office of secretary of state at the last general election, is filed with the county election officer of the county in which such municipality is located, the question of whether the levy shall be made shall be submitted to the electors of the municipality at the next primary or general election within such municipality, or if such primary or general election does not take place within 60 days after the date the petition was filed, the question may be submitted at a special election called and held therefor. If no petition has been filed and the time prescribed for filing the petition expires prior to August 1 in any year, or if the

petition was filed and a majority of the electors voting on the question of levying the tax vote in favor thereof at an election held prior to August 1 in any year, the governing body of the municipality may levy in that year and in each succeeding year in the amount specified in the ordinance or resolution, but not exceeding three mills. If no petition has been filed and the time prescribed for filing the petition expires after September 30 in any year, or if the petition was filed and a majority of the electors voting on the question of levying the tax vote in favor thereof at an election held after September 30 in any year, the governing body of the municipality may levy in the next succeeding year and in each succeeding year thereafter the amount specified in the ordinance or resolution, but not exceeding three mills.

(d) In the case of a county, the board of county commissioners shall not provide ambulance service under the provisions of this act in any part of the county which receives ambulance service, but the county shall reimburse any taxing district which on the effective date of this act provides ambulance services to such district with its proportionate share of the county general fund or special tax levy fund budgeted for ambulance services within the county. Such reimbursement shall be based on the amount that the assessed tangible taxable valuation of the taxing district bears to the total taxable tangible valuation of the county, but in no event shall such taxing district receive from the county more than the district's cost of furnishing such ambulance services. Any taxing district establishing ambulance service in any part of a county under the provisions of this act on or after the effective date of this act shall not be entitled to receive reimbursement pursuant to this subsection until a final order of the emergency medical services board ordering such reimbursement is issued following the furnishing of notice and an opportunity for a hearing to the interested parties. **[No order for reimbursement shall be issued unless the emergency medical service board finds that such establishment shall enhance or improve ambulance service provided to the residents of such taxing district as determined in accordance with criteria established by rules and regulations adopted by the board.]**

Sec. 13. The governing body of any municipality may establish, operate and maintain a centralized emergency service communication system as a municipal function, within or without the boundaries of the municipality, for the purpose of furnishing those services required to establish, operate and maintain an emergency medical service or ambulance service, and such emergency communication system may include a county or city fire dispatch communication service for the purpose of providing a common communication network for all fire-fighting facilities, equipment and personnel. Such emergency communication system may provide for coordinated communication between all law enforcement agencies, ambulances, ambulance services and dispatchers, emergency receiving centers, fire dispatcher services, fire departments, health care institutions, medical practitioners, motor vehicle repair and towing services, and such other persons and service agencies as may be required.

Sec. 14. The governing body of any municipality is hereby authorized to continue, in accordance with the provisions of this act, operation of any emergency medical service or ambulance service or centralized emergency service communications system previously established, operated and maintained, or continue any contract with any person, other municipality or board of a county hospital for the furnishing of emergency medical services or ambulance service previously executed, pursuant to the authority of any statute repealed by this act. Such governing body is hereby authorized to continue to levy under authority of this section any tax for the operation and maintenance of such services or contracts previously authorized and levied pursuant to any statute repealed by this act in any amount not exceeding the amount specified in the ordinance or resolution providing for the levy in such municipality under such repealed statute. No increase in the amount of the tax previously authorized for the operation and maintenance of such services or contracts shall be levied until the governing body of such municipality adopts a new ordinance or resolution which authorizes such increase and is subject to referendum in accordance with the provisions of subsection (c) of section 12.

Sec. 15. In addition to other powers set forth in this act, the governing body of any municipality operating an emergency medical service or ambulance service shall have the power:

(a) To acquire by gift, bequest, purchase or lease from public or private sources, and to plan, construct, operate and maintain the services, equipment and facilities which are incidental or necessary to the establishment, operation and maintenance of an emergency medical service or ambulance service;

(b) to enter into contracts including, but not limited to, the power to enter into contracts for the construction, operation, management, maintenance and supervision of emergency medical services or ambulance services with any person or governmental entity;

(c) to make application for and to receive any contributions, moneys or properties from the state or federal government or any agency thereof or from any other public or private source;

(d) to contract or otherwise agree to combine or coordinate its activities, facilities and personnel with those of any person or governmental entity for the purpose of furnishing the emergency medical services or ambulance services within or without the municipality;

(e) to establish and collect any charges to be made for emergency medical services or ambulance services within or without the municipality and to provide for an audit of the records of the emergency medical services operation or ambulance services; and

(f) to perform all other necessary and incidental functions necessary to accomplish the purposes of this act.

Sec. 16. If the governing body of a municipality establishes an emergency medical service or ambulance service as provided in this act, it shall establish a minimum set of standards for the operation of such service, for its facilities and equipment, and for the qualifications and training of personnel.

Sec. 17. Whenever the board of county commissioners of any county which is furnishing ambulance services within the county under the authority of this act shall determine that such service can best be provided by the creation of an ambulance

service taxing district, such board shall by resolution create and establish such district and define the boundaries thereof. The boundaries of such district shall include the territory receiving ambulance service provided by the county on the date of the adoption of the resolution creating such district. The board of county commissioners shall be the governing body of the district and shall have the authority, powers and duties granted to boards of county commissioners under the authority of this act, except that all costs incurred by the governing body of the district in providing ambulance services in such district shall be paid from the proceeds of the tax levies of the district hereinafter authorized. The provisions of this act shall govern the operation of ambulances providing services within districts established under the provisions of this section. The governing body of each ambulance service taxing district is hereby authorized to levy an annual tax upon all taxable tangible property in such district in accordance with the provisions of section 12. The county treasurer shall receive and have custody of all of the funds of the district and shall expend the same upon the order of the governing body of the district as provided by law.

Sec. 18. Notwithstanding any other provision of law, mobile intensive care technicians may perform any of the following:

(a) Render rescue, first-aid and resuscitation services.

(b) During training at a medical care facility and while caring for patients in a medical care facility administer parenteral medications under the direct supervision of a person licensed to practice medicine and surgery or a registered professional nurse.

(c) Perform cardiopulmonary resuscitation and defibrillation in a pulseless, nonbreathing patient.

(d) When voice contact or a telemetered electrocardiogram is monitored by a person licensed to practice medicine and surgery or a registered professional nurse where authorized by a person licensed to practice medicine and surgery, and direct communication is maintained, and upon order of such person or such nurse do any of the following:

(1) Perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infu-

sion of saline solutions, dextrose and water solutions or ringers lactate IV solutions.

(2) Perform gastric suction by intubation.

(3) Perform endotracheal intubation.

(4) Administer parenteral injections of any of the following classes of drugs:

(A) Antiarrhythmic agents.

(B) Vagolytic agents.

