

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

9:07 a.m./~~pm~~ on March 2, 1988 in room 531-N of the Capitol.

All members were present except:

Committee staff present: Mike Heim, Arden Ensley and Lila McClaflin

Conferees appearing before the committee:

Chip Wheelan, Kansas Medical Society
Dr. Robert A. Worsing, Chairman, Committee on EMS, Kansas Medical Society, Wichita, Ks.
Bob Orth, Kansas E.M.S. Committee
Bob Pruitt, representing himself and other entities
Tom Pollan, Sedgwick County EMS
Sylvia Davis, President, Kansas E.M.T.'s Association
Ralph Unger, Decatur County, county commissioner
Peggy Jewell, President of the Kansas Emergency Nurses Association
Charles Neal, Hoxie, Ks., Regent #1 E.M.S.
Darlene Whitlock, Kansas State Counsel of the Emergency Nurses Association
Lillian McDanel, Director, Osborne Ambulance Service

The hearing for the opponents of Substitute for H.B. 2639 was opened. The Chairman called on Chip Wheelan.

Chip Wheelan stated they did not oppose the bill, but would ask that it be amended and asked that H.B. 2835, concerning the use of automated defibrillators and certification of persons who use them, be looked at and be amended into the EMS legislation. He presented an amendment that states temporary rules and regulations that became effective after May 1, 1987, "shall remain temporary rules and regulations until such time that the board revises, amends, repeals or adopts such rules and regulations. Such temporary rules and regulations may become permanent May 1, 1989 if adopted by the Board pursuant to law" (Attachment I). Mr. Wheelan introduced Dr. Worsing from Wichita.

Robert A. Worsing presented written testimony stating the KMS EMS Committee supports the concept of unification of EMS activities under one administrative body; they have some specific concerns, which he outlined in his testimony (Attachment II).

Bob Orth, Kansas EMS Committee, presented written testimony and a balloon of the bill; they consider these changes to be basically housekeeping changes as they do not affect the concept of the act (Attachment III). Mr. Orth distributed copies of Attorney General Opinion No. 87-172 addressed to Representative Brown (Attachment IV).

Bob Pruitt supported Bob Orth's remarks and expressed concern with Dr. Cooney's recommendation to allow K. U. oversight of the program.

Thomas W. Pollan presented written testimony stating he did not oppose the bill, he did think it needed some modifications to clarify and assist in its implementation (Attachment V).

CONTINUATION SHEET

MINUTES OF THE Senate COMMITTEE ON Local Government,
room 531-N, Statehouse, at 9:07 a.m./~~p.m.~~ on March 2, 1988

Sylvia Davis expressed concern with the deletion of the Training Officers Program and asked for the adoption of the immunity clauses for EMS instructors and cetified EMT's. (Attachment VI).

Ralph Unger stressed the importance of volunteers in the rural areas and suggested this area be addressed (Attachment VII).

Peggy Jewell believes it is essential to have a registered nurse, who is actively involved in emergency nursing be assigned to the board (Attachment VIII). In response to questions, she stated it would be hard to say if a nurse should replace a hospital administrator, but if the board could not be increased in membership someone should be omitted so a nurse could be included, perhaps a legislator.

Charles Neal wanted the bill to address the first responder program and certification of first responders.

Darlene Whitlock representing the council of emergency nurses requested the addition of an emergency nurse to the proposed board (Attachment IX).

Lillian McDaneld expressed concern that the continuing education and training officer programs remain in affect (Attachment X).

Senator Salisbury stated the section regarding the rules and regulations needed cleanup.

Senator Gaines moved to adopt the minutes of February 25. Senator Ehrlich seconded the motion. Motion carried.

Next meeting will be March 3, 1988. The Chairman adjourned the meeting at 9:58 a.m.


Chairman, Senator Don Montgomery

Date: March 2, 1988

GUEST REGISTER

SENATE

LOCAL GOVERNMENT

NAME	ORGANIZATION	ADDRESS
Lillian McDonald	Osborne Co EMS	129 W. New Nomp Osborne, Ks 67473
Margaret (Peggy) Jewell	Emergency Nurses Association	13401 Johnson Dr. Shawnee Kans. 66216
Kay Jones	none	6717 Shadyvale Topeka, Ks. 66669
Doreen Whitlow	Emergency Nurses Assoc.	415 Aguanis Silver Lake, Ks. 66539
Harry Hobb	EMS Region IV	Topeka
London Harms	EMS Region II	Tetmore, Ks. 67854
Lillian Arnold	EMS Region II	Minneapolis, Ks 67865
Janet Dight	Marysville Amb. Service	Marysville, Ks 66508
Mark Meisinger	Marion High School	Rt. 1 Marion Ks 66861
Michael Ottensmeyer	Marion High School	614 Sherman Marion Ks 66861
Leonard Champress	Marion High School	RT 3 Box 82 Marion Ks 66861
Greg Tice	Marion High School	301 South Cobb, Marion, Ks 66861
Dana Connell	Marion High School	710 East Main, Marion, Ks. 66861
Garth Hulse	KDD + E	Topeka
Tom Josserrado	Univ. of Kans	Lawrence
Marlin Rein	KU	
Bob McDonald	KHD	111 W. 6th, Topeka
Bob Prewitt	Fenney Co EMS	Garden City, Ks
W. E. (Bill) Coats	Region III EMS	10th St, Oak Harper Ks 67058
Tom Pollan	Sedgewick Co EMS	538 N MAIN
Janet Atwood	KU Med Center	39th & Rainbow Blvd KCK
Al Smith	KUmc	KCKS

0160 which were adopted under K.S.A. 65-4314 to 65-4331, inclusive,
0161 and amendments thereto, in existence immediately prior to the
0162 effective date of this act shall continue to be effective and shall
0163 be deemed to be the orders or directives of the emergency
0164 medical services board, until revised, amended, repealed or
0165 nullified pursuant to law.

0166 All rules and regulations of the emergency medical services
0167 council which relate to emergency medical services and which
0168 were adopted under K.S.A. 65-4314 to 65-4331, inclusive, and
0169 amendments thereto, in effect on May 1, 1987, shall continue to
0170 be effective and shall be deemed to be the rules and regulations
0171 of the emergency medical services board, until revised,
0172 amended, repealed or nullified pursuant to law. Any ~~such rules~~
0173 ~~and regulations which were not in effect on or before May 1,~~
0174 ~~1987, including any temporary rules and regulations that became~~
0175 ~~effective after May 1, 1987, and permanent rules and regulations~~
0176 ~~that are scheduled to take effect on May 1, 1988, shall expire on~~
0177 ~~the effective date of this act and be of no force and effect.~~

(shall remain temporary rules and regulations until such time that the board revises, amends, repeals or adopts such rules and regulations. Such temporary rules and regulations may become permanent May 1, 1989 if adopted by the Board pursuant to law.

0178 Sec. 5. Officers and employees who were engaged immedi-
0179 ately prior to the effective date of this act in the performance of
0180 powers, duties and functions, which are transferred pursuant to
0181 the provisions of this act, and who, in the opinion of the emer-
0182 gency medical services board, are necessary to perform the
0183 powers, duties and functions of the board shall become officers
0184 and employees of the board. Any such officer or employee shall
0185 retain all retirement benefits and all rights of civil service which
0186 had accrued to or vested in such officer or employee prior to the
0187 effective date of this act. The service of each such officer and
0188 employee so transferred shall be deemed to have been continu-
0189 ous. All transfers and any abolishment of personnel in the clas-
0190 sified service under the Kansas civil service act shall be in
0191 accordance with civil service laws and any rules and regulations
0192 adopted thereunder.

0193 Sec. 6. Whenever any conflict arises as to the disposition of
0194 any power, duty or function as a result of any abolishment or
0195 transfer made by this act, such conflict shall be resolved by the
0196 governor, and the decision of the governor shall be final.

Robert A. Worsing, Jr., M.D.

The Wichita Clinic
3311 E. Murdock
Wichita, KS 67208
316 689-9231

Residence
8409 Huntington
Wichita, KS 67206
316 683-0002

1 March 1988

The Honorable Donald Montgomery
Chairman, Committee on Local Government
The Kansas Statehouse
Topeka, Kansas 66612

Dear Senator Montgomery,

I appreciate the opportunity to present comments from the Kansas Medical Society's Committee on Emergency Medical Services regarding the Substitute for House Bill No. 2639 on EMS reorganization. I also appreciate your accommodation of my schedule in allowing me to appear today in support of the Bill.

The KMS EMS committee supports the concept of unification of EMS activities under one administrative body, provided there is timely and appropriate medical input, by physicians actively involved in EMS activities, and aware of the unique circumstances involved in prehospital care. KMS is neutral on the location and organization of that administrative body.

We are grateful for the efforts of the interim committee and staff to consolidate EMS statutory authority and provide a consistent, unified framework. We strongly support the consolidation effort.

Our committee does have specific concerns regarding the following areas of the Bill:

- 1) The use of the term "first responder services" (page 8, line 294) which is not defined or referenced elsewhere in the Bill. We are concerned about the addition of another level of EMS service without appropriate medical control and without integration into the existing EMS system.

- 2) First responders need to be an integral part of the EMS system, therefore we would suggest their training, certification, scope of practice, and retraining requirements be developed and administered by the Board.
- 3) The proposed repeal of the temporary regulations may have an adverse effect on retraining, relicensure, and current EMT-Defibrillator programs depending on the time involved in establishing and appointing the new Board. Therefore, we would recommend your consideration of a compromise position to continue the current temporary regulations one additional year or until they can be acted upon by the Board, according to administrative rules, regulations, and statutory authority.
- 4) The proposed bill is unclear as to whether a municipality could initiate a new EMS service and levy a tax to support that service, even if adequate, comparable service is currently being provided.
- 5) To aid in the evaluation of the conduct of ambulance services, instructor/coordinators, and attendants, we strongly support granting the Board subpoena powers for the production of records and such other information as may be required. We would also suggest granting the Board the authority to subpoena hospital and other medical records, with appropriate safeguards for patient confidentiality, as required to determine patient outcome or adverse consequences resulting from the activities under investigation.
- 6) If the provisions of House Bill No. 2835 (Automated Defibrillator Bill) are incorporated into the current Bill by Committee or through amendment, we would encourage your reading of the KMS position paper on Automated Defibrillators and the very similar position taken by UKMC when queried by the EMS Council. Based on those position papers, the EMS committee would recommend the Committee on Local Affairs support:
 - a) Granting the Board statutory authority to develop training programs and standards, testing and certification standards, protocols for use, reporting, and retraining requirements, in consultation with appropriate medical authorities.

- b) Mandating active local medical control, including the development of local protocols, approved by the local component medical society.
- c) Requiring integration into the local EMS system for automated defibrillator units. (This might not include units prescribed by a physician for certain high-risk cardiac patients, though local EMS units should be made aware of these patients.)

The EMS committee of the Kansas Medical Society looks forward to the significant potential benefits from active legislative representation on the new Board. Appreciating that legislators and physicians suffer from many of the same demands on that valuable resource, time, we encourage the active participation of the legislators appointed to the Board, so the Legislature, EMS community, and people of Kansas will not lose this incredible opportunity, due to conflicting demands on time and responsibilities, to continue the development of their excellent EMS system.

I am honored to have the opportunity to present these comments in the hopes that they may assist your deliberations.

Respectfully,



Robert A. Worsing, Jr., M.D.
Chairman, Committee on Emergency Medical Services
Kansas Medical Society

12-1

ROBERT ORTH

~~XXXXXX~~ • SUBLETTE, KANSAS 67877 • (316) 675-2719
P. O. Box 900

February 19, 1988

Senator Don Montgomery
State Capitol
Topeka, KS 66612

Dear Senator Montgomery,

I would like to introduce the Kansas EMS Committee. The Kansas EMS Committee is a loosely organized group of people consisting of the leadership of the Kansas EMT Association, the Kansas Association of EMS Administrators, the Kansas I/C Society and the Regional EMS Councils. I have been selected as the spokesperson for the Committee.

We certainly support the concept of House Bill 2639 - we believe strongly in the consolidation of EMS functions under one agency, the location of that agency in Topeka and the gathering of existing legislation into one act and we sincerely appreciate the efforts that the House Committee on Local Government has expended in their considerations of this legislation.

We have enclosed a marked copy of House Bill 2639 indicating some remaining concerns. We are obviously not revisors nor do we pretend to advise you on the legislative process. Our concerns are directed towards our strong desire for good legislation and the opportunity you have to strengthen the act even further and the continuation of EMS excellence in Kansas.

We realize that any legislative session requires that you apply your expertise to many bills and various groups of concerned constituents. We do hope that you will allow us to work with you for the good of the EMS system in Kansas.

I would be happy to visit with you at your convenience.

Sincerely,



Robert Orth
Kansas EMS Committee

Substitute for HOUSE BILL No. 2639

By Committee on Local Government

2-3

0018 AN ACT concerning the regulation of emergency medical ser-
0019 vices; abolishing the bureau of emergency medical services;
0020 creating the emergency medical services board; transferring
0021 certain powers and duties; authorizing certain municipalitie-
0022 to establish, operate and maintain emergency medical ser-
0023 vices and ambulance services and providing for the regulation
0024 thereof; authorizing the levy of taxes therefor; providing for
0025 the regulation of persons engaged in emergency medical
0026 service and ambulance service activities; making certain acts
0027 unlawful and providing penalties for violations; repealing
0028 K.S.A. 19-262, 19-263, 19-263a, 19-263b, 19-3623b, 19-3633,
0029 19-3634, 19-3635, 19-3636, 19-3636a, 65-4302 to 65-4306, in-
0030 clusive, 65-4307 to 65-4309, inclusive, 65-4314 to 65-4316,
0031 inclusive, 65-4318 to 65-4320, inclusive, 65-4322, 65-4323,
0032 65-4326 to 65-4331, inclusive, 74-2126 to 74-2132, inclusive,
0033 80-1423, 80-1424, 80-1426 to 80-1428, inclusive, and K.S.A.
0034 1987 Supp. 19-261, 19-3632, 65-4301, 65-4306a, 65-4306b,
0035 65-4306c, 65-4306d, 65-4317, 65-4321, 65-4324, 65-4325, 65-
0036 4325a, 65-4339 to 65-4348, inclusive, and 80-1425.