(C) Chronotropic agents.

(D) Analgesic agents.

(E) Alkalinizing agents.

(F) Vasopressor agents.

(5) Administer such other medications or procedures as may be deemed necessary by such an ordering person.

(e) Perform, during an emergency, those activities specified in subsection (d) before contacting the person licensed to practice medicine and surgery or authorized registered professional nurse when specifically authorized to perform such activities by written protocols approved by the local component medical society.

Sec. 19. Notwithstanding any other provision of law to the contrary, an emergency medical technician-intermediate:

(a) May perform any of the activities described by section 20 which an emergency medical technician may perform;

(b) when approved by the local component medical society and where voice contact by radio or telephone is monitored by a person licensed to practice medicine and surgery or a registered professional nurse, where authorized by a person licensed to practice medicine and surgery, and direct communication is maintained, upon order of such person or such nurse may perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions or ringers lactate IV solutions; or

(c) when under the direct supervision of a mobile intensive care technician who is functioning under the provisions of subsection (e) of section 18 may perform the functions authorized

under subsection (a) of this section.

Sec. 20. Notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any of the following:

(a) Patient assessment and vital signs;

(b) airway maintenance to include use of:

(1) Oropharyngeal and nasopharyngeal airways;

(2) esophageal obturator airways with or without gastric suction device; and

(3) oxygen demand valves.

(c) Oxygen therapy;

(d) oropharyngeal suctioning;

(e) cardiopulmonary resuscitation procedures;

(f) control accessible bleeding;

(g) application of pneumatic anti-shock garment;

(h) management of outpatient medical emergencies;

(i) extrication of patients and lifting and moving techniques;

(j) management of musculoskeletal and soft tissue injuries to include dressing and bandaging wounds or the splinting of fractures, dislocations, sprains or strains;

(k) use of backboards to immobilize the spine; or

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

(1) The patient is noncritical and deemed stable by the transferring physician and the physician approves the transfer by an emergency medical technician;

(2) no medications or nutrients have been added to the intravenous fluids;

(3) the emergency medical technician may monitor and maintain the flow of intravenous fluid and shut off the flow except that by voice contact with a person licensed to practice medicine and surgery or a registered professional nurse when authorized by a person licensed to practice medicine and surgery the intravenous line may be discontinued.

Sec. 21. Notwithstanding any other provision of law to the contrary, a crash injury management technician may perform any

of the following:

(a) Initial scene management;

(b) patient assessment and vital signs;

(c) airway maintenance to include:

(1) Oropharyngeal airways;

(2) oropharyngeal suctioning; or

(3) use of bag valve mask.

(d) Oxygen therapy;

(e) provide cardiopulmonary resuscitation procedures;

(f) control accessible bleeding;

(g) application of pneumatic anti-shock trousers;

(h) management of outpatient medical emergencies;

(i) extrication of patients and lifting and moving techniques;

(j) management of musculoskeletal and soft tissue injuries to include dressing and bandaging wounds and the splinting of fractures, dislocations, sprains or strains; or

(k) use of backboards to immobilize the spine.

Sec. 22. Notwithstanding any other provision of law to the contrary, an emergency medical technician-defibrillator:

(a) May perform any of the activities described by section 20 which an emergency medical technician may perform;

(b) when approved by the local component medical society and where voice contact by radio or telephone is monitored by a person licensed to practice medicine and surgery or a registered professional nurse, where authorized by a person licensed to practice medicine and surgery, and direct communication is maintained, upon order of such person or such nurse, may perform electrocardiographic monitoring and defibrillation; or

(c) perform, during an emergency, those activities specified in subsection (b) before contacting the person licensed to practice medicine and surgery or authorized registered professional nurse when specifically authorized to perform such activities by written protocols approved by the local component medical society.

Sec. 23. (a) No person licensed to practice medicine and surgery or registered professional nurse, who gives emergency instructions to a mobile intensive care technician or emergency

Insert Sec. 43 (first responder activities)

medical technician-intermediate during an emergency, shall be liable for any civil damages as a result of issuing the instructions, except such damages which may result from gross negligence in giving such instructions.

(b) No mobile intensive care technician or emergency medical technician-intermediate who renders emergency care during an emergency pursuant to instructions given by a person licensed to practice medicine and surgery or a registered professional nurse shall be liable for civil damages as a result of implementing such instructions, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of such mobile intensive care technician or emergency medical technician-intermediate rendering such emergency care.

(c) No person certified as an instructor-coordinator shall be liable for any civil damages which may result from such instructor-coordinator'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 instructor-coordinator.

(d) No medical adviser who reviews, approves and monitors the activities of attendants shall be liable for any civil damages as a result of such review, approval or monitoring, except such damages which may result from gross negligence in such review, approval or monitoring.

Sec. 24. It shall be unlawful for any person or municipality to operate an ambulance service within this state without obtaining a permit pursuant to this act.

Sec. 25. (a) Except as provided in subsection (b), each emergency medical service shall have a medical adviser appointed by the operator of the service to review, approve and monitor the activities of the attendants. The board may approve an alternative procedure for medical oversight if no medical adviser is available.

(b) Each emergency medical service which employs an emergency medical technician-defibrillator shall have a medical adviser appointed by the operator of the service to review, approve and monitor the activities of the emergency medical

technician-defibrillator.

Sec. 26. (a) Application for a permit to operate an ambulance service shall be made to the emergency medical services board by the operator of the ambulance service upon forms provided by the administrator and shall be accompanied by a permit fee which shall be a base amount plus an amount for each vehicle used by such operator in such operator's ambulance service and which shall be fixed by rules and regulations of the board to cover all or any part of the cost of regulation of ambulance services.

(b) The application shall state the name of the operator, the names of the attendants of such ambulance service, the primary territory for which the permit is sought, the type of service offered, the location and physical description of the facility whereby calls for service will be received, the facility wherein vehicles are to be garaged, a description of vehicles and other equipment to be used by the service and such other information as the board may require.

(c) Nothing in this act shall be construed as granting an exclusive territorial right to operate an ambulance service. Upon change of ownership of an ambulance service the permit issued to such service shall expire 60 days after the change of ownership.

(d) The permit fee in effect immediately prior to the effective date of this act shall continue in effect until the board adopts rules and regulations fixing a different fee under subsection (a).

Sec. 27. A permit shall not be issued to an operator unless the board finds the ambulance service is or will be staffed and equipped in accordance with the rules and regulations promulgated by the board pursuant to section 9. If the board determines that an applicant is not qualified, such applicant shall be notified of the denial of such application with a statement of the reasons for such denial. The applicant may reapply upon submission of evidence that the disqualifying factor alleged by the board has been corrected. No fee shall be required for the first reapplication made if it is submitted to the board within one year of the date of the denial of the application.