0037 *Be it enacted by the Legislature of the State of Kansas:*

0038 Section 1. (a) The bureau of emergency medical services
0039 established pursuant to K.S.A. 74-2127, and amendments
0040 thereto, is hereby abolished and all of the powers, duties and
0041 functions of such bureau are transferred to and conferred and
0042 imposed upon the emergency medical services board estab-
0043 lished pursuant to section 2. Except as provided by this act, all
0044 powers, duties and functions of the university of Kansas relating
0045 to emergency medical services are transferred to and conferred
0046 and imposed upon the emergency medical services board es-
0047 tablished pursuant to section 2.

0048 (b) The position of the director of the bureau of emergency

CHANGES SUBMITTED

BY

THE KANSAS EMS COMMITTEE

We respectfully submit these changes to this act.

We consider these changes to be basically housekeeping changes as they do not affect the concept of the act but are presented in the interest of good legislation.

(Rationale for the suggested changes is parenthetically indicated.)

3/2/88

Local So

III

(Attachment III)

0049 medical services appointed pursuant to K.S.A. 74-2127, and
0050 amendments thereto, is hereby abolished and all of the powers,
0051 duties and functions of the director of emergency medical ser-
0052 vices are transferred to and conferred and imposed upon the
0053 emergency medical services board or the ~~administrator~~ thereof
0054 as provided by this act. The director shall continue to carry out
0055 the duties of that position until an administrator is appointed and
0056 qualified pursuant to this act.

Insert "executive director"

(This term is used universally to designate the head of a state EMS entity - i.e. The National Association of EMS Directors. The change should be reflected everywhere necessary in the act.)

0057 (c) The emergency medical services council established
0058 under K.S.A. 65-4316, and amendments thereto, is hereby abol-
0059 ished and all of the powers, duties and functions of the council
0060 are transferred to and conferred and imposed upon the emer-
0061 gency medical services board.

0062 Sec. 2. (a) There is hereby established the emergency medi-
0063 cal services board. The office of the emergency medical services
0064 board shall be located in the city of Topeka, Kansas. The uni-
0065 versity of Kansas medical center shall provide technical exper-
0066 tise and consultation in areas related to medical procedures and
0067 training upon request by the board.

0068 (b) The emergency medical services board shall be com-
0069 posed of 13 members appointed by the governor. Of such mem-
0070 bers:

0071 (1) One shall be a member of the Kansas medical society who
0072 is actively involved in emergency medical services;

0073 (2) two shall be county commissioners of counties making a
0074 levy for ambulance service, at least one of whom shall be from a
0075 county having a population of less than 15,000;

0076 (3) four shall be legislators to be selected from recommenda-
0077 tions submitted by the president of the senate, minority leader of
0078 the senate, the speaker of the house of representatives and the
0079 minority leader of the house of representatives;

0080 (4) one shall be an instructor-coordinator;

0081 (5) one shall be a hospital administrator actively involved in
0082 emergency medical services;

0083 (6) one shall be a member of a firefighting unit which pro-
0084 vides emergency medical service; and

0085 (7) three shall be attendants who are actively involved in

0086 emergency medical service. Not more than one of such members
0087 shall represent the same classification of attendants. At least one
0088 of such members shall be from a volunteer emergency medical
0089 service.

0090 All members of the board shall be residents of the state of
0091 Kansas. Appointments to the board shall be made with due
0092 consideration that representation of the various geographical
0093 areas of the state is ensured. The governor may remove any
0094 member of the board upon recommendation of the board.

0095 (c) Of the members first appointed to the board, four shall be
0096 appointed for terms of one year; three for terms of two years,
0097 three for terms of three years and three for terms of four years.
0098 Thereafter, members shall be appointed for terms of four years
0099 and until their successors are appointed and qualified. In the
0100 case of a vacancy in the membership of the board, the vacancy
0101 shall be filled for the unexpired term.

0102 (d) The board shall meet at least six times annually and at
0103 least once each quarter and at the call of the chairperson or at the
0104 request of the administrator of the emergency medical services
0105 board or of any six members of the board. At the first meeting of
0106 the board after ~~January~~ 1 each year, the members shall elect a
0107 chairperson and a vice-chairperson who shall serve for a term of
0108 one year. The vice-chairperson shall exercise all of the powers of
0109 the chairperson in the absence of the chairperson. Members of
0110 the board attending meetings of the board or attending a sub-
0111 committee meeting thereof authorized by the board shall be paid
0112 compensation, subsistence allowances, mileage and other ex-
0113 penses as provided in K.S.A. 75-3223, and amendments thereto.

0114 (e) Members of the emergency medical services council ap-
0115 pointed pursuant to K.S.A. 65-4316, and amendments thereto,
0116 shall continue to serve until the members of the emergency
0117 medical services board are appointed and qualified pursuant to
0118 this section.

0119 (f) Except as otherwise provided by law, all vouchers for
0120 expenditures and all payrolls of the emergency medical services
0121 board shall be approved by the emergency medical services
0122 board or a person designated by the board.

Insert "October"

(To enable the board to reorganize each year
before the legislature convenes)

0123 Sec. 3. The chief administrative officer of the emergency
0124 medical services board shall be the administrator of the emer-
0125 gency medical services board. The emergency medical services
0126 board shall appoint the administrator. The administrator shall be
0127 in the unclassified service under the Kansas civil service act and
0128 shall serve at the pleasure of the board. The administrator shall
0129 administer the duties and responsibilities of the emergency
0130 medical services board as directed by the board. The adminis-
0131 trator shall appoint other officers and employees as may be
0132 necessary to carry out the functions of the emergency medical
0133 services board. All such officers and employees shall be within
0134 the classified service under the Kansas civil service act.

0135 Sec. 4. (a) Except as provided in this act, the emergency
0136 medical services board established by section 2 shall be the
0137 successor in every way to the powers, duties and functions of the
0138 bureau of emergency medical services established by K.S.A.
0139 74-2127, and amendments thereto, in which the same were
0140 vested prior to the effective date of this act.

0141 (b) Except as provided in this act, the administrator of the
0142 emergency medical services board appointed pursuant to section
0143 3 shall be the successor in every way to the powers, duties and
0144 functions of the director of the bureau of emergency medical
0145 services established by K.S.A. 74-2127, and amendments thereto,
0146 in which the same were vested prior to the effective date of this
0147 act.

0148 (c) Whenever the bureau of emergency medical services or
0149 emergency medical services council or words of like effect are
0150 referred to or designated by a statute, contract or other docu-
0151 ment, such reference or designation shall be deemed to apply to
0152 the emergency medical services board established by section 2.
0153 Whenever the director of the bureau of emergency medical
0154 services or words of like effect are referred to or designated by a
0155 statute, contract or other document, such reference or designa-
0156 tion shall be deemed to apply to the emergency medical services
0157 board.

0158 (d) All orders and directives of the emergency medical ser-
0159 vices council which relate to emergency medical services and

0160 which were adopted under K.S.A. 65-4314 to 65-4331, inclusive,
0161 and amendments thereto, in existence immediately prior to the
0162 effective date of this act shall continue to be effective and shall
0163 be deemed to be the orders or directives of the emergency
0164 medical services board, until revised, amended, repealed or
0165 nullified pursuant to law.

0166 All rules and regulations of the emergency medical services
0167 council which relate to emergency medical services and which
0168 were adopted under K.S.A. 65-4314 to 65-4331, inclusive, and
0169 amendments thereto, in effect on May 1, 1987, shall continue to
0170 be effective and shall be deemed to be the rules and regulations
0171 of the emergency medical services board, until revised,
0172 amended, repealed or nullified pursuant to law. Any such rules
0173 and regulations which were not in effect on or before May 1,
0174 1987, including any temporary rules and regulations that became
0175 effective after May 1, 1987, and permanent rules and regulations
0176 that are scheduled to take effect on May 1, 1988, shall expire on
0177 the effective date of this act and be of no force and effect.

0178 Sec. 5. Officers and employees who were engaged immedi-
0179 ately prior to the effective date of this act in the performance of
0180 powers, duties and functions, which are transferred pursuant to
0181 the provisions of this act, and who, in the opinion of the emer-
0182 gency medical services board, are necessary to perform the
0183 powers, duties and functions of the board shall become officers
0184 and employees of the board. Any such officer or employee shall
0185 retain all retirement benefits and all rights of civil service which
0186 had accrued to or vested in such officer or employee prior to the
0187 effective date of this act. The service of each such officer and
0188 employee so transferred shall be deemed to have been continu-
0189 ous. All transfers and any abolishment of personnel in the clas-
0190 sified service under the Kansas civil service act shall be in
0191 accordance with civil service laws and any rules and regulations
0192 adopted thereunder.

0193 Sec. 6. Whenever any conflict arises as to the disposition of
0194 any power, duty or function as a result of any abolishment or
0195 transfer made by this act, such conflict shall be resolved by the
0196 governor, and the decision of the governor shall be final.

0197 Sec. 7. The emergency medical services board shall succeed
 0198 to all property and records which were used for, or pertain to, the
 0199 performance of the powers, duties and functions transferred to
 0200 the board pursuant to section 1. The unexpended balances of any
 0201 appropriations for the bureau of emergency medical services,
 0202 abolished by this act, shall be transferred to the emergency
 0203 medical services board to be used by the board to carry out the
 0204 powers, duties and functions transferred by this act. Any conflict
 0205 as to the proper disposition of property or records or the unex-
 0206 pended balance of any appropriation arising under this section
 0207 shall be determined by the governor, and the decision of the
 0208 governor shall be final.

0209 Sec. 8. No suit, action or other proceeding, judicial or ad-
 0210 ministrative, lawfully commenced, or which could have been
 0211 commenced, by or against the bureau of emergency medical
 0212 services abolished by this act, or by or against any officer or
 0213 employee of such bureau in the official capacity of such officer or
 0214 employee or in relation to the discharge of official duties of such
 0215 officer or employee, shall abate by reason of the governmental
 0216 reorganization effected under the provisions of this act. The
 0217 court may allow any such suit, action or other proceeding to be
 0218 maintained by or against the successor of such state agency or
 0219 any officer or employee affected.

0220 Sec. 9. (a) The board shall adopt any rules and regulations
 0221 necessary for the regulation of ambulance services. Such rules
 0222 and regulations shall include: (1) A classification of the different
 0223 types of ambulance services; (2) requirements as to equipment
 0224 necessary for ambulances and ~~rescue vehicles~~, (3) qualifications
 0225 and training of attendants, instructor-coordinators and ~~first re-~~
 0226 ~~sponders~~; (4) requirements for the licensure and renewal of
 0227 licensure for ambulances and ~~rescue vehicles~~, (5) records and
 0228 equipment to be maintained by operators ~~and~~ attendants and (6)
 0229 such other matters as the board deems necessary to implement
 0230 and administer the provisions of this act.

0231 (b) Vehicles in use as emergency ambulances on July 1, 1975,
 0232 may continue to be used for this purpose as long as the owner or
 0233 lessee of such vehicle as of July 1, 1977, continues to own or

(To reflect the fact that the board does not regulate rescue vehicles)

Insert "training officers"
 (To reflect the inclusion of training officers and the change in definition of first responders in Sec. 11 (d))

Insert "instructor-coordinators and training officers"
 (To reflect the retention of records by these additional categories of people)

0234 lease such vehicle.

0235 Sec. 10. The emergency medical services board shall:

0236 (a) Adopt any rules and regulations necessary to carry out the
0237 provisions of this act;

0238 (b) review and approve the allocation and expenditure of
0239 moneys appropriated for emergency medical services;

0240 (c) conduct hearings for all regulatory matters concerning
0241 emergency medical services and ~~first responders~~ certified pur-
0242 suant to this act;

0243 (d) submit a budget to the legislature for the operation of the
0244 board;

0245 (e) develop a state plan for the delivery of emergency medi-
0246 cal services;

0247 (f) enter into contracts as may be necessary to carry out the
0248 duties and functions of the board under this act;

0249 (g) review and approve all requests for state and federal
0250 funding involving emergency medical services projects in the
0251 state or delegate such duties to the administrator;

0252 (h) approve all training programs for ~~ambulance~~ attendants;

0253 (i) approve methods of examination of applicants for initial
0254 attendants' certificates and prescribe examination fees by rules
0255 and regulations;

0256 (j) develop the criteria for and approve a course of instruction
0257 for instructor-coordinators;

0258 (k) conduct or contract for the provision of instruction of
0259 instructor-coordinators;

0260 (l) certify instructor-coordinators;

0261 (m) appoint a medical consultant for the board. Such person
0262 shall be a person licensed to practice medicine and surgery and
0263 shall be active in the field of emergency medical services; and

~~0264 (n) approve all training programs for certified first re-~~
~~0265 sponders.~~

0266 Sec. 11. As used in this act: (a) "Administrator" means the
0267 administrator of the emergency medical services board.

0268 (b) "Ambulance" means any privately or publicly owned
0269 motor vehicle, airplane or helicopter designed, constructed,
0270 prepared and equipped for use in transporting and providing

Insert "attendants, instructor-coordinators and
training officers"
(To reflect a change in Sec. 11 (d) and Sec. 29.)

(All attendants are not considered ambulance
attendants)

Insert "and training officers"
(To recognize this additional responsibility)

(To reflect the change in Sec. 11 (d))

0271 emergency care for individuals who are ill, injured or otherwise
0272 disabled, including any specially constructed and equipped
0273 motor vehicle, airplane or helicopter which is capable of pro-
0274 viding life support services for extended periods of time.

0275 (c) "Ambulance service" means any organization operated
0276 for the purpose of transporting sick, injured, disabled or other-
0277 wise incapacitated persons to or from a place where medical care
0278 is furnished, whether or not such persons may be in need of
0279 emergency care in transit.

0280 (d) "Attendant" means a crash injury management techni-
0281 cian, an emergency medical technician, an emergency medical
0282 technician-intermediate, an emergency medical technician-defi-
0283 brillator or a mobile intensive care technician whose primary
0284 function is ministering to the needs of persons requiring emer-
0285 gency medical services.

Insert "a certified first responder"
(Includes this category of personnell as
an attendant)

0286 (e) "Board" means the emergency medical services board
0287 established pursuant to section 2.

0288 (f) "Crash injury management technician" means any person
0289 who has been trained in preliminary emergency medical care in
0290 a ~~72 hour~~ training program approved by the board.

(Reflects the language in Sec. 9 (a)(3))

0291 (g) "Emergency medical service" means a service which
0292 provides for the effective and coordinated delivery of such
0293 ~~emergency~~ care as may be required by an emergency, including
0294 first responder services and transportation of individuals by
0295 ground or air ambulances and the performance of authorized
0296 emergency care by a person licensed to practice medicine and
0297 surgery, a licensed professional nurse, a registered physician's
0298 assistant, a crash injury management technician, an emergency
0299 medical technician, emergency medical technician-intermedi-
0300 ate, emergency medical technician-defibrillator or a mobile in-
0301 tensive care technician.

(Not all care is defined as emergency care)

Insert "a certified first responder"
(Includes this category as a part of emergency
medical services)

0302 (h) "Emergency medical technician" means any person who
0303 has been trained in preliminary emergency medical care in ~~an~~
0304 ~~81 hour~~ training program approved by the board.

(Reflects the language in Sec. 9 (a)(3))

0305 (i) "Emergency medical technician-defibrillator" means any
0306 person, currently certified as an emergency medical technician
0307 or emergency medical technician-intermediate, who has suc-

0308 cessfully completed a training program in cardiac defibrillation
0309 approved by the board.

0310 (j) "Emergency medical technician-intermediate" means any
0311 person, currently certified as an emergency medical technician,
0312 who, after not less than one year's certification as an emergency
0313 medical technician, has completed a training program approved
0314 by the board ~~which consists of a minimum of 40 clock hours and~~
0315 includes training in veni-puncture for blood sampling and ad-
0316 ministration of intravenous fluids and advanced patient assess-
0317 ment

(Reflects the language in Sec. 9 (a)(3))

0318 (k) "First responder" means a person who has been trained
0319 in preliminary emergency care, who holds a valid first responder
0320 certificate under this act and who provides services to individu-
0321 als in need of emergency medical care that assist in stabilization
0322 or improvement of such individual's condition until personnel
0323 with a higher level of training arrive at the scene and assume
0324 responsibility for the individual.

Insert "Certified"
(To differentiate between the commonly accepted
usage of the term "first responder" and the
trained person.)

0325 (l) "Instructor-coordinator" means any person who has suc-
0326 cessfully completed a course of training, approved by the board,
0327 to instruct attendants.

Insert new subsection "'Training Officer" means
any person who has successfully completed a
course of training, approved by the board, to
teach specified units of supplemental
instruction"
(Inclusion in the definitions)

0328 (m) "Local component medical society" means a county
0329 medical society or a multicounty medical society.

0330 (n) "Medical adviser" means a person licensed to practice
0331 medicine and surgery.

0332 (o) "Mobile intensive care technician," means any person
0333 who has been specially trained in emergency cardiac and non-
0334 cardiac care in a training program approved by the board.

0335 (p) "Municipality" means any city, county, township, fire
0336 district or ambulance service district.

0337 (q) "Operator" means a person or municipality who has a
0338 permit to operate an ambulance service in the state of Kansas.

0339 (r) "Person" means an individual, a partnership, an associa-
0340 tion, a joint-stock company or a corporation.

0341 Sec. 12. (a) The governing body of any municipality may
0342 establish, operate and maintain an emergency medical service or
0343 ambulance service as provided in this act as a municipal function
0344 and may contract with any person, other municipality or board of

0345 a county hospital for the purpose of furnishing emergency med-
0346 ical services or ambulance services within or without the
0347 boundaries of the municipality upon such terms and conditions
0348 and for such compensation as may be agreed upon which shall be
0349 payable from the general fund of such municipality or from a
0350 special fund for which a tax is levied under the provisions of this
0351 act.

0352 (b) The governing body of the municipality may make an
0353 annual tax levy of not to exceed three mills upon all of the taxable
0354 tangible property within such municipality for the establish-
0355 ment, operation and maintenance of an emergency medical ser-
0356 vice or ambulance service under this act and to pay a portion of
0357 the principal and interest on bonds issued under the authority of
0358 K.S.A. 12-1774, and amendments thereto. Such tax levy shall be
0359 in addition to all other tax levies authorized or limited by law and
0360 shall not be subject to or within the limitations upon the levy of
0361 taxes imposed by K.S.A. 79-5001 to 79-5037, inclusive, and
0362 amendments thereto.

0363 (c) No tax shall be levied under the provisions of subsection
0364 (b) until the governing body of the municipality adopts an
0365 ordinance or resolution authorizing the levy of such tax. Such
0366 ordinance or resolution shall be published once each week for
0367 three consecutive weeks in the official newspaper of the munic-
0368 ipality. If within 60 days following the last publication of such
0369 ordinance or resolution, a petition in opposition to the levy of
0370 such tax, signed by a number of the qualified electors of such
0371 municipality equal to not less than 5% of the electors of such
0372 municipality who voted for the office of secretary of state at the
0373 last general election, is filed with the county election officer of
0374 the county in which such municipality is located, the question of
0375 whether the levy shall be made shall be submitted to the electors
0376 of the municipality at the next primary or general election within
0377 such municipality, or if such primary or general election does not
0378 take place within 60 days after the date the petition was filed, the
0379 question may be submitted at a special election called and held
0380 therefor. If no petition has been filed and the time prescribed for
0381 filing the petition expires prior to August 1 in any year, or if the

0382 petition was filed and a majority of the electors voting on the
0383 question of levying the tax vote in favor thereof at an election
0384 held prior to August 1 in any year, the governing body of the
0385 municipality may levy in that year and in each succeeding year
0386 in the amount specified in the ordinance or resolution, but not
0387 exceeding three mills. If no petition has been filed and the time
0388 prescribed for filing the petition expires after September 30 in
0389 any year, or if the petition was filed and a majority of the electors
0390 voting on the question of levying the tax vote in favor thereof at
0391 an election held after September 30 in any year, the governing
0392 body of the municipality may levy in the next succeeding year
0393 and in each succeeding year thereafter the amount specified in
0394 the ordinance or resolution, but not exceeding three mills.

0395 (d) In the case of a county, the board of county commission-
0396 ers shall not provide ambulance service under the provisions of
0397 this act in any part of the county which receives ambulance
0398 service, but the county shall reimburse any taxing district which
0399 on the effective date of this act provides ambulance services to
0400 such district with its proportionate share of the county general
0401 fund or special tax levy fund budgeted for ambulance services
0402 within the county. Such reimbursement shall be based on the
0403 amount that the assessed tangible taxable valuation of the taxing
0404 district bears to the total taxable tangible valuation of the county,
0405 but in no event shall such taxing district receive from the county
0406 more than the district's cost of furnishing such ambulance ser-
0407 vices. Any taxing district establishing ambulance service in any
0408 part of a county under the provisions of this act on or after the
0409 effective date of this act shall not be entitled to receive reim-
0410 bursement pursuant to this subsection until a final order of the
0411 emergency medical services board ordering such reimbursement
0412 is issued following the furnishing of notice and an opportunity
0413 for a hearing to the interested parties. [No order for reimburse-
0414 ment shall be issued unless the emergency medical service
0415 board finds that such establishment shall enhance or improve
0416 ambulance service provided to the residents of such taxing
0417 district as determined in accordance with criteria established by
0418 rules and regulations adopted by the board.]

0419 Sec. 13. The governing body of any municipality may es-
0420 tablish, operate and maintain a centralized emergency service
0421 communication system as a municipal function, within or with-
0422 out the boundaries of the municipality, for the purpose of fur-
0423 nishing those services required to establish, operate and main-
0424 tain an emergency medical service or ambulance service, and
0425 such emergency communication system may include a county or
0426 city fire dispatch communication service for the purpose of
0427 providing a common communication network for all fire-fighting
0428 facilities, equipment and personnel. Such emergency communi-
0429 cation system may provide for coordinated communication be-
0430 tween all law enforcement agencies, ambulances, ambulance
0431 services and dispatchers, emergency receiving centers, fire dis-
0432 patcher services, fire departments, health care institutions,
0433 medical practitioners, motor vehicle repair and towing services,
0434 and such other persons and service agencies as may be required.

0435 Sec. 14. The governing body of any municipality is hereby
0436 authorized to continue, in accordance with the provisions of this
0437 act, operation of any emergency medical service or ambulance
0438 service or centralized emergency service communications sys-
0439 tem previously established, operated and maintained, or con-
0440 tinue any contract with any person, other municipality or board
0441 of a county hospital for the furnishing of emergency medical
0442 services or ambulance service previously executed, pursuant to
0443 the authority of any statute repealed by this act. Such governing
0444 body is hereby authorized to continue to levy under authority of
0445 this section any tax for the operation and maintenance of such
0446 services or contracts previously authorized and levied pursuant
0447 to any statute repealed by this act in any amount not exceeding
0448 the amount specified in the ordinance or resolution providing for
0449 the levy in such municipality under such repealed statute. No
0450 increase in the amount of the tax previously authorized for the
0451 operation and maintenance of such services or contracts shall be
0452 levied until the governing body of such municipality adopts a
0453 new ordinance or resolution which authorizes such increase and
0454 is subject to referendum in accordance with the provisions of
0455 subsection (c) of section 12.

0456 Sec. 15. In addition to other powers set forth in this act, the
0457 governing body of any municipality operating an emergency
0458 medical service or ambulance service shall have the power:

0459 (a) To acquire by gift, bequest, purchase or lease from public
0460 or private sources, and to plan, construct, operate and maintain
0461 the services, equipment and facilities which are incidental or
0462 necessary to the establishment, operation and maintenance of an
0463 emergency medical service or ambulance service;

0464 (b) to enter into contracts including, but not limited to, the
0465 power to enter into contracts for the construction, operation,
0466 management, maintenance and supervision of emergency medi-
0467 cal services or ambulance services with any person or govern-
0468 mental entity;

0469 (c) to make application for and to receive any contributions,
0470 moneys or properties from the state or federal government or any
0471 agency thereof or from any other public or private source;

0472 (d) to contract or otherwise agree to combine or coordinate its
0473 activities, facilities and personnel with those of any person or
0474 governmental entity for the purpose of furnishing the emergency
0475 medical services or ambulance services within or without the
0476 municipality;

0477 (e) to establish and collect any charges to be made for emer-
0478 gency medical services or ambulance services within or without
0479 the municipality and to provide for an audit of the records of the
0480 emergency medical services operation or ambulance services;
0481 and

0482 (f) to perform all other necessary and incidental functions
0483 necessary to accomplish the purposes of this act.

0484 Sec. 16. If the governing body of a municipality establishes
0485 an emergency medical service or ambulance service as provided
0486 in this act, it shall establish a minimum set of standards for the
0487 operation of such service, for its facilities and equipment, and for
0488 the qualifications and training of personnel.

0489 Sec. 17. Whenever the board of county commissioners of any
0490 county which is furnishing ambulance services within the
0491 county under the authority of this act shall determine that such
0492 service can best be provided by the creation of an ambulance

0493 service taxing district, such board shall by resolution create and
 0494 establish such district and define the boundaries thereof. The
 0495 boundaries of such district shall include the territory receiving
 0496 ambulance service provided by the county on the date of the
 0497 adoption of the resolution creating such district. The board of
 0498 county commissioners shall be the governing body of the district
 0499 and shall have the authority, powers and duties granted to boards
 0500 of county commissioners under the authority of this act, except
 0501 that all costs incurred by the governing body of the district in
 0502 providing ambulance services in such district shall be paid from
 0503 the proceeds of the tax levies of the district hereinafter autho-
 0504 rized. The provisions of this act shall govern the operation of
 0505 ambulances providing services within districts established
 0506 under the provisions of this section. The governing body of each
 0507 ambulance service taxing district is hereby authorized to levy an
 0508 annual tax upon all taxable tangible property in such district in
 0509 accordance with the provisions of section 12. The county trea-
 0510 surer shall receive and have custody of all of the funds of the
 0511 district and shall expend the same upon the order of the govern-
 0512 ing body of the district as provided by law.