A permit to operate an ambulance service shall be valid for the calendar year for which it is issued and may be renewed upon payment of a permit in the amount pursuant to section 26. At least once each month, all fees received pursuant to the provisions of this section shall be remitted to the state treasurer. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury. Each such deposit shall be credited to the state general fund.

Sec. 28. (a) Application for an attendant's certificate shall be made to the emergency medical services board upon forms provided by the administrator. The board may grant an attendant's certificate to an applicant who: (1) Has made application within one year after successfully completing the appropriate course of instruction for the classification of attendant's certificate for which application has been made; (2) has passed an examination prescribed by the board; and (3) has paid a fee for the classification of attendant's certificate for which application has been made as prescribed by rule and regulation of the board.

~~(b) An attendant applying for a crash injury management technician's certificate shall have at least 72 clock hours of training in preliminary emergency medical care in a course of instruction approved by the emergency medical services board. An attendant applying for an emergency medical technician's certificate shall have at least 81 clock hours of training in preliminary emergency medical care in a course of instruction approved by the emergency medical services board, or the equivalent thereof of preliminary emergency medical care; or a program of instruction in emergency medical care offered by the armed forces of the United States which has been approved by the board. An attendant applying for a mobile intensive care technician's certificate shall have completed a training program, in a course of instruction approved by the emergency medical services board, consisting of a minimum of 200 clock hours of training including, but not limited to, didactic and clinical experience in a cardiac care unit and in an emergency vehicle unit. An attendant applying for an emergency medical technician intermediate certificate shall have been certified as an emergency~~

~~medical technician for not less than one year and, after certification as an emergency medical technician for at least one year, shall have completed a training program, approved by the emergency medical services board, consisting of a minimum of 40 clock hours and including training in veni puncture for blood sampling and administration of intravenous fluids and advanced patient assessment. An attendant applying for an emergency medical technician defibrillator certificate shall have been certified as an emergency medical technician for not less than one year and, after certification as an emergency medical technician for at least one year, shall have completed a training program approved by the emergency medical services board.~~ [Any program of instruction or training offered by the armed forces of the United States or in a jurisdiction other than Kansas, which program is at least equivalent to the program approved by the board for the class of attendant's certificate applied for, shall be granted reciprocity by the board for purposes of satisfying the requirements of subsection (a)(1) of this section.]

(c) An attendant's certificate shall be valid through December 31 of the year following the date of its initial issuance and may be renewed thereafter for a period of one year for each renewal for a fee as prescribed by rule and regulation of the board upon presentation of satisfactory proof that the attendant has successfully completed continuing education in emergency medical care as provided in this subsection. Attendants shall complete not less than eight hours of continuing education as prescribed and approved by the emergency medical services board for each full calendar year that has elapsed since the certification or the last renewal thereof. If a certificate is not renewed within 30 days after its expiration such certificate shall be void.

(d) The emergency medical services board may issue a temporary certificate to any person who has not qualified for an attendant's certificate under subsection (a) when:

(1) The operator for whom such person serves as an attendant requests a temporary certificate for that person; and

(2) such person meets or exceeds minimum training pre-

scribed by the board by rules and regulations.

A temporary certificate shall be effective for one year from the date of its issuance or until the person has qualified as an attendant under subsection (a), whichever comes first. A temporary certificate shall not be renewed and shall be valid only while an attendant works for the operator requesting the temporary certificate.

(e) At least once each month all fees received pursuant to the provisions of this section shall be remitted to the state treasurer. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury to the credit of the state general fund.

(f) If, within two years of the date of expiration of an attendant's certificate, such person applies for renewal of the certificate, the board may grant a certificate to such applicant without such applicant completing a course of instruction specified in subsection (b) if the applicant has passed an examination prescribed by the board and has paid a fee prescribed by rule and regulation of the board.

Sec. 29. The board may inquire into the operation of ambulance services and the conduct of attendants, and may conduct periodic inspections of facilities, communications services, materials and equipment at any time without notice. The board may issue subpoenas to compel an operator holding a permit to make access to or for the production of records regarding services performed and to furnish such other information as the board may require to carry out the provisions of this act to the same extent and subject to the same limitations as would apply if the subpoenas were issued or served in aid of a civil action in the district court. A copy of such records shall be kept in the operator's files for a period of not less than three years. The board also may require operators to submit lists of personnel employed and to notify the board of any changes in personnel or in ownership of the ambulance service.

Sec. 30. Nothing in this act shall be construed to preclude any municipality from licensing and regulating ambulance services located within its jurisdiction, but any licensing require-

ments or regulations imposed by a municipality shall be in addition to and not in lieu of the provisions of this act and the rules and regulations promulgated thereunder.

Sec. 31. (a) ~~An operator's permit may be denied, revoked or suspended by the board~~ upon proof that such operator or any agent or employee thereof:

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

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

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

(4) has failed to keep and maintain the records required by the provisions of this act, or the rules and regulations promulgated thereunder, or has failed to make reports when and as required;

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

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

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

Sec. 32. (a) ~~An attendant's or instructor-coordinator's certificate may be revoked or suspended by the board~~ upon proof that such attendant:

(1) Has been guilty of misrepresentation in obtaining the certificate;

(2) has engaged or attempted to engage in, or represented themselves as entitled to perform, any service not authorized in the certificate;

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

The board may suspend, limit, revoke or refuse to issue or renew a permit of any operator

limit, revoke or refuse to issue or renew

The board may suspend, limit, revoke or refuse to issue or renew an attendant's or instructor/coordinator's certificate

or instructor/coordinator:

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

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

(6) has demonstrated habitual intemperance or is addicted to the use of habit-forming drugs; or

(7) has engaged in unprofessional conduct, as defined by rules and regulations adopted under this act.

(b) The board shall not ~~revoke or~~ suspend any attendant's or instructor-coordinator's certificate pursuant to this section without first conducting a hearing in accordance with the provisions of the Kansas administrative procedure act.

Sec. 33. An operator's permit may be temporarily limited or restricted by the board, pending a hearing, upon receipt of a complaint indicating the public health, safety or welfare to be in imminent danger. If an inspection proves the complaint to be invalid, or that the cause therefor has been corrected, the limitation or restriction shall be terminated.

Proceedings under this section may be initiated by the board or by any person filing written charges with the board. ~~The board shall not limit nor restrict any permit pursuant to this section without first conducting a hearing in accordance with the provisions of the Kansas administrative procedure act.~~

Sec. 34. (a) All ambulance services providing emergency care as defined by the rules and regulations adopted by the board shall offer 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 or a mobile intensive care technician, a person licensed to practice medicine and surgery, a registered physician's assistant or a registered professional nurse.