0513 Sec. 18. Notwithstanding any other provision of law, mobile
 0514 intensive care technicians may perform any of the following:

- 0515 (a) ~~Render rescue, first aid and resuscitation services.~~
- 0516 (b) During training at a medical care facility and while caring
 0517 for patients in a medical care facility administer parenteral med-
 0518 ications under the direct supervision of a person licensed to
 0519 practice medicine and surgery or a registered professional nurse.
- 0520 (c) Perform cardiopulmonary resuscitation and defibrillation
 0521 in a pulseless, nonbreathing patient.
- 0522 (d) When voice contact or a telemetered electrocardiogram is
 0523 monitored by a person licensed to practice medicine and surgery
 0524 or a registered professional nurse where authorized by a person
 0525 licensed to practice medicine and surgery, and direct communi-
 0526 cation is maintained, and upon order of such person or such
 0527 nurse do any of the following:
 - 0528 (1) Perform veni-puncture for the purpose of blood sampling
 - 0529 collection and initiation and maintenance of intravenous infu-

← Insert "May perform any of the activities described
 by Section 20 which an emergency medical
 technician may perform"
 (A conforming change to use the same language
 as used in other attendant sections)

0530 sion of saline solutions, dextrose and water solutions or ringers
0531 lactate IV solutions.

0532 (2) Perform gastric suction by intubation.

0533 (3) Perform endotracheal intubation.

0534 (4) Administer parenteral injections of any of the following
0535 classes of drugs:

0536 (A) Antiarrhythmic agents.

0537 (B) Vagolytic agents.

0538 (C) Chronotropic agents.

0539 (D) Analgesic agents.

0540 (E) Alkalinizing agents.

0541 (F) Vasopressor agents.

0542 (5) Administer such other medications or procedures as may
0543 be deemed necessary by such an ordering person.

0544 (e) Perform, during an emergency, those activities specified
0545 in subsection (d) before contacting the person licensed to prac-
0546 tice medicine and surgery or authorized registered professional
0547 nurse when specifically authorized to perform such activities by
0548 written protocols approved by the local component medical
0549 society.

0550 Sec. 19. Notwithstanding any other provision of law to the
0551 contrary, an emergency medical technician-intermediate:

0552 (a) May perform any of the activities described by section 20
0553 which an emergency medical technician may perform;

0554 (b) when approved by the local component medical society
0555 and where voice contact by radio or telephone is monitored by a
0556 person licensed to practice medicine and surgery or a registered
0557 professional nurse, where authorized by a person licensed to
0558 practice medicine and surgery, and direct communication is
0559 maintained, upon order of such person or such nurse may per-
0560 form veni-puncture for the purpose of blood sampling collection
0561 and initiation and maintenance of intravenous infusion of saline
0562 solutions, dextrose and water solutions or ringers lactate IV
0563 solutions; or

0564 (c) when under the direct supervision of a mobile intensive
0565 care technician who is functioning under the provisions of sub-
0566 section (e) of section 18 may perform the functions authorized

0010 under subsection ~~(a)~~ of this section.

Insert "(b)"

(To correct an error from the printed laws)

0011 Sec. 20. Notwithstanding any other provision of law to the
0012 contrary, an emergency medical technician may perform any of
0013 the following:

- 0014 (a) Patient assessment and vital signs;
- 0015 (b) airway maintenance to include use of:
 - 0016 (1) Oropharyngeal and nasopharyngeal airways;
 - 0017 (2) esophageal obturator airways with or without gastric suc-
0018 tion device; and
 - 0019 (3) oxygen demand valves.
- 0020 (c) Oxygen therapy;
- 0021 (d) oropharyngeal suctioning;
- 0022 (e) cardiopulmonary resuscitation procedures;
- 0023 (f) control accessible bleeding;
- 0024 (g) application of pneumatic anti-shock garment;
- 0025 (h) management of outpatient medical emergencies;
- 0026 (i) extrication of patients and lifting and moving techniques;
- 0027 (j) management of musculoskeletal and soft tissue injuries to
0028 include dressing and bandaging wounds or the splinting of
0029 fractures, dislocations, sprains or strains;
- 0030 (k) use of backboards to immobilize the spine; or
- 0031 (l) monitor peripheral intravenous line delivering intra-
0032 venous fluids during interfacility transport with the following
0033 restrictions:
 - 0034 (1) The patient is noncritical and deemed stable by the
0035 transferring physician and the physician approves the transfer by
0036 an emergency medical technician;
 - 0037 (2) no medications or nutrients have been added to the in-
0038 travenous fluids;
 - 0039 (3) the emergency medical technician may monitor and
0040 maintain the flow of intravenous fluid and shut off the flow
0041 except that by voice contact with a person licensed to practice
0042 medicine and surgery or a registered professional nurse when
0043 authorized by a person licensed to practice medicine and surgery
0044 the intravenous line may be discontinued.

0045 Sec. 21. Notwithstanding any other provision of law to the
0046 contrary, a crash injury management technician may perform any

0047 of the following:

- 0048 (a) Initial scene management;
- 0049 (b) patient assessment and vital signs;
- 0050 (c) airway maintenance to include:
 - 0051 (1) Oropharyngeal airways;
 - 0052 (2) oropharyngeal suctioning; or
 - 0053 (3) use of bag valve mask.
- 0054 (d) Oxygen therapy;
- 0055 (e) provide cardiopulmonary resuscitation procedures;
- 0056 (f) control accessible bleeding;
- 0057 (g) application of pneumatic anti-shock trousers;
- 0058 (h) management of outpatient medical emergencies;
- 0059 (i) extrication of patients and lifting and moving techniques;
- 0060 (j) management of musculoskeletal and soft tissue injuries to
- 0061 include dressing and bandaging wounds and the splinting of
- 0062 fractures, dislocations, sprains or strains; or
- 0063 (k) use of backboards to immobilize the spine.

Insert new section:

A certified 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;

(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 certified first responder is trained to provide by the board.

(Relocation of Sec. 43)

Insert new subsection:

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

(To enable a mobile intensive care technician to direct action at the scene)

0064 Sec. 22. Notwithstanding any other provision of law to the
0065 contrary, an emergency medical technician-defibrillator:

0066 (a) May perform any of the activities described by section 20
0067 which an emergency medical technician may perform;

0068 (b) when approved by the local component medical society
0069 and where voice contact by radio or telephone is monitored by a
0070 person licensed to practice medicine and surgery or a registered
0071 professional nurse, where authorized by a person licensed to
0072 practice medicine and surgery, and direct communication is
0073 maintained, upon order of such person or such nurse, may
0074 perform electrocardiographic monitoring and defibrillation; or

0075 (c) perform, during an emergency, those activities specified
0076 in subsection (b) before contacting the person licensed to prac-
0077 tice medicine and surgery or authorized registered professional
0078 nurse when specifically authorized to perform such activities by
0079 written protocols approved by the local component medical
0080 society.

0081 Sec. 23. (a) No person licensed to practice medicine and
0082 surgery or registered professional nurse, who gives emergency
0083 instructions to a mobile intensive care technician or emergency

0084 medical technician-intermediate during an emergency, shall be
0085 liable for any civil damages as a result of issuing the instructions,
0086 except such damages which may result from gross negligence in
0087 giving such instructions.

0088 (b) No mobile intensive care technician or emergency medi-
0089 cal technician-intermediate who renders emergency care during
0090 an emergency pursuant to instructions given by a person li-
0091 censed to practice medicine and surgery or a registered profes-
0092 sional nurse shall be liable for civil damages as a result of
0093 implementing such instructions, except such damages which
0094 may result from gross negligence or by willful or wanton acts or
0095 omissions on the part of such mobile intensive care technician or
0096 emergency medical technician-intermediate rendering such
0097 emergency care.

0098 (c) No person certified as an instructor-coordinator shall be
0099 liable for any civil damages which may result from such instruc-
0100 tor-coordinator's course of instruction, except such damages
0101 which may result from gross negligence or by willful or wanton
0102 acts or omissions on the part of the instructor-coordinator.

0103 (d) No medical adviser who reviews, approves and monitors
0104 the activities of attendants shall be liable for any civil damages as
0105 a result of such review, approval or monitoring, except such
0106 damages which may result from gross negligence in such review,
0107 approval or monitoring.

0108 Sec. 24. It shall be unlawful for any person or municipality
0109 to operate an ambulance service within this state without ob-
0110 taining a permit pursuant to this act.

0111 Sec. 25. ~~(a) Except as provided in subsection (b), each emer-~~
0112 ~~gency medical service shall have a medical adviser appointed by~~
0113 ~~the operator of the service to review, approve and monitor the~~
0114 ~~activities of the attendants. The board may approve an alterna-~~
0115 ~~tive procedure for medical oversight if no medical adviser is~~
0116 ~~available.~~

~~0117 (b) Each emergency medical service which employs an~~
~~0118 emergency medical technician defibrillator shall have a medical~~
~~0119 adviser appointed by the operator of the service to review,~~
~~0120 approve and monitor the activities of the emergency medical~~

Insert "or training officer"
(Extends immunity to training officers)

(Removes a redundancy)

~~0121 technician-defibrillator.~~

0122 Sec. 26. (a) Application for a permit to operate an ambulance
0123 service shall be made to the emergency medical services board
0124 by the operator of the ambulance service upon forms provided by
0125 the administrator and shall be accompanied by a permit fee
0126 which shall be a base amount plus an amount for each vehicle
0127 used by such operator in such operator's ambulance service and
0128 which shall be fixed by rules and regulations of the board to
0129 cover all or any part of the cost of regulation of ambulance
0130 services.

0131 (b) The application shall state the name of the operator, the
0132 names of the attendants of such ambulance service, the primary
0133 territory for which the permit is sought, the type of service
0134 offered, the location and physical description of the facility
0135 whereby calls for service will be received, the facility wherein
0136 vehicles are to be garaged, a description of vehicles and other
0137 equipment to be used by the service and such other information
0138 as the board may require.

0139 (c) Nothing in this act shall be construed as granting an
0140 exclusive territorial right to operate an ambulance service. Upon
0141 change of ownership of an ambulance service the permit issued
0142 to such service shall expire 60 days after the change of owner-
0143 ship.

0144 (d) The permit fee in effect immediately prior to the effective
0145 date of this act shall continue in effect until the board adopts
0146 rules and regulations fixing a different fee under subsection (a).

0147 Sec. 27. A permit shall not be issued to an operator unless
0148 the board finds the ambulance service is or will be staffed and
0149 equipped in accordance with the rules and regulations promul-
0150 gated by the board pursuant to section 9. If the board determines
0151 that an applicant is not qualified, such applicant shall be notified
0152 of the denial of such application with a statement of the reasons
0153 for such denial. The applicant may reapply upon submission of
0154 evidence that the disqualifying factor alleged by the board has
0155 been corrected. No fee shall be required for the first reapplica-
0156 tion made if it is submitted to the board within one year of the
0157 date of the denial of the application.

0158 A permit to operate an ambulance service shall be valid for the
0159 calendar year for which it is issued and may be renewed upon
0160 payment of a permit in the amount pursuant to section 26. At
0161 least once each month, all fees received pursuant to the provi-
0162 sions of this section shall be remitted to the state treasurer. Upon
0163 receipt of each such remittance, the state treasurer shall deposit
0164 the entire amount thereof in the state treasury. Each such deposit
0165 shall be credited to the state general fund.

0166 Sec. 28. (a) Application for an attendant's certificate shall be
0167 made to the emergency medical services board upon forms
0168 provided by the administrator. The board may grant an attend-
0169 ant's certificate to an applicant who: (1) Has made application
0170 within one year after successfully completing the appropriate
0171 course of instruction for the classification of attendant's certifi-
0172 cate for which application has been made; (2) has passed an
0173 examination prescribed by the board; and (3) has paid a fee for
0174 the classification of attendant's certificate for which application
0175 has been made as prescribed by rule and regulation of the board.

0176 (b) An attendant applying for a crash injury management
0177 technician's certificate shall have ~~at least 72 clock hours of~~
0178 ~~training in preliminary emergency medical care in a course of~~
0179 ~~instruction approved by the emergency medical services board.~~

0180 An attendant applying for an emergency medical technician's
0181 certificate shall have ~~at least 81 clock hours of training in pre-~~
0182 ~~liminary emergency medical care in a course of instruction~~
0183 approved by the emergency medical services board, or the
0184 equivalent thereof of preliminary emergency medical care, ~~or a~~
0185 ~~program of instruction in emergency medical care offered by the~~
0186 ~~armed forces of the United States which has been approved by~~
0187 ~~the board.~~ An attendant applying for a mobile intensive care

0188 technician's certificate shall have completed a training program,
0189 ~~in a course of instruction approved by the emergency medical~~
0190 ~~services board, consisting of a minimum of 200 clock hours of~~
0191 ~~training including, but not limited to, didactic and clinical expe-~~
0192 ~~rience in a cardiac care unit and in an emergency vehicle unit.~~

0193 An attendant applying for an emergency medical technician-in-
0194 termediate certificate shall have been certified as an emergency

Insert "completed a training program"
(Reflects language in Sec. 9 (a)(3))

Insert "An attendant applying for a certified
first responder's certificate shall have
completed a training program approved by
the emergency medical services board"
(Inclusion of this attendant category)

Insert "completed a training program"
(Reflects language in Sec. 9 (a)(3))

(Reflects language in Sec. 9 (a)(3))

0195 medical technician for not less than one year and, after certifica-
0196 tion as an emergency medical technician for at least one year,
0197 shall have completed a training program, approved by the emer-
0198 gency medical services board, ~~consisting of a minimum of 40~~
~~0199 clock hours and including training in veni puncture for blood~~
~~0200 sampling and administration of intravenous fluids and advanced~~
0201 patient assessment. An attendant applying for an emergency
0202 medical technician-defibrillator certificate shall have been cer-
0203 tified as an emergency medical technician for not less than one
0204 year and, after certification as an emergency medical technician
0205 for at least one year, shall have completed a training program
0206 approved by the emergency medical services board. [Any pro-
0207 gram of instruction or training offered by the armed forces of the
0208 United States or in a jurisdiction other than Kansas, which
0209 program is at least equivalent to the program approved by the
0210 board for the class of attendant's certificate applied for, shall be
0211 granted reciprocity by the board for purposes of satisfying the
0212 requirements of subsection (a)(1) of this section.]