Sec. 35. (a) Nothing in this act shall be construed:

(1) To prevent the operation of a police emergency vehicle;

(2) to affect any statute or regulatory authority vested in the

,limit, revoke or refuse to issue or renew

department of transportation concerning automotive equipment and safety requirements;

(3) to prohibit any privately owned vehicles and aircraft not ordinarily used in the ambulance service business from transporting persons who are sick, injured, wounded or otherwise incapacitated or helpless;

~~(4) to prevent any vehicle from being pressed into service as an ambulance; or~~

(5) to prohibit any ambulance lawfully operating under the laws of a state adjoining Kansas from providing emergency transportation of a patient from a municipality not otherwise served by an ambulance service located in Kansas to a location within or outside the state of Kansas when the governing body of such municipality declares a hardship. The governing body or board shall notify the board 30 days prior to the initiation of such out-of-state service.

(b) Ambulances owned and operated by an agency of the United States government shall be exempt from the provisions of this act.

(c) Any ambulance based outside of this state receiving a patient within the state for transportation to a location within this state or receiving a patient within this state for emergency transportation to a location outside this state shall comply with the provisions of this act except when such ambulance is rendering service in the case of a major catastrophe, such ambulance is making a prearranged hospital-to-hospital transfer or except as otherwise provided by rules and regulations adopted by the board.

Sec. 36. Any person violating any provision of this act or any rule and regulation issued hereunder shall be deemed guilty of a class B misdemeanor.

Sec. 37. In order to provide adequate emergency medical care for the people of this state, the emergency medical services board is hereby authorized to establish, maintain and operate an emergency medical services communications system, subject to approval by the secretary of administration under K.S.A. 75-4709, and amendments thereto. The emergency medical services

board shall establish communication centers, to be known as medical communications centers, in various locations in the state to be determined by the emergency medical services board, for the purposes of receiving requests for emergency medical assistance and for coordinating the activities of ambulances with medical care facilities and other emergency public safety agencies. Subject to approval by the secretary of administration under K.S.A. 75-4709, and amendments thereto, the emergency medical services board may provide mobile radio units to ambulance services, as hereinafter provided, which will provide such ambulance services with direct communication to or from medical communication centers established for such purpose.

Sec. 38. For the purpose of establishing, operating and maintaining the emergency medical services communications system, the board may enter into contracts with any state agency, and any such agency is authorized to contract for such purpose with the board. The board also may enter into contracts or other agreements with any city, county, township, fire district or hospital district, or any person, firm or corporation for the establishment of an emergency medical services communications system or the establishment or operation of any part thereof including placement, operation and maintenance of equipment. In accordance with the authority of the secretary of administration under K.S.A. 75-4709, and amendments thereto, all contracts entered into by the board under this section shall be subject to approval by the secretary of administration.

Any contract or agreement for the placement or operation of equipment with any ambulance service shall provide that the person, firm, corporation or municipality operating such ambulance service shall maintain such equipment in accordance with terms and conditions established by the board. The contracts, agreements or contracts for the placement of equipment in medical communication centers shall provide that such equipment shall only be used for the purpose of operating the emergency medical services communications system and that the board or the board's designated agent may inspect such equipment at any time. Ownership of any such equipment shall remain with the

state and any contracts for the placement of such equipment may be withdrawn or canceled at any time, at the option of the board and the secretary of administration under K.S.A. 75-4709, and amendments thereto.

Sec. 39. For the purposes of establishing, operating and maintaining an emergency medical services communications system, the emergency medical services board may accept any grant of money or property, including any federal moneys available therefor. Within the limits of appropriations available therefor and subject to approval by the secretary of administration under K.S.A. 75-4709, and amendments thereto, the emergency medical services board may acquire, in the name of the state, any equipment necessary for such communications system.

Sec. 40. (a) It shall be unlawful for any individual to represent oneself as a certified first responder unless such individual holds a valid certificate as a first responder under this act.

(b) Any violation of subsection (a) shall constitute a class B misdemeanor.

~~Sec. 41. (a) Application for a first responder's certificate shall be made to the emergency medical services board upon forms provided by the administrator. The board may grant a certificate to an applicant who: (1) Has made application within two years after successfully completing the appropriate course of instruction for the first responder as specified in subsection (b) if such course of instruction was completed prior to the effective date of this act or has made application within one year after successfully completing such course of instruction if such course of instruction was completed on or after the effective date of this act; (2) has passed an examination prescribed by the board; and (3) has paid a registration fee in an amount prescribed by rules and regulations of the board.~~

~~(b) An individual applying for a first responder's certificate shall have completed training in preliminary emergency medical care of not less than 45 clock hours in a course of instruction approved by the board.~~

~~(c) A first responder's certificate shall be valid through December 31 of the year following the date of its initial issuance~~

~~and may be renewed thereafter for a period of one year for each renewal for a fee in an amount prescribed by rules and regulations of the board and upon presentation of satisfactory proof that the first responder has successfully completed continuing education in emergency medical care as provided in this subsection. First responders shall complete not less than eight hours of continuing education as prescribed and approved by the board for each full calendar year that has elapsed since the certification or the last renewal thereof. If a certificate is not renewed within 30 days after its expiration, such certificate shall be void.~~

~~(d) The administrator shall remit to the state treasurer at least monthly all fees received pursuant to the provisions of this act. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury to the credit of the state general fund.~~

~~(e) If an applicant for a certificate has within two years preceding the date of the application held a first responder's certificate, the board may grant a certificate to such applicant without such applicant completing a course of instruction specified in subsection (b) if the applicant has passed an examination prescribed by the board and has paid a registration fee in an amount prescribed by rules and regulations of the board.~~

~~Sec. 42. The board may inquire into the conduct of first responders. The board may require a first responder certified under this act to make records regarding services performed and to furnish such other information as the board may require to carry out the provisions of this act. A copy of such records shall be kept in the first responder's files for a period of not less than three years. The records shall be made available to the board upon request.~~

Sec. 43. A first responder may perform any of the following activities:

(a) Initial scene management including, but not limited to, gaining access to the individual in need of emergency care, and only in life or limb threatening situations, the appropriate extrication, lifting and moving the individual;

(b) cardiopulmonary resuscitation and airway management;

Sec. 43. should be moved to follow Sec. 22.

(c) control of bleeding;

(d) extremity splinting excluding traction splinting;

(e) stabilization of the condition of the individual in need of emergency care;

(f) oxygen therapy;

(g) use of oropharyngeal airways;

(h) use of bag valve masks; and

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

~~Sec. 44. Nothing in this act shall be construed: (a) To preclude any municipality from licensing or otherwise regulating first responders operating within its jurisdiction, but any licensing requirements or regulations imposed by a municipality shall be in addition to and not in lieu of the provisions of this act and the rules and regulations adopted pursuant to this act;~~

~~(b) to preclude any person certified as an attendant from providing emergency medical services to persons requiring such services; or~~

~~(c) to preclude any individual who is not a certified first responder from providing assistance during an emergency so long as such individual does not represent oneself to be a certified first responder.~~

~~Sec. 45. (a) A first responder's certificate may be denied, revoked, limited or suspended by the board upon proof that such first responder:~~

~~(1) Has been guilty of misrepresentation in obtaining the certificate;~~

~~(2) has engaged or attempted to engage in, or represented oneself as entitled to perform, any service not authorized in the certificate;~~

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

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

~~(5) has been convicted of a felony and, after investigation by~~

~~the board, it is determined that such person has not been sufficiently rehabilitated to warrant the public trust;~~

~~(6) has demonstrated habitual intemperance or is addicted to the use of habit-forming drugs; or~~

~~(7) has engaged in unprofessional conduct.~~

~~(b) The board shall not revoke, limit or suspend any first responder's certificate pursuant to this section without first conducting a hearing in accordance with the provisions of the Kansas administrative procedure act. Proceedings under this section may be initiated by the board or by any person filing written charges with the board.~~

~~Sec. 46. No first responder 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 first responder rendering such emergency care.~~

Sec. 47. K.S.A. 19-262, 19-263, 19-263a, 19-263b, 19-3623b, 19-3633, 19-3634, 19-3635, 19-3636, 19-3636a, 65-4302 to 65-4306, inclusive, 65-4307 to 65-4309, inclusive, 65-4314 to 65-4316, inclusive, 65-4318 to 65-4320, inclusive, 65-4322, 65-4323, 65-4326 to 65-4331, inclusive, 74-2126 to 74-2132, inclusive, 80-1423, 80-1424, 80-1426 to 80-1428, inclusive, and K.S.A. 1987 Supp. 19-261, 19-3632, 65-4301, 65-4306a, 65-4306b, 65-4306c, 65-4306d, 65-4317, 65-4321, 65-4324, 65-4325, 65-4325a, 65-4339 to 65-4348, inclusive, and 80-1425 are hereby repealed.

Sec. 48. This act shall take effect and be in force from and after its publication in the Kansas register.

Fred Thorp, Director
Emergency Medical Services
K.C.K. Fire Department

March 1, 1988

RE: H.B. 2639 Emergency Medical Services

Senator Montgomery, distinguished members of the Senate:

Thank you for the privilege of testimony regarding this bill today. I will not bore you with testimony that is already of record. I wish to share with you information which I consider is an update as to why I support the bill as it is today and why I have supported the bill since the report of the Interim Study Committee was published.

In my opinion, a bill that consolidates the efforts of this State in delivery of pre-hospital emergency medicine is an appropriate action. To have the efforts of so many .... be they providers, educators or bureaucrats housed in differing agencies of the State is inefficient and non-productive. The record stands and is proof of the fallacy in believing a divided house serves our interests best.

Some five years ago, the Kansas City Kansas Fire Department under took the task of training every fire fighter to the level of Kansas Certification as an Emergency Medical Technician. This has been an expensive undertaking. We still believe the correct choice was made and continue persuit of our goal.

Last November (1987), we enrolled twelve fire fighters in our class with the Emergency Medical Training Program as required by KU and the Bureau of EMS. On December 1, those fire fighters began training with the target completion date being the State examination at Topeka, January 16, 1988. Each class we enroll with the EMTP, we do so with the test site and date in mind. Thus, when our personnel are sent to the test site, they are "finely tuned" to master the examination process administered by the Bureau of EMS. In addition, we then know how to develop work schedules to cover for these employees while they are training to become Kansas certified Emergency Medical Technicians. The week of January 4, 1988, we were informed that our present class of fire fighters would not be allowed to test at Topeka January 16 as the test site was full. We were told our personnel would have to travel to Coffeyville (170 miles each way) for the examination on February 20, 1988 and we have complied!

We have since learned the examination at Topeka was not full and could easily have handled our personnel. Why did this happen? We were told KU-EMTP had not recorded our students with the Bureau in Topeka. This additional cost amounted to approximately $1200.00 and does not take into consideration the additional undeserved stress on our personnel or inconvenice in the scheduling. I do not

believe such inconsideration because of faulty communications would be tolerated by a competent administrator responsible for all aspects of the training and certification process as provided in the bill before us today.

Next week, several personnel from across the State will be training at KU regarding pediatric emergencies for which they will then return to their communities and train other personnel. This is good and appropriate. The problem is.....the weeks training, some forty hours will not be recognized by the Bureau for continuing education credits as the Bureau apparently does not feel the training is appropriate! Such actions are ludicrous and inhibit the drive to excell, not to mention the morale problems created for the service providers. Early in 1987, KU-EMTP sought specific guidance from the Bureau Council for continuing education requirements for 1987. That SPECIFIC guidance was rendered by the Council. It was not followed by "KU" because KU-EMTP "was uncertain of where they would be" following possible legislative action on the senate bill introduced to move the EMT program at KU to the Bureau of EMS because there it was believed; the Bureau of EMS could monitor the training aspects and deliver requests concerning training in a more judicious time frame. It was therefore late in 1987 before we knew what the continuing education requirements for 1987 were to be. I submit to you, a responsible administrator would not tolerate such recurring thinking .

Last year, the Kansas City Kansas Fire Department, working through Region IV EMS Council, sought BEMS-Council consideration for Emergency Medical Dispatcher and enabling legislation. Our request was referred to KU-EMTP for study. Their report some two months later was that no legislation exists for dispatchers and they had no legislative authority to develop a proposal. Our repeated request was desregarded inspite of documented interest in such legislation. We have since circumvented the BEMS-Council, the Bureau and KU by addressing our need directly to local elected officials and hopefully you will soon consider H.B. 2865 introduced by Representatives Johnson and Schauf.

Last January we were told what the regulations would be for the newly created EMT-D certification level permitting experienced EMTs to use life saving defibrillators in the only medical instances where defibrillation is the recognized medical treatment regardlous of the users training/certification. We raised the question of why automated technology was not being considered as the regulations at that time were a proposal and to the extreme. We were told the regulations could not be altered. We have since pointed out, there have not been any new training programs for defibrillation and strongly suggested the cause as extensive over-kill in the regulations resulting in increased costs.

Therefore, I urge the passage of HB 2639 as it stands today. I believe the PROPOSED mix of elected officials and providers desirable and appropriate!

Position presented by Jay Scott Emler
Chairman, Emergency Medical Services Council

Re: Substitute House Bill No. 2639

1. Mr. Chairman, members of the Local Government Committee, my name is Jay Scott Emler. I am an emergency medical technician, CPR instructor, practicing attorney and chairman of the Emergency Medical Services Council. On behalf of the Emergency Medical Services Council, I thank you for allowing me this opportunity to provide you with the Council's concerns regarding Substitute HB 2639.