0213 (c) An attendant's certificate shall be valid through De-
0214 cember 31 of the year following the date of its initial issuance
0215 and may be renewed thereafter for a period of one year for each
0216 renewal for a fee as prescribed by rule and regulation of the
0217 board upon presentation of satisfactory proof that the attendant
0218 has successfully completed continuing education in emergency
0219 medical care as provided in this subsection. Attendants shall
0220 complete ~~not less than eight hours~~ of continuing education as
0221 prescribed and approved by the emergency medical services
0222 board for each full calendar year that has elapsed since the
0223 certification or the last renewal thereof. If a certificate is not
0224 renewed within 30 days after its expiration such certificate shall
0225 be void.

0226 (d) The emergency medical services board may issue a tem-
0227 porary certificate to any person who has not qualified for an
0228 attendant's certificate under subsection (a) when:

0229 (1) The operator for whom such person serves as an attendant
0230 requests a temporary certificate for that person; and

0231 (2) such person meets or exceeds minimum training pre-

(Reflects language in Sec. 9 (a)(3))

Insert "a program"
(Reflects language in Sec. 9 (a)(3))

0232 scribed by the board by rules and regulations.

0233 A temporary certificate shall be effective for one year from the
0234 date of its issuance or until the person has qualified as an
0235 attendant under subsection (a), whichever comes first. A tempo-
0236 rary certificate shall not be renewed and shall be valid only
0237 while an attendant works for the operator requesting the tempo-
0238 rary certificate.

0239 (e) At least once each month all fees received pursuant to the
0240 provisions of this section shall be remitted to the state treasurer.
0241 Upon receipt of each such remittance, the state treasurer shall
0242 deposit the entire amount thereof in the state treasury to the
0243 credit of the state general fund.

0244 (f) If, within two years of the date of expiration of an attend-
0245 ant's certificate, such person applies for renewal of the certifi-
0246 cate, the board may grant a certificate to such applicant without
0247 such applicant completing a course of instruction specified in
0248 subsection (b) if the applicant has passed an examination pre-
0249 scribed by the board and has paid a fee prescribed by rule and
0250 regulation of the board.

0251 Sec. 29. The board may inquire into the operation of am-
0252 bulance services ~~and the conduct of attendants~~, and may conduct
0253 periodic inspections of facilities, communications services, ma-
0254 terials and equipment at any time without notice. The board may
0255 issue subpoenas to compel an operator holding a permit to make
0256 access to or for the production of records regarding services
0257 performed and to furnish such other information as the board
0258 may require to carry out the provisions of this act to the same
0259 extent and subject to the same limitations as would apply if the
0260 subpoenas were issued or served in aid of a civil action in the
0261 district court. A copy of such records shall be kept in the opera-
0262 tor's files for a period of not less than three years. The board also
0263 may require operators to submit lists of personnel employed and
0264 to notify the board of any changes in personnel or in ownership
0265 of the ambulance service.

0266 Sec. 30. Nothing in this act shall be construed to preclude
0267 any municipality from licensing and regulating ambulance ser-
0268 vices located within its jurisdiction, but any licensing require-

Insert new section:

"The board may inquire into the conduct of attendants, instructor-coordinators and training officers. The board may issue subpoenas to compel and attendant, instructor-coordinator or training officer holding a certificate 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 attendant's, instructor-coordinator's or training officer's files for a period of not less than three years."

(To expand the jurisdiction of the board)

0269 ments or regulations imposed by a municipality shall be in
0270 addition to and not in lieu of the provisions of this act and the
0271 rules and regulations promulgated thereunder.

0272 Sec. 31. (a) An operator's permit may be denied, revoked or
0273 suspended by the board upon proof that such operator or any
0274 agent or employee thereof:

0275 (1) Has been guilty of misrepresentation in obtaining the
0276 permit or in the operation of the ambulance service;

0277 (2) has engaged or attempted to engage in, or represented
0278 themselves as entitled to perform, any ambulance service not
0279 authorized in the permit;

0280 (3) has demonstrated incompetence as defined by rules and
0281 regulations adopted by the board or has shown themselves
0282 otherwise unable to provide adequate ambulance service;

0283 (4) has failed to keep and maintain the records required by
0284 the provisions of this act, or the rules and regulations promul-
0285 gated thereunder, or has failed to make reports when and as
0286 required;

0287 (5) has knowingly operated faulty or unsafe equipment; or

0288 (6) has violated or aided and abetted in the violation of any
0289 provision of this act or the rules and regulations promulgated
0290 thereunder.

0291 (b) The board shall not revoke or suspend any operator's
0292 permit pursuant to this section without first conducting a hearing
0293 in accordance with the provisions of the administrative proce-
0294 dure act.


0295 Sec. 32. (a) An attendant's ~~or~~ instructor-coordinator's certifi-
0296 cate may be revoked or suspended by the board upon proof that
0297 such attendant:

0298 (1) Has been guilty of misrepresentation in obtaining the
0299 certificate;

0300 (2) has engaged or attempted to engage in, or represented
0301 themselves as entitled to perform, any service not authorized in
0302 the certificate;

0303 (3) has demonstrated incompetence as defined by rules and
0304 regulations adopted by the board or has shown themselves
0305 otherwise unable to provide adequate service;

Insert "or training officer's"



0306 (4) has violated or aided and abetted in the violation of any
0307 provision of this act or the rules and regulations promulgated
0308 thereunder;

0309 (5) has been convicted of a felony and, after investigation by
0310 the board, it is determined that such person has not been suffi-
0311 ciently rehabilitated to warrant the public trust;

0312 (6) has demonstrated habitual intemperance or is addicted to
0313 the use of habit-forming drugs; or

0314 (7) has engaged in unprofessional conduct, as defined by
0315 rules and regulations adopted under this act.

0316 (b) The board shall not revoke or suspend any attendant's ~~or~~
0317 instructor-coordinator's certificate pursuant to this section with-
0318 out first conducting a hearing in accordance with the provisions
0319 of the Kansas administrative procedure act.

0320 Sec. 33. An operator's permit may be temporarily limited or
0321 restricted by the board, pending a hearing, upon receipt of a
0322 complaint indicating the public health, safety or welfare to be in
0323 imminent danger. If an inspection proves the complaint to be
0324 invalid, or that the cause therefor has been corrected, the limita-
0325 tion or restriction shall be terminated.

0326 Proceedings under this section may be initiated by the board
0327 or by any person filing written charges with the board. The board
0328 shall not limit nor restrict any permit pursuant to this section
0329 without first conducting a hearing in accordance with the provi-
0330 sions of the Kansas administrative procedure act.

0331 Sec. 34. (a) All ambulance services providing emergency
0332 care as defined by the rules and regulations adopted by the board
0333 shall offer service 24 hours per day every day of the year.

0334 (b) Whenever an operator is required to have a permit, at
0335 least one person on each vehicle providing emergency medical
0336 service shall be an attendant certified as an emergency medical
0337 technician or a mobile intensive care technician, a person li-
0338 censed to practice medicine and surgery, a registered physician's
0339 assistant or a registered professional nurse.

0340 Sec. 35. (a) Nothing in this act shall be construed:

0341 (1) To prevent the operation of a police emergency vehicle;

0342 (2) to affect any statute or regulatory authority vested in the

Insert "or training officer's"

0343 department of transportation concerning automotive equipment
0344 and safety requirements;

0345 (3) to prohibit any privately owned vehicles and aircraft not
0346 ordinarily used in the ambulance service business from trans-
0347 porting persons who are sick, injured, wounded or otherwise
0348 incapacitated or helpless;

0349 (4) to prevent any vehicle from being pressed into service as
0350 an ambulance; or

0351 (5) to prohibit any ambulance lawfully operating under the
0352 laws of a state adjoining Kansas from providing emergency
0353 transportation of a patient from a municipality not otherwise
0354 served by an ambulance service located in Kansas to a location
0355 within or outside the state of Kansas when the governing body of
0356 such municipality declares a hardship. The governing body or
0357 board shall notify the board 30 days prior to the initiation of such
0358 out-of-state service.

0359 (b) Ambulances owned and operated by an agency of the
0360 United States government shall be exempt from the provisions of
0361 this act.

0362 (c) Any ambulance based outside of this state receiving a
0363 patient within the state for transportation to a location within this
0364 state or receiving a patient within this state for emergency
0365 transportation to a location outside this state shall comply with
0366 the provisions of this act except when such ambulance is ren-
0367 dering service in the case of a major catastrophe, such ambulance
0368 is making a prearranged hospital-to-hospital transfer or except as
0369 otherwise provided by rules and regulations adopted by the
0370 board.

0371 Sec. 36. Any person violating any provision of this act or any
0372 rule and regulation issued hereunder shall be deemed guilty of a
0373 class B misdemeanor.

0374 Sec. 37. In order to provide adequate emergency medical
0375 care for the people of this state, the emergency medical services
0376 board is hereby authorized to establish, maintain and operate an
0377 emergency medical services communications system, subject to
0378 approval by the secretary of administration under K.S.A. 75-4709,
0379 and amendments thereto. The emergency medical services

0380 board shall establish communication centers, to be known as
0381 medical communications centers, in various locations in the state
0382 to be determined by the emergency medical services board, for
0383 the purposes of receiving requests for emergency medical as-
0384 sistance and for coordinating the activities of ambulances with
0385 medical care facilities and other emergency public safety agen-
0386 cies. Subject to approval by the secretary of administration under
0387 K.S.A. 75-4709, and amendments thereto, the emergency medi-
0388 cal services board may provide mobile radio units to ambulance
0389 services, as hereinafter provided, which will provide such am-
0390 bulance services with direct communication to or from medical
0391 communication centers established for such purpose.

0392 Sec. 38. For the purpose of establishing, operating and
0393 maintaining the emergency medical services communications
0394 system, the board may enter into contracts with any state agency,
0395 and any such agency is authorized to contract for such purpose
0396 with the board. The board also may enter into contracts or other
0397 agreements with any city, county, township, fire district or hos-
0398 pital district, or any person, firm or corporation for the establish-
0399 ment of an emergency medical services communications system
0400 or the establishment or operation of any part thereof including
0401 placement, operation and maintenance of equipment. In accord-
0402 ance with the authority of the secretary of administration under
0403 K.S.A. 75-4709, and amendments thereto, all contracts entered
0404 into by the board under this section shall be subject to approval
0405 by the secretary of administration.

0406 Any contract or agreement for the placement or operation of
0407 equipment with any ambulance service shall provide that the
0408 person, firm, corporation or municipality operating such ambu-
0409 lance service shall maintain such equipment in accordance with
0410 terms and conditions established by the board. The contracts,
0411 agreements or contracts for the placement of equipment in med-
0412 ical communication centers shall provide that such equipment
0413 shall only be used for the purpose of operating the emergency
0414 medical services communications system and that the board or
0415 the board's designated agent may inspect such equipment at any
0416 time. Ownership of any such equipment shall remain with the

0417 state and any contracts for the placement of such equipment may
0418 be withdrawn or canceled at any time, at the option of the board
0419 and the secretary of administration under K.S.A. 75-4709, and
0420 amendments thereto.

0421 Sec. 39. For the purposes of establishing, operating and
0422 maintaining an emergency medical services communications
0423 system, the emergency medical services board may accept any
0424 grant of money or property, including any federal moneys avail-
0425 able therefor. Within the limits of appropriations available
0426 therefor and subject to approval by the secretary of administra-
0427 tion under K.S.A. 75-4709, and amendments thereto, the emer-
0428 gency medical services board may acquire, in the name of the
0429 state, any equipment necessary for such communications system.

0430 ~~Sec. 40. (a) It shall be unlawful for any individual to repre-~~
0431 ~~sent oneself as a certified first responder unless such individual~~
0432 ~~holds a valid certificate as a first responder under this act.~~

0433 ~~(b) Any violation of subsection (a) shall constitute a class B~~
0434 ~~misdemeanor.~~

0435 ~~Sec. 41. (a) Application for a first responder's certificate shall~~
0436 ~~be made to the emergency medical services board upon forms~~
0437 ~~provided by the administrator. The board may grant a certificate~~
0438 ~~to an applicant who: (1) Has made application within two years~~
0439 ~~after successfully completing the appropriate course of instruc-~~
0440 ~~tion for the first responder as specified in subsection (b) if such~~
0441 ~~course of instruction was completed prior to the effective date of~~
0442 ~~this act or has made application within one year after success-~~
0443 ~~fully completing such course of instruction if such course of~~
0444 ~~instruction was completed on or after the effective date of this~~
0445 ~~act; (2) has passed an examination prescribed by the board; and~~
0446 ~~(3) has paid a registration fee in an amount prescribed by rules~~
0447 ~~and regulations of the board.~~

0448 ~~(b) An individual applying for a first responder's certificate~~
0449 ~~shall have completed training in preliminary emergency medical~~
0450 ~~care of not less than 45 clock hours in a course of instruction~~
0451 ~~approved by the board.~~

0452 ~~(c) A first responder's certificate shall be valid through De-~~
0453 ~~cember 31 of the year following the date of its initial issuance~~

(Suggested changes have incorporated Sections
40 thru 46 inclusive in prior sections of
this act)

0454 and may be renewed thereafter for a period of one year for each
0455 renewal for a fee in an amount prescribed by rules and regula-
0456 tions of the board and upon presentation of satisfactory proof that
0457 the first responder has successfully completed continuing edu-
0458 cation in emergency medical care as provided in this subsection.
0459 First responders shall complete not less than eight hours of
0460 continuing education as prescribed and approved by the board
0461 for each full calendar year that has elapsed since the certification
0462 or the last renewal thereof. If a certificate is not renewed within
0463 30 days after its expiration, such certificate shall be void.