2. Initially, I would like to mention a few things about the Council.

   a. By statute, the Council is charged with establishing policies and regulations for all aspects of emergency medical services in the state of Kansas, <u>except initial</u> training.

   b. By statute, KUMC is responsible for the initial instruction of emergency medical personnel.

   c. Until March, 1987, the Council utilized KUMC for continuing education. At that time, however, the Council determined it was in the best interest of emergency medical services and state of Kansas for the Council to assume a more active role in continuing education.

d. This committee is aware of the current composition of the Council and the proposed changes. A majority of the current Council membership is devoted to providing the best possible emergency medical services to the people of the state of Kansas.

3. Subsequent to the revisions of HB 2639 and the introduction of Substitute HB 2639, Council revised its concerns and, at its meeting on January 29, 1988, adopted the following position:

The Emergency Medical Services Council is strongly supportive of the intent of Substitute HB 2639, the consolidation of the Bureau of Emergency Medical Services and the KUMC Emergency Medical Training Program into a single independent agency. The Council recognizes and is appreciative of the work done by the House Committee on Local Government creating the bill. The Council believes, however, that Substitute HB 2639 would be improved with the following amendments:

a. The Board of Emergency Medical Services should have the following composition: one medical doctor actively involved in emergency medical services, one registered professional nurse actively involved in emergency medical services, one hospital administrator actively involved in emergency medical services, one member who represents ambulance services utilizing volunteer personnel, one member who represents ambulance services utilizing MICT personnel, one member who represents ambulance services utilizing full-time EMT personnel, one member who represents fire services actively involved in emergency medical services, one member from each of the four EMS regions, two members of the Legislature, and one county commissioner. The governor should request nominations from the regional EMS councils for the four regional positions on the Council.

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

c. A number of technical problems concerning immunity and hour requirements for attendant certification also require resolution. A committee of the Council was authorized to develop specific testimony on these technical problems. The Emergency Medical Services Council continues to support consolidation of the Kansas emergency medical services program into a single independent agency. Subsititute HB 2639 is a major step toward that goal.

(I have requested Bureau staff prepare a statement of some of the difficulties that may be incurred if the current provision of the proposed legislation regarding administrative regulations is not amended. Mr. McDaneld prepared that statement and it is attached to your copies of my testimony. Further, Mr. McDaneld is here to testify concerning the findings of the committee I appointed to investigate technical problems with the proposed legislation.)

5. The Emergency Medical Services Council believes that physician input is extremely important. The Council <u>does not</u> believe that a physician must be officed within the same building as the unified agency. The Council is aware from statements made by representatives of KUMC at previous Council meetings that even though there would appear to be a position at KUMC funded in the neighborhood of $20,000.00, medical direction is <u>not</u> frequently sought. The position of this Council is that medical direction would be requested frequently.

For this committee's information, a portion of the EMT-D pilot program was a preliminary medical review of the pilot program by a physician at KUMC. The pilot program ended

June 30, 1987, and the Council has not yet received KU's preliminary medical review.

6. One final comment regarding the proposed change in composition of the Council: It is my personal belief that a constitutional issue is presented when legislators are appointed to an executive, policy-making body. I have not researched this issue, but respectfully suggest this Committee may wish to do so.

Again, I thank you for permitting me to address this committee.

Date: February 18, 1988

Subject: Administrative Regulations Affected by H.B. 2639

If H.B. 2639 becomes law without deleting or amending lines 172 through 177 of Sec. 4, the following administrative regulations, which are currently temporary regulations and would have become permanent on May 1, 1988, will become void. Changes which would result are discussed for each regulation.

K.A.R. 109-1-1. This regulation defines terms used in the other regulations. If the regulation becomes void, "supplemental instruction," "providers of supplemental instruction," "training officer," and "unprofessional conduct" will not be defined. These definitions enable the board to provide continuing education and revoke attendants' certificates for unprofessional conduct.

K.A.R. 109-2-5. This regulation establishes requirements for operating an ambulance service. If the regulation becomes void, attendants will not longer be required to comply with these requirements, and a temporary vehicle license may be renewed as many times as the director sees fit.

K.A.R. 109-2-6. This regulation creates all classes of ambulance service. If the regulation becomes void, Type II-D service will be deleted, and Types III and IV service will remain. Medical control of EMT-defibrillation will no longer be assured.

K.A.R. 109-2-7. This regulation creates all classes of ambulance vehicles. If the regulation becomes void, Type II-D vehicles will be deleted.

K.A.R. 109-2-8. This regulation prescribes equipment for all classes of ambulance vehicles. If the regulation becomes void, ambulance services which provide defibrillation will not have to carry monitor/defibrillators with two-channel cassette recording capability.

K.A.R. 109-5-1. This regulation establishes requirements for supplemental instruction (continuing education) for all levels of attendants. If the regulation becomes void, the board will have no regulations pertaining to continuing education.

K.A.R. 109-5-3. This regulation describes the method for becoming an approved provider of continuing education. If the regulation becomes void, the board will have no regulations pertaining to approval of providers.

K.A.R. 109-6-1. This regulation provides a method of granting temporary certification as an EMT or MICT to enable a service operator to meet staffing requirements. If the regulation becomes void, the board will be unable to grant temporary certifications.

RM/st

Senate Committee on Local Government
Senator Don Montgomery: Chairperson

Item: Testimony on HB #2639

My name is Marvin VanBlaricon. I am currently an MICT-Firefighter for the Salina Fire Department, and a EMT Instructor-coordinator. I am here today representing the Executive Committee of the Kansas Instructor/Coordinator Society.

I would like to on behalf of the executive committee of the Kansas I/C Society express our appreciation to this committee on allowing us to voice our opinion concerning revised House Bill No. 2639.(HB #2639)

We the executive committee of the Kansas I/C Society wish to voice total support for the changes the HB #2639 addresses for changes in Kansas EMS. We feel that this move will only strengthen Kansas pre-hospital care, not only in the continuation of the quality of care given to the citizens of Kansas, but will also be a very positive step in the training of pre-hospital care technicians.

Our membership is very wide spread within the state. We have MICT-IC's, EMT-IC's, which are currently certified by the Kansas University Medical School-EMT Training Program, and Certified Training officers which are currently certified by the Bureau of Emergency Medical Services.

Some of the major concerns that we share are addressed within House Dill #2639:

1) The reorganization to have a single board for all matters concerning EMS and EMS Training:



AVIII

2) Extending the immunity for Instructor/Coordinators and certified Training Officers:

3) It would also, with the additions added by the Kansas Committee on EMS legislation, extend the immunity to those physicians and Registered Nurses, that are used by the I/C's to help teach the pre-hospital technician:

We feel that this movement on EMS legislation is not a move to show support or favoritism to one agency over the other, but a movement to bring Kansas EMS into a more uniform and quality working agency that can handle matters concerning EMs and EMS training.