0464 (d) The administrator shall remit to the state treasurer at least
0465 monthly all fees received pursuant to the provisions of this act.
0466 Upon receipt of each such remittance, the state treasurer shall
0467 deposit the entire amount thereof in the state treasury to the
0468 credit of the state general fund.

0469 (e) If an applicant for a certificate has within two years
0470 preceding the date of the application held a first responder's
0471 certificate, the board may grant a certificate to such applicant
0472 without such applicant completing a course of instruction speci-
0473 fied in subsection (b) if the applicant has passed an examination
0474 prescribed by the board and has paid a registration fee in an
0475 amount prescribed by rules and regulations of the board.

0476 Sec. 42. The board may inquire into the conduct of first
0477 responders. The board may require a first responder certified
0478 under this act to make records regarding services performed and
0479 to furnish such other information as the board may require to
0480 carry out the provisions of this act. A copy of such records shall
0481 be kept in the first responder's files for a period of not less than
0482 three years. The records shall be made available to the board
0483 upon request.

0484 Sec. 43. A first responder may perform any of the following
0485 activities:

0486 (a) Initial scene management including, but not limited to,
0487 gaining access to the individual in need of emergency care, and
0488 only in life or limb threatening situations, the appropriate extri-
0489 cation, lifting and moving the individual,

0490 (b) cardiopulmonary resuscitation and airway management,

~~0491 (c) control of bleeding;~~
~~0492 (d) extremity splinting excluding traction splinting;~~
~~0493 (e) stabilization of the condition of the individual in need of~~
~~0494 emergency care;~~
~~0495 (f) oxygen therapy;~~
~~0496 (g) use of oropharyngeal airways;~~
~~0497 (h) use of bag valve masks; and~~
~~0498 (i) other techniques of preliminary care a first responder is~~
~~0499 trained to provide as approved by the board.~~
~~0500 Sec. 14. Nothing in this act shall be construed: (a) To pre-~~
~~0501 clude any municipality from licensing or otherwise regulating~~
~~0502 first responders operating within its jurisdiction, but any licens-~~
~~0503 ing requirements or regulations imposed by a municipality shall~~
~~0504 be in addition to and not in lieu of the provisions of this act and~~
~~0505 the rules and regulations adopted pursuant to this act;~~
~~0506 (b) to preclude any person certified as an attendant from~~
~~0507 providing emergency medical services to persons requiring such~~
~~0508 services; or~~
~~0509 (c) to preclude any individual who is not a certified first~~
~~0510 responder from providing assistance during an emergency so~~
~~0511 long as such individual does not represent oneself to be a~~
~~0512 certified first responder.~~
~~0513 Sec. 15. (a) A first responder's certificate may be denied,~~
~~0514 revoked, limited or suspended by the board upon proof that such~~
~~0515 first responder:~~
~~0516 (1) Has been guilty of misrepresentation in obtaining the~~
~~0517 certificate;~~
~~0518 (2) has engaged or attempted to engage in, or represented~~
~~0519 oneself as entitled to perform, any service not authorized in the~~
~~0520 certificate;~~
~~0521 (3) has demonstrated incompetence as defined by rules and~~
~~0522 regulations adopted by the board or has shown oneself otherwise~~
~~0523 unable to provide adequate service;~~
~~0524 (4) has violated or aided and abetted in the violation of any~~
~~0525 provision of this act or the rules and regulations promulgated~~
~~0526 thereunder;~~
~~0527 (5) has been convicted of a felony and, after investigation by~~

~~0529 the board, it is determined that such person has not been suffi-~~
~~0530 ciently rehabilitated to warrant the public trust;~~

~~0531 (6) has demonstrated habitual intemperance or is addicted to~~
~~0532 the use of habit forming drugs; or~~

~~0533 (7) has engaged in unprofessional conduct.~~

~~0534 (b) The board shall not revoke, limit, or suspend any first~~
~~0535 responder's certificate pursuant to this section without first con-~~
~~0536 ducting a hearing in accordance with the provisions of the~~
~~0537 Kansas administrative procedure act. Proceedings under this~~
~~0538 section may be initiated by the board or by any person filing~~
~~0539 written charges with the board.~~

~~0540 Sec. 46. No first responder who renders emergency care~~
~~0541 during an emergency shall be liable for civil damages as a result~~
~~0542 of rendering such emergency care, except for such damages~~
~~0543 which may result from gross negligence or from willful or wan-~~
~~0544 ton acts or omissions on the part of the first responder rendering~~
~~such emergency care.~~

0545 Sec. 47. K.S.A. 19-262, 19-263, 19-263a, 19-263b, 19-3623b,
0546 19-3633, 19-3634, 19-3635, 19-3636, 19-3636a, 65-4302 to 65-
0547 4306, inclusive, 65-4307 to 65-4309, inclusive, 65-4314 to 65-
0548 4316, inclusive, 65-4318 to 65-4320, inclusive, 65-4322, 65-4323,
0549 65-4326 to 65-4331, inclusive, 74-2126 to 74-2132, inclusive,
0550 80-1423, 80-1424, 80-1426 to 80-1428, inclusive, and K.S.A. 1987
0551 Supp. 19-261, 19-3632, 65-4301, 65-4306a, 65-4306b, 65-4306c,
0552 65-4306d, 65-4317, 65-4321, 65-4324, 65-4325, 65-4325a, 65-4339
0553 to 65-4348, inclusive, and 80-1425 are hereby repealed.

0554 Sec. 48. This act shall take effect and be in force from and
0555 after its publication in the Kansas register.

We are additionally respectfully suggesting four changes that we consider policy changes. While they do not reflect changes to the concept of the act, they do change the content.

The first change is the addition of two more members to the emergency medical services board. We feel that these additions encompass EMS input that would be of value to the board.

The second change deals with some additional language that was inserted by the House Local Government Committee. The essence of this additional language is that it nullifies current temporary regulations dealing with training officers, emergency medical technician-defibrillator services, continuing education requirements and the licensing of type III and type IV ambulance services. We feel that it was the intent of the House Committee to continue these temporary regulations as temporary until January 1, 1989. The language that is reflected in the act cancels them upon adoption of the act. The loss of the guidance contained in those temporary regulations is crippling to EMS in Kansas.

The third change deletes language that could be interpreted as authorizing emergency medical services consisting of only certified first responders. We do not feel that this is either the intent of the legislature or desirable from an EMS standpoint. While we certainly value the additional coverage of certified first responders, we strongly feel that they should be under the direction of an established ambulance service.

The fourth change is two-fold. We are suggesting the inclusion of an immunity clause covering those that teach attendants. There has all ready been some reluctance by physicians and nurses to be involved in courses of instruction because of the liability exposure and the inclusion of the suggested immunity clause would alleviate these concerns and assure the availability of quality instruction. The other change also deals with immunity and we are suggesting the inclusion of an attendant immunity clause. We are aware that some attendants are covered in 65-2891. We are also aware of the bills that have been introduced in both the House and the Senate concerning 65-2891. It seems to us that the logical place for attendant immunity is within the EMS act and that 65-2891 should reflect what has long been considered as the public and health care provider good samaritan law.

We tender these changes with the deep conviction that they are in the best interests of the continuing excellence of emergency medical services in Kansas

0049 medical services appointed pursuant to K.S.A. 74-2127, and
0050 amendments thereto, is hereby abolished and all of the powers,
0051 duties and functions of the director of emergency medical ser-
0052 vices are transferred to and conferred and imposed upon the
0053 emergency medical services board or the administrator thereof
0054 as provided by this act. The director shall continue to carry out
0055 the duties of that position until an administrator is appointed and
0056 qualified pursuant to this act.

0057 (c) The emergency medical services council established
0058 under K.S.A. 65-4316, and amendments thereto, is hereby abol-
0059 ished and all of the powers, duties and functions of the council
0060 are transferred to and conferred and imposed upon the emer-
0061 gency medical services board.

0062 Sec. 2. (a) There is hereby established the emergency medi-
0063 cal services board. The office of the emergency medical services
0064 board shall be located in the city of Topeka, Kansas. The uni-
0065 versity of Kansas medical center shall provide technical exper-
0066 tise and consultation in areas related to medical procedures and
0067 training upon request by the board.

0068 (b) The emergency medical services board shall be com-
0069 posed of 13 members appointed by the governor. Of such mem-
0070 bers:

0071 (1) One shall be a member of the Kansas medical society who
0072 is actively involved in emergency medical services;

0073 (2) two shall be county commissioners of counties making a
0074 levy for ambulance service, at least one of whom shall be from a
0075 county having a population of less than 15,000;

0076 (3) four shall be legislators to be selected from recommenda-
0077 tions submitted by the president of the senate, minority leader of
0078 the senate, the speaker of the house of representatives and the
0079 minority leader of the house of representatives;

0080 (4) one shall be an instructor-coordinator;

0081 (5) one shall be a hospital administrator actively involved in
0082 emergency medical services;

0083 (6) one shall be a member of a firefighting unit which pro-
0084 vides emergency medical service; and

0085 (7) three shall be attendants who are actively involved in

Add two members:

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

One shall be the designated representative of
the secretary of health and environment.

0160 which were adopted under K.S.A. 65-4314 to 65-4331, inclusive,
0161 and amendments thereto, in existence immediately prior to the
0162 effective date of this act shall continue to be effective and shall
0163 be deemed to be the orders or directives of the emergency
0164 medical services board, until revised, amended, repealed or
0165 nullified pursuant to law.

0166 All rules and regulations of the emergency medical services
0167 council which relate to emergency medical services and which
0168 were adopted under K.S.A. 65-4314 to 65-4331, inclusive, and
0169 amendments thereto, ~~in effect on May 1, 1987,~~ shall continue to
0170 be effective and shall be deemed to be the rules and regulations
0171 of the emergency medical services board, until revised,
0172 amended, repealed or nullified pursuant to law. ~~Any such rules~~
~~0173 and regulations which were not in effect on or before May 1,~~
0174 ~~1987, including any temporary rules and regulations that became~~
~~0175 effective after May 1, 1987, and permanent rules and regulations~~
0176 ~~that are scheduled to take effect on May 1, 1988, shall expire on~~
0177 ~~the effective date of this act and be of no force and effect.~~

Insert "in existence immediately prior to the effective date of this act"

Delete

0178 Sec. 5. Officers and employees who were engaged immedi-
0179 ately prior to the effective date of this act in the performance of
0180 powers, duties and functions, which are transferred pursuant to
0181 the provisions of this act, and who, in the opinion of the emer-
0182 gency medical services board, are necessary to perform the
0183 powers, duties and functions of the board shall become officers
0184 and employees of the board. Any such officer or employee shall
0185 retain all retirement benefits and all rights of civil service which
0186 had accrued to or vested in such officer or employee prior to the
0187 effective date of this act. The service of each such officer and
0188 employee so transferred shall be deemed to have been continu-
0189 ous. All transfers and any abolishment of personnel in the clas-
0190 sified service under the Kansas civil service act shall be in
0191 accordance with civil service laws and any rules and regulations
0192 adopted thereunder.

0193 Sec. 6. Whenever any conflict arises as to the disposition of
0194 any power, duty or function as a result of any abolishment or
0195 transfer made by this act, such conflict shall be resolved by the
0196 governor, and the decision of the governor shall be final.

0271 emergency care for individuals who are ill, injured or otherwise
0272 disabled, including any specially constructed and equipped
0273 motor vehicle, airplane or helicopter which is capable of pro-
0274 viding life support services for extended periods of time.

0275 (c) "Ambulance service" means any organization operated
0276 for the purpose of transporting sick, injured, disabled or other-
0277 wise incapacitated persons to or from a place where medical care
0278 is furnished, whether or not such persons may be in need of
0279 emergency care in transit.

0280 (d) "Attendant" means a crash injury management techni-
0281 cian, an emergency medical technician, an emergency medical
0282 technician-intermediate, an emergency medical technician-defi-
0283 brillator or a mobile intensive care technician whose primary
0284 function is ministering to the needs of persons requiring emer-
0285 gency medical services.

0286 (e) "Board" means the emergency medical services board
0287 established pursuant to section 2.

0288 (f) "Crash injury management technician" means any person
0289 who has been trained in preliminary emergency medical care in
0290 a 72-hour training program approved by the board.

0291 (g) "Emergency medical service" means a service which
0292 provides for the effective and coordinated delivery of such
0293 emergency care as may be required by an emergency, ~~including~~
0294 ~~first responder services~~ and transportation of individuals by
0295 ground or air ambulances and the performance of authorized
0296 emergency care by a person licensed to practice medicine and
0297 surgery, a licensed professional nurse, a registered physician's
0298 assistant, a crash injury management technician, an emergency
0299 medical technician, emergency medical technician-intermedi-
0300 ate, emergency medical technician-defibrillator or a mobile in-
0301 tensive care technician.