Again on behalf of the Executive Committee of the Kansas I/C Society, we wish to voice strong support of the House Bill No. 2639 and the changes suggested by the Kansas Committee on EMS legislation. We know that this committee has lots of work ahead of them and feel that you will do what is in the best interest for all individuals concerned.

Respectfully;

Marvin VanBlaricon, MICT/EMTIC

# M E M O R A N D U M

DATE: March 1, 1988

TO: Chairman, Local Government Committee and Legislators

FROM: James A. Todd, Kansas State Firefighters Association

RE: House Bill 2639

The Kansas State Firefighters Association supports HB 2639. The Kansas State Firefighters Association is very much aware of the many hours devoted, both during the summer months as well as this session of the legislature, by the Interim Study Committee to provide the best possible legislation to enable Kansas Communities to receive emergency medical service that is second to none.

(Attachment IX) Local Go 3/1/88

A IX

# Kansas Association of Counties

*Serving Kansas Counties*

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


March 1, 1988

To: Senator Don Montgomery, Chairman
Members of the Senate Local Government Committee

From: Bev Bradley, Legislative Coordinator
Kansas Association of Counties

Re: HB-2639

Thank you Mr. Chairman. Ladies and gentlemen of the committee, I am Bev Bradley representing the Kansas Association of Counties. Our association supports substitute HB 2639, the reorganization of emergency services in Kansas. Our membership took a position at the annual meeting in support of more uniform administration of EMS. We feel HB 2639 does this. A major concern has always been and remains the concern for the less populated counties and the protection of volunteer ambulance services. Some small counties do not have the funds to provide a more sophisticated service and rely totally on volunteer services. Regulations must remain such that these groups can continue to operate.

We support the concept of two county commissioners on the EMS board. I have already had commissioners express interest in these positions. We certainly support codification of statutes.

The Kansas Association of Counties urges your favorable consideration of substitute HB 2639.

(Attachment X) Local Go 3/1/88

X

# Rural Health Care System Struggles to Survive

State and local governments are helping small-town hospitals find ways to add new services and develop less expensive ways to meet the health needs of rural residents.

*By David Landes*

The rural health care system is in trouble. Declining population, reduced reimbursements and cost-cutting programs threaten the financial security of already troubled rural hospitals—the mainstays of the existing rural health care system. In the past two years, 63 have been forced to close according to the American Hospital Association. Hospital closings remove the most accessible source of care for the acutely ill in the rural population and discourage physicians and other skilled health care providers from locating in rural areas.

One-third of rural hospitals operated unprofitably in 1986 compared to 19 percent of urban hospitals. Nationwide, rural hospital occupancy dropped from 68 percent in 1976 to 55 percent in 1986, reducing hospital incomes and increasing the cost per admission.

Public and private efforts to hold down costs, emphasizing outpatient care and shorter hospital stays, have sliced hospital occupancy and income. The Medicare changeover to diagnostic-related group (DRG) reimbursement has also reduced hospital revenues. Before 1985, Medicare reimbursed hospitals for the actual cost of care to Medicare beneficiaries. The DRG system pays hospitals a predetermined amount based on each patient's diagnosis, no matter what services the hospital provides or how long the patient stays. In heavily-used urban hospitals, lower cost patients balance those who cost more to treat. Rural hospitals with relatively few admissions cannot always balance high cost patients in this way and may have to absorb the costs themselves. The DRG system also pays rural hospitals less than urban hospitals for the same services, on the theory that rural hospitals cost less to operate. Rural health advocates, such as Robert Van Hook of the National Rural Health Association, disagree. "The DRG reimbursement system overstates the cost differences between urban and rural hospitals, since rural hospitals must pay the same, or even more, for services such as nursing, than their urban counterparts," he contends.

Increasing hospital losses come at a time when local governments are less able to subsidize them as tax revenues have dropped.

Hospital closings create a ripple effect in local areas. Residents run a greater risk of death or disability when forced to travel longer distances for emergency care. More sophisticated diagnostic and therapeutic services, such as CAT scanning and chemotherapy, may require an entire day when travel time is included. Hospital closings discourage physicians and other health care providers trained in hospital-centered medicine from locating in rural areas. The aging of the present cohort of rural physicians makes physician recruitment an even more urgent problem. Finally, hospital closings undermine local economies, since hospitals are often the first or second largest local employers in their towns.

Emergency medical services (EMS) link widely scattered rural residents to needed medical care, and are especially important because rural areas have higher rates of home accident fatalities, drownings and highway accidents. Yet state regulations often prescribe minimum standards for EMS vehicles and personnel in order to reduce the financial burden on local governments. Disappearing health facilities and lengthening travel distances increase the importance of EMS systems at the same time that county and local governments are less able to afford adequate equipment and personnel.

Rural residents aided by state and local governments are searching for ways to revitalize their health care system, strengthen its economic base, and restore its ability to serve the rural population. The new system will not resemble the old one, however. "We won't have small Hill-Burton hospitals in every corner of rural America," says Dr. Kevin Fickenscher of the University of North Dakota, referring to the

*David Landes is program manager for Health Care at NCSL.*



(Attachment XI) Local Go 3/1/88

XI

post-war federal program that financed many of today's troubled hospitals. "Radical changes will be necessary to meet changing conditions in many areas," confirms NRHA's Van Hook.

Federal officials are beginning to recognize the rural health problem. The Congressional "rural caucus" is working to increase DRG reimbursement to rural hospitals and to extend the life of the National Health Service Corps and the Area Health Education Centers programs, which subsidize the costs of physicians and medical students practicing and training in rural areas. A newly created Office of Rural Health in the Department of Health and Human Services will advise other government agencies on rural health matters and coordinate rural-related activities in the department.

The most innovative ideas for reshaping the rural health care system have come from health care providers themselves encouraged by local and state government officials who have helped find ways to diversify and ways to meet the needs of rural residents more economically:

- Hospitals are adding home health care, long-term care and other services to increase revenue and reinforce their public image as "one stop" community care providers. Other hospitals have taken more unusual approaches. Hospitals in Rocky Ford, Colo. and St. Helena, Calif., opened respiratory care units to attract patients away from urban air pollution. Others have provided laundry and meal services to community groups. But diversification has its pitfalls. "Diversification for diversification's sake isn't the answer," says Dr. Jeffrey Bauer, a consultant to rural health care providers. "The key is planned diversification based on careful analysis of rural residents' desires and needs."
- More cost-effective health care facilities are emerging that can survive difficult economic times. This new breed of health care facility is exemplified by "same-day" surgery centers, birthing centers, and low intensity infirmaries with laboratory, X-ray, and observation services staffed by physicians and ancillary personnel. Montana now licenses "medical assistance facilities" that can provide up to 96 hours of inpatient care without meeting all the hospital licensure requirements. These facilities are allowed only in counties with

## Special Programs Address Stress, Mental Health Problems

With the crisis in rural America exacerbating emotional stress for rural families, mental health services are needed now more than ever. Although farm suicides and homicides catch the media's attention, the greatest impact of rural stress is the effect it has on the daily life of the community. The crisis has become particularly damaging to family stability and to those with severe and chronic mental illnesses.