0302 (h) "Emergency medical technician" means any person who
0303 has been trained in preliminary emergency medical care in an
0304 81-hour training program approved by the board.

0305 (i) "Emergency medical technician-defibrillator" means any
0306 person, currently certified as an emergency medical technician
0307 or emergency medical technician-intermediate, who has suc-

← Delete

0084 medical technician-intermediate during an emergency, shall be
0085 liable for any civil damages as a result of issuing the instructions,
0086 except such damages which may result from gross negligence in
0087 giving such instructions.

0088 (b) No mobile intensive care technician or emergency medi-
0089 cal technician-intermediate who renders emergency care during
0090 an emergency pursuant to instructions given by a person li-
0091 censed to practice medicine and surgery or a registered profes-
0092 sional nurse shall be liable for civil damages as a result of
0093 implementing such instructions, except such damages which
0094 may result from gross negligence or by willful or wanton acts or
0095 omissions on the part of such mobile intensive care technician or
0096 emergency medical technician-intermediate rendering such
0097 emergency care.

0098 (c) No person certified as an instructor-coordinator shall be
0099 liable for any civil damages which may result from such instruc-
0100 tor-coordinator's course of instruction, except such damages
0101 which may result from gross negligence or by willful or wanton
0102 acts or omissions on the part of the instructor-coordinator.

0103 (d) No medical adviser who reviews, approves and monitors
0104 the activities of attendants shall be liable for any civil damages as
0105 a result of such review, approval or monitoring, except such
0106 damages which may result from gross negligence in such review,
0107 approval or monitoring.

0108 Sec. 24. It shall be unlawful for any person or municipality
0109 to operate an ambulance service within this state without ob-
0110 taining a permit pursuant to this act.

0111 Sec. 25. (a) Except as provided in subsection (b), each emer-
0112 gency medical service shall have a medical adviser appointed by
0113 the operator of the service to review, approve and monitor the
0114 activities of the attendants. The board may approve an alterna-
0115 tive procedure for medical oversight if no medical adviser is
0116 available.

0117 (b) Each emergency medical service which employs an
0118 emergency medical technician-defibrillator shall have a medical
0119 adviser appointed by the operator of the service to review,
0120 approve and monitor the activities of the emergency medical

Insert new subsection:

" No attendant, as defined in this act, who renders care shall be liable for civil damages as a result of rendering such care, except for such damages which may result from gross negligence or from willful or wanton acts or omissions on the part of the attendant rendering such care."

Insert new subsection:

"No person licensed to practice medicine and surgery or registered professional nurse who gives instruction to an attendant, as defined by this act, while they are a student during an approved course of instruction shall be liable for any civil damages as a result of giving such instruction, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of the person licensed to practice medicine and surgery or registered professional nurse who gives instruction."



STATE OF KANSAS

OFFICE OF THE ATTORNEY GENERAL

2ND FLOOR, KANSAS JUDICIAL CENTER, TOPEKA 66612

ROBERT T. STEPHAN
ATTORNEY GENERAL

December 1, 1987

MAIN PHONE: (913) 296-2215
CONSUMER PROTECTION: 296-3751
ANTITRUST: 296-5299

ATTORNEY GENERAL OPINION NO. 87-172

The Honorable Nancy Brown
Representative, Twenty-Seventh District
15429 Overbrook Lane
Stanley, Kansas 66224-9744

Re: Public Health -- Emergency Medical Services; Cities
and Counties -- Care Rendered Pursuant to
Instructions; Liability of Training Personnel

Synopsis: Hospitals, physicians and nurses involved in
training medical intensive care technicians are not
insulated from liability by K.S.A. 65-4307(a) for
their wrongful acts. Cited herein: K.S.A. 1986
Supp. 65-2891; K.S.A. 65-4301, as amended by L.
1987, ch. 248, sec. 4; 65-4305; 65-4306;
65-4307; 65-4308; 75-6115.

* * *

Dear Representative Brown:

As Representative of the Twenty-Seventh District, you have requested our opinion regarding emergency medical services. Specifically, you inquire whether physicians, nurses and hospitals have any statutory protection from liability when they participate in training mobile intensive care technicians (MICT's).

MICT's are required to receive a minimum of 200 hours training in didactic and clinical experience in a cardiac care unit and in an emergency vehicle unit. K.S.A. 65-4308. The training program is to be certified by the University of Kansas medical school. K.S.A. 65-4305. For a training program to be certified, it must consist of didactic, clinical, and field

(Attachment IV) Local Go 3/2/88

training, with an accumulation of well beyond the 200 hours statutory requirement. These areas of training are conducted consecutively, with possible overlap between the clinical and field internship phases. See generally, Operational Policies & Procedures Manual for Mobile Intensive Care Technician Instructors/Coordinators, page 7-9 (Rev. August, 1987). While in training at a hospital, MICT's are authorized to administer medications subcutaneously, intramuscularly or intravenously under the direct supervision of a physician or nurse. K.S.A. 65-4306(b). We have previously opined that such administration of parenteral medications in a hospital setting is authorized whether or not an emergency exists. Attorney General Opinion No. 78-43.

Physicians and nurses have some protection from liability for giving instructions to MICT's during emergencies. Pursuant to K.S.A. 65-4307(a), absent gross negligence in giving instructions, persons who are licensed to practice medicine and surgery or who are registered professional nurses are not liable for damages resulting from instructions given to an MICT during an emergency. An MICT is defined as a person who has "been specially trained on emergency cardiac and noncardiac care in a training program certified by the university of Kansas school of medicine." K.S.A. 65-4301(g), as amended by L. 1987, ch. 348, sec. 4. We believe, however, that K.S.A. 65-4307(a) does not insulate physicians and nurses from liability for claims arising out of MICT training. That section makes no reference to MICT's-in-training, but merely references MICT's, which by definition includes those who have already been trained. It applies only in emergency situations. In addition, K.S.A. 65-4307(a) makes no mention of hospitals being immune from liability.

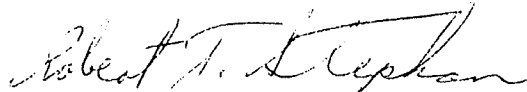
Our opinion is not in conflict with other well known statutes regarding liability of persons practicing medicine and surgery. For example health care providers who render professional services, even though they are governmental employees, are not included in the provisions of the tort claims act. K.S.A. 75-6115. See also, Attorney General Opinion No. 81-139. However, health care providers rendering care or assistance in an emergency are not liable for damages resulting from their acts, absent gross negligence or willful and wanton acts or omissions. K.S.A. 65-2891(a). These references are generalities, and not meant to be substitutes for more detailed analysis of each statutory scheme. There are nuances to each, and individuals who are included in one statute may be excluded in another. For example, registered professional nurses, except registered nurse anesthetists, and

licensed practical nurses are not health care providers for purposes of the tort claims act, and thus may be indemnified for damage awards if they are a governmental employee, but those persons are health care providers within the meaning of the good samaritan statute.

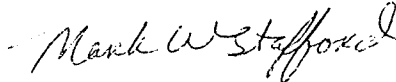
Establishing that physicians, nurses and hospitals are not insulated from liability by K.S.A. 65-4307(a) during an MICT's training period does not mean that each is automatically liable when damages occur as a result from their role in training an MICT. Obviously, there must be a reason for liability which can be determined only on a case-by-case basis. Similarly, individual situations may give rise to defenses which we cannot now predict. For example, a nurse may, under the circumstances, be an employee within the meaning of the tort claims act. Such defenses, however, must come from somewhere other than K.S.A. 65-4307(a) as it is currently written.

In conclusion, it is our opinion that hospitals, physicians and nurses involved in training MICT's are not insulated from liability by K.S.A. 65-4307(a) for their wrongful acts.

Very truly yours,



ROBERT T. STEPHAN
ATTORNEY GENERAL OF KANSAS



Mark W. Stafford
Assistant Attorney General

RTS:JLM:MWS:bar



SEDGWICK COUNTY, KANSAS

INTERGOVERNMENTAL COORDINATOR

WILLIE MARTIN

COUNTY COURTHOUSE • SUITE 315 • WICHITA, KANSAS 67203-3759 • TELEPHONE (316) 268-7552

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

From: Thomas W. Pollan, Interim Director of the Sedgwick
County Emergency Medical Service

Date: March 2, 1988

Re: House Bill 2639 - Emergency Medical Service

Mr. Chairman and Members of the Senate Local Government
Committee:

First, I would like to express my sincere appreciation for the opportunity to review and comment on House Bill 2639. I would state that I do not oppose House Bill 2639, however, I believe that some modification would clarify and assist in its implementation.

My presence before this committee is to represent the Emergency Medical Service (EMS) of Sedgwick County and the Directors Association of South Central Kansas¹. Since 1975, the political entities within Sedgwick County have devoted considerable energy and funding to develop, implement, and coordinate our sophisticated Advanced Life Support EMS system. Since 1977, this system has maintained an average of 1 out of 4 cardiac arrest victims in the field being delivered to a medical facility with a viable heart rhythm producing a pulse. This "Field Resuscitation Rate," is second to none in the nation. In 1987 this system responded to over 28,000 ambulance calls, estimated to be 1 out of 5 or 20% of the call volume of the state of Kansas, with an average response time of under six minutes. The success of this system is directly linked to support from

¹The Directors Association of South Central Kansas is comprised of ten organizations who provide pre-hospital emergency care and communications in Sedgwick County. The association represents both the volunteer and paid EMS personnel.

state and local elected officials in establishing a coordinated county-wide EMS system. This system includes; an E911 phone system and centralized emergency communication network; first response program provided by local fire departments (Volunteer and Paid); volunteer ambulance services; area hospitals; and the Sedgwick County Advanced Life Support service. The end product of these efforts is that all citizens, regardless of their location or ability to pay, receive an expedient response to their call.

Having been involved in the emergency system of the State and Sedgwick County for the past twenty years, I have witnessed or been directly involved with the majority of the events described in the interim committee report and the supplemental notes accompanying HB 2639. I would like to commend the Interim Committee, the Senate and House Committee on Local Government for their commitment in improving the structure of our EMS system in Kansas. Again, I am not an opponent of HB 2639, I would simply like to suggest some changes that I believe will assist in it's clarity and administration.

The suggested changes are as follows:

- 1) Section 4 (d) line 169, 172 - 177: This section eliminates all temporary rules and regulations.

All of the temporary rules and regulations have been through the process of public hearings and are approved by the Attorney General and Department of Administration. Detailed in these rules and regulations are the annual continued education requirements for all attendants and the newly created "Training Officer" who can provide continued education training to attendants and first responders that may not have easy access to an Instructor/coordinator. Both of these are essential to ensuring the continuation of quality care to our citizenry. I would suggest that the temporary rules and regulations be continued as temporary until January 1, 1989 or until the new board determines appropriate rules and regulations.

- 2) Section 11 (g) line 293 - 294: Need to delete the language "~~including/first/responder/services.~~"

This language, when interpreted along with Section 12, seems to authorize services consisting of only first responders. While the response by certified first responders is a valuable part of the system, I do not feel that the intent of this legislation is to fund "first responder services" under the taxation entitled for EMS or Ambulance Service. I would submit that the language of "including first responder services" be deleted. This will ensure that all taxation levied under Section 12 is for the implementation and operation of services that provide both emergency care at the scene as well as transportation to a medical facility. Additionally, the term "first responder

services" is not defined in HB 2639 nor in the current K.S.A. 65-4339 which created the "First Responder" certification.

In summary, I respectfully submit that the amendments proposed are vital to the effective implementation and administration of this legislation. We believe these amendments will be beneficial in providing emergency medical services to both the rural and metropolitan areas of Kansas. Thank you for your valuable time and attention.

Sedgwick County EMS
1987 Summary
(1987 Stats Estimates)

Call Volume

	Emergent	Non-Emergent	St. Francis Special Trsf.	Total	Avg/Day	Average # Calls/Crew
1980	13994	N/A	N/A	13994	38	583
1984	16969	N/A	N/A	16969	47	528
1985	17817	3068	N/A	20885	57	712
1986	19275	4301	1596	25172	69	730
1987				27382	78	740

96% Increase in Call Volume between 1980 and 1987
86% of the Call Volume occurs within Wichita

Patients Transported

	Total	Avg/Day	Average # Pts/Crew
1980	10702	29	446
1984	13925	38	515
1985	16810	46	563
1986	20673	57	600
1987	22727	62	614

112% Increase in patients transported between 1980 and 1987.

System Cost

	Total Cost/Call	Tax Sup/Call	User Fee/Call
1980	123.77	84.46	39.31
1984	131.90	84.40	47.80
1985	136.47	76.52	59.95
1986	126.51	76.46	50.05
1987	135.70	74.51	61.19

10% Increase in Total Cost per Call between 1980 and 1987.

Collections

	User Fees	% of Increase over Previous Year
1980	501377	N/A
1984	940130	27%
1985	1225226	30%
1986	1626402	33%
1987	1675375	3%

234% Increase in User Fees collected between 1980 and 1987.

Collection Rate for 1986	82%
for 1987	81%
*National Average Public	61.1%
Private	76.8%
*Fitch & Associates, Kansas City, MO	

Response Times

	Wichita	County	Overall
1980			5.46
1984	5.26	7.98	5.63
1985	5.18	7.70	5.52
1986	5.15	7.86	5.53
1987			5.60
1986 8 min. or less average			87.58%
1987 8 min. or less average			87.44%

Standard National Target is 90% in 8 min. or less

Field Resuscitation Rate

1980	26%
1984	29%
1985	21%
1986	24%
1987	24%

Units staffed within corporate limits of Wichita

Minimum 4 when staffing level is 7.
6 when status is 9.
7 when status is 11.
8 when status is 12.