Several states have addressed the mental health problems facing farmers and other rural Americans by making mental health services more accessible.

- Montana became one of the first states to provide emergency assistance and credit counseling to individual farmers. The 1986 law set up a "peer counselor" program to assist farmers with mental health and legal information services, support counseling, and financial consulting.
- Illinois provides stress counseling and crisis intervention to farm families throughout the state with its "Stress: Country Style" program. The staff counsels farm families through a 24-hour hotline; provides direct face-to-face crisis intervention within 24 hours of phone contact; and educates the community about stress, its implications and how to deal with it effectively. The program is funded through the Illinois Department of Agriculture to encourage acceptance by farm families.
- In Iowa, Northwest Iowa Community Mental Health Center operates a Rural Response Program to develop community-based support networks for individuals needing help. Intervention programs use families' natural support networks. Since 1984, more than 2,000 people have been involved in the support groups. The counties served by the center contribute 80 percent of the program's budget.
- One quarter of the state of Kansas, with a population highly dependent on land, is served by the High Plains Mental Health Center. Although the services of this mental health center have been geared to a very sparsely populated area, efforts have been made to improve accessibility to more rural residents. The program provides some direct services in homes of those unable to travel, educational programs, advice to caregivers already in the community, and support groups and stress management sessions.
- In Minnesota, Southwestern Mental Health Center effectively has involved community referral sources in outreach and intervention. The center's staff meet with clergy, veterinarians and local leaders to assist with referrals, support groups and other needed services. In addition, the program maintains an active speakers' bureau that provides training programs on major issues such as suicide, understanding loss and grief, and farm stress.

*—Rebecca Craig, senior project manager of Mental Health for NCSL.*

fewer than six persons per square mile or in locations more than 35 road miles from a hospital. North Carolina has built 45 local community health clinics, using state funds matched to local contributions. State funds also subsidize initial operating losses until clinics become self-supporting.

- Emergency medical systems that improve access to lifesaving technology are replacing hospital services, though many existing EMS systems will require significant upgrading to do this effectively. Local taxpayers may balk at the additional cost, though the costs may be less than those of current hospital subsidies.
- Physician recruitment programs are attempting to invigorate the basic rural primary health system. The North Dakota Center for Rural Health Services, Policy and Research at the University of North Dakota has placed 40 physicians in rural communities, using a process that matches the desires of physicians and their families to the characteristics of local communities. The North Carolina Office of Health Resources Development operates a similar program. Both recruitment programs operate with some state support.

New York has taken a broader approach to the improvement of rural health, using $700,000 in state grants to start rural service networks. Services will include hospice care, health promotion and disease prevention, aging services, and home health care. Senator Charles Cook, the legislative sponsor, describes the rationale for the program: "We wanted to stimulate people in the field to look at options. Providers are in a defensive mode, but there are still needs out there and they need to see how they can fill those needs."

The myriad problems of the rural health care system are as complex as those of rural America itself. States are proving that there are solutions to the rural health crisis and that the prognosis isn't all bad. "Rural people have the potential for creativity in hard times and the ability to pull together," says Van Hook. The special role of legislators, says Bauer, is "to nurture community initiatives and to be sure they don't unintentionally inhibit them."

Hello, my name is Mick McCallum. I am a Registered Nurse in am emergency department.and also a Mobile Intensive Care Technician. I have been involved in providing emergency care since 1980. I am proud to be a Kansas paramedic because Kansas has amoung the highest educational standards in the nation.

We must make certain that nothing interfers with our high standards, for this is a reflection ofour commitment to the people of this state. The only way we can do this is by ensuring, insisting that the University of Kansas School of Medicine Emergency Medical Training Department is involved in every aspect of this state's Emergency Medical System.

I am sure we are all aware of the demographics of this state. Being mostly rural, it creates a great problem in providing emergency care to many of our rural citizens. KUMC-EMTP is developing programs to combat this, with baccalauerate level education. This would train students to be MICT's (Paramedics) and then build upon this education to train them in area such as Respiratory care& Education Aeromedical, thus providing a doul role care provider, thus making the low numbers of care providers with maxium effi ciency. How ever these programs have been pushed to the back burner due to this controversy of deciding if KUMC-EMTP is needed in our EMS services Meanwhile rural pattient care remains inadaquate, sub-optimal. Remember, we are dealing with peoples lives not just statistics.

With the rate of changing technology and breakthroughs in medicine today, it is imparitive to keep current with national trends and incorporate these into EMS training and continuing education. It is ludacrous to even consider any agency is better able to provide this than the University of Kansas School of Medicine the same institution that es educating tomorrows doctors. These doctors will be the Mecical Directors of our EMS services in the future. We must not break the chain.

I challange any of you to find another agency with more highly educated ot dedicated staff. Many are Masters level prepared, all have the people of Kansas and there wellbeing as their paramount focus.

We all tell our children, "Go to school, education will make your life better in the future." So be it in EMS.

Education is the KEy! No better organization exists to provide this than the University of Kansas School of Medicine Medicine of Emergency Medical Training.

Thank You;

(Attachment XII) Local Go 3/1/88

March 1, 1988

TO: Senate Committee on Local Government
FROM: Ted McFarlane
REF: Substitute for House Bill 2639

Thank you for allowing me to comment on House Bill 2639. 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; however I encourage you to consider some amendments before sending it to the Senate floor.

1. The composition of the new Board is my first concern. 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. The Senate and House should each have a member and there should be one County Commissioner. The remaining 3 positions should be from ems providers with one being a nurse.

2. Section 23 (page 17) 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.

3. Section 35(a)(4) allows any vehicle to be pressed into service as an ambulance. There needs to be a condition put in this section so that it only operates in a disaster situation or extreme emergency.

4. My final concern deals with the provisions of Sec. (4)(d) which void the regulations due to become permanent on May 1, 1988. These regulations contain the continuing education guidelines for all training levels for 1988 as well as the regulations implementing the EMT defibrillation program. The regulations were developed in good faith by the current EMS Council. The new Board will be able to waive any regulation it finds inappropriate, so there is really no need to void the regulations and leave these issues unaddressed.

Again, thank you for the opportunity to speak.

Ted McFarlane

(Attachment XIII) Local Go 3/1/88