3 of the 4 county posts are 1 mile or less from the city limits.

CODE BLUE STATS 1987

TOTAL CODE BLUES 519
 FIELD SAVES 99
 CLINICAL SAVES 25
 TOTAL SAVES 124 = 24% SAVE RATE

AVERAGE SCENE TIME FOR ALL CODE BLUES = 22 MINUTES

CODE BLUES BY INITIAL RHYTHM

RHYTHM	TOTALS/YR	% OF TOTAL BLUES	SAVES/YR	SAVE RATE
COARSE FIB	100	19%	35	35%
FINE FIB	24	5%	5	21%
TOTAL V-FIBS	124	24%	40	32%
ASYSTOLE	225	43%	18	8%
EMD	119	23%	32	27%
V TACH	5	1%	2	40%
OTHERS	40	8%	32	80%

BY AGE	TOTALS/YR	% OF TOTAL BLUES	SAVES/YR	SAVE RATE
0-10	22	5%	4	18%
11-19	12	2%	1	8%
20-29	29	6%	8	23%
30-30	39	7%	6	15%
40-49	35	8%	10	28%
50-59	61	12%	5	8%
60-69	108	21%	37	34%
70-79	117	22%	24	21%
80-89	72	14%	24	33%
90 & UP	22	5%	5	22%
UNKNOWN	3	.06%	0	0%

TRAUMA ALERTS 1987

TOTAL TRAUMA ALERTS: 310

EMS TRANSPORTS : 286 = 92% OF TOTAL
 L.W. TRANSPORTS: 24 = 7% OF TOTAL
 PINS: 16 = 5% OF TOTAL

AVERAGE RESPONSE TIMES

EMS: 6 MINUTES
 LIFE WATCH: 15 MINUTES

AVERAGE SCENE TIME: 14 MINUTES

AVERAGE TRANSPORT TIME: 8 MINUTES FOR EMS
 8 MINUTES FOR LIFE WATCH

FROM ARRIVAL AT SCENE 22 MINUTES FOR EMS
 TO ARRIVAL AT ER 27 MINUTES FOR LIFE WATCH

AVERAGE CALL TIME: 28 MINUTES

HOSPITALS	TOTALS	% OF TOTAL TRAUMA ALERTS
RIVERSIDE	44	14%
ST. FRANCIS	79	25%
HCA WESLEY	91	29%
NOTE: 24 (26%) OF HCA WESLEY'S TOTAL WERE TRANSPORTED BY LIFE WATCH		
ST. JOSEPH	96	31%

CAUSES	TOTALS	% OF TOTAL
MOTOR VEHICLE	142	27%
WITHOUT PINS	101	19%
WITH PINS	13	2%
WITH PEDESTRIANS	22	4%
WITH BICYCLES	2	.03%
WITH TRAINS	4	.07%
MOTORCYCLE	31	6%
ASSAULTS	89	34%
GSW	53	10%
STABBINGS	25	5%
OTHERS	11	2%
OTHER CAUSES		
ELECTROCUTIONS	2	.03%
FALLS	24	5%
INDUSTRIAL	6	1%
HANGINGS	2	.03%
BURNS	8	1.5%
OTHERS	6	1%



Kansas Emergency Medical Technicians Association

Sylvia Davis, President
207 S. Buffalo
Oberlin, Kansas 67749
913-475-3732

Mary Ann Luby, Executive Director

P.O. Box 1506 Emporia, Kansas 66801 316-343-2854

March 2, 1988

OFFICERS

Dale Creed, Past President
2728 Rawhide Lane
Lawrence, Ks. 66046
913-841-6696

Tom Gray, Vice President
R.R. 3 Box 2A
Ulysses, Ks. 67880
316-356-3166

Dan Keener, Legislative Liaison
919 Main
LaCrosse, Ks. 67548
913-222-2600
913-222-3742

Cathie Young, Secretary
Box 224
Toronto, Kansas 66777
316-637-2755
316-637-2491

Steve Miller, Treasurer
617 MacVicar
Topeka, Kansas 66606
913-354-1283

REGIONAL DIRECTORS

Region 1

Margaret Ziegler
Box 66
Collyer, Ks. 67631
913-769-5385

Region 2

Sheryle Broeckelman
611 N. Campbell
Lakin, Ks. 67860
316-355-7374
316-355-7111

Region 3

Bill Auchterlonie
538 N. Main
Wichita, Kansas 67203
316-268-7994

Region 4

Jane Carwell
R.R. 2, Box 2
White Cloud, Ks. 66094
913-742-2131

TO: Don Montgomery, Chairman
Members Senate Local Government Committee

FROM: Sylvia Davis, President
Kansas Emergency Medical Technicians Association

REF.: Substitute House Bill 2639 as
Amended by the Committee as a Whole

Senators:

Thank you for the opportunity to testify, I am Sylvia Davis, President of the Kansas Emergency Medical Technicians Association. The Officers and Board of Directors of KEMTA would like to commend the House Local Government Committee and the House of Representatives as a Whole on Substitute House Bill 2639, and offer our support for the concept of this bill.

We, as a state organization, do have some concerns in the bill and I would like to share two of them with you at this time:

Section 4, subsection D, paragraph 2, concerning the May 1, 1988 deletion date. Although all rules and regulations deleted with this date are critical to EMS, we want to express our concern for deletion of K.A.R. 109-1-1, specifically the Training Officer Program for volunteer and paid ambulance services in the State of Kansas.

Currently there are approximately 98 Training Officers instructing volunteer services and 33 instructing paid services. All 131 total are certified only after successfully completing a written and practical examination program offered to them by the Bureau of Emergency Medical Services, many of these individuals donated their personal time to challenge this testing.

After these Training Officers met the required skill components requirements they set up recertification classes at their ambulance services to meet the requirements for yearly recertification and received approval for these classes from the Bureau of EMS. These,

(Attachment VI) Local Go 3/2/88



Kansas Emergency Medical Technicians Association

Sylvia Davis, President
207 S. Buffalo
Oberlin, Kansas 67749
913-475-3732

Mary Ann Luby, Executive Director
P.O. Box 1506 Emporia, Kansas 66801 316-343-2854

Page 2 of 2
Testimony to Senate
continued

OFFICERS

Dale Creed, Past President
2728 Rawhide Lane
Lawrence, Ks. 66046
913-841-6696

Tom Gray, Vice President
R.R. 3 Box 2A
Ulysses, Ks. 67880
316-356-3166

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R.R. 2, Box 2
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913-742-2131

already approved classes in progress and future classes will cease with the May 1, 1988 bill deletion date if it is not altered. We feel this would be hazardous to EMS as a whole and affect the progress of EMS educational programs in the future.

To solve this problem, we respectfully ask that you consider the deletion of this paragraph from the bill to prevent any burden to the required educational recertification programs offered by Training Officers to ambulance services and their certified attendants.

The other concern we would like to highlight is the adoption of the immunity clauses for instructors and attendants as proposed by the Kansas EMS Committee submitted written changes. These immunity clauses are an attempt to guarantee immunity to all EMS instructors, services and various certified attendant levels as defined in this bill. After reviewing this bill we found not all attendants were granted the immunity clause, specifically to note the certified Emergency Medical Technician.

We, The Kansas Emergency Medical Technicians Association strive for progress in EMS and ask for your consideration of our concerns, as well as the other EMS providers testifying here today in our strive for excellence in the instruction and delivery of Emergency Medical Services in the State of Kansas.

Thank You Senators for this time to testify and for your considerations of our concerns.

Sincerely,

Sylvia Davis
President of KEMTA
EMT and T/O for Decatur County
Ambulance Service

CONSTITUTION
of the
KANSAS EMERGENCY MEDICAL TECHNICIANS ASSOCIATION, INC.

ARTICLE I
Organization

SECTION 1. Name. The name of this organization shall be the Kansas Emergency Medical Technicians Association, Inc., Hereafter known as the "Association".

SECTION 2. Corporation. This Association shall be a corporation not for profit under the laws of the State of Kansas.

SECTION 3. Government. The Government of the Association shall be vested in a state membership and in the interim between its annual seminars, in a Board of Directors.

SECTION 4. In addition to the state membership at large, the membership may organize local chapters of the Association to further its goals. The local chapters shall be chartered in a manner hereinafter set forth.

SECTION 5. The Association shall be the Kansas state affiliate of the National Association of Emergency Medical Technicians immediately upon approval by the National Association

SECTION 6. Objectives and Purposes. Subject to the specific, primary and general purposes stated in the Articles of Incorporation, and as a supplement thereto, the objectives and purposes of this Association are:

- (a) To do all things appropriate to the advancement and maintenance of high standards in the art, science, and skills of emergency medical care and to encourage, establish, and maintain high standards of emergency medical care education and training for the emergency medical technician.
- (b) To promote general awareness of the field of emergency medical care as an allied health profession.
- (c) To gather, publish, and disseminate information via a periodic newsletter pertinent to growth, development, and the improvement in the skills of the EMT's and EMIC-T. To establish an efficient communication network throughout the State of Kansas for this purpose.
- (d) To affiliate, cooperate, and work with other health system agencies, professionals, and associations of the health service field, and to cooperate, work with, and obtain professional recognition from county and state medical societies via improving and maintaining high standards in the field of emergency care.

ARTICLE II
The State Association

SECTION 1. Name. The name of the Association shall be the Kansas Emergency Medical Technicians Association, Inc.

County of Decatur

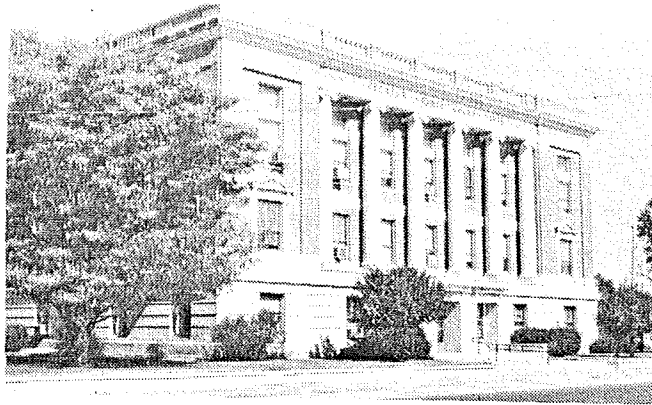
DENNIS L. SLOAN
JACK NOONE
RALPH D. UNGER
COMMISSIONERS

MARILYN HORN
COUNTY CLERK

MILDRED WALDO
COUNTY TREASURER

TERRY ROGERS
COUNTY ATTORNEY

CHARLOTTE MEINTS
CLERK OF THE DISTRICT COURT



PATRICIA M. WHETZEL
REGISTER OF DEEDS

JOHN E. BREMER
MAGISTRATE JUDGE

KEN BADSKY
COUNTY SHERIFF

JIM BAXENDALE
COUNTY ENGINEER

CHARLES F. VOTAPKA
COUNTY WEED SUPERVISOR

RUTH M. BANTER
COUNTY APPRAISER

EULA JUENEMANN
COUNTY HEALTH NURSE

Oberlin, Kansas 67749

March 1, 1988

The Honorable Senator Don Montgomery, Chairman;
and Members of the Senate Local Government Committee:

RE: HB 2639

Thank you for the opportunity to testify before your Committee. I am Ralph D. Unger, Decatur County Commissioner. I have served on our County Commission since 1973 and have been actively involved in the County's role in providing EMS services during this period.

We commend the Legislature for addressing the consolidation of EMS services in a single agency located in Topeka. We support the passage of HB 2639 as it passed the House of Representatives. We have two areas of concern, at this time.

1. Immunity for all classes of attendants, instructors, and/or training officers needs to be addressed either in this bill (Sections 18 - 24 and 41) or in the new Good Samaritan bill which I understand is being proposed. It appears that the basic EMT and the training officers have been inadvertently omitted.
2. Philosophically, we support the general idea of bringing training, testing, and recertification to the people -- rather than taking the people to the sites that provide these services.

We support the "Certified Training Officer" program which has been initiated during the past two years. This program is advantageous in providing ongoing training throughout the year as well as being more cost effective for the local EMS services. Our EMT's have indicated to us that recently the emphasis in testing has stressed the importance of the practical application of their knowledge and skills rather than just the recall of memorized procedures. We feel this is a real improvement.

We have concerns that the present wording in Section 4: Part D, lines 0166 to 0177 regarding rules and regulations may apparently place this essential program in "limbo" between the effective date of this bill and the meeting of the new EMS board. We request that these temporary rules either remain in effect until addressed by the new EMS board or that the May 1, 1987 date be changed to a later date, perhaps January 1, 1988 to continue the authorization of this valuable training program.

(Attachment VII) Local Go 3/2/88

We understand that approximately 135 certified training officers are providing services under these rules to ambulance services throughout Kansas at this time. Many of these services are provided by and for volunteers.

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

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

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

Sincerely,

DECATUR COUNTY BOARD OF COMMISSIONERS:

Dennis L. Sloan, Chairman
Jack Noone, Member
Ralph D. Unger, Member

HEALTH OFFICER & MEDICAL DIRECTOR
OF AMBULANCE SERVICE:

Ren R. Whitaker, MD

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

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

EMS Ambulance Runs -- 1975 through 1987

3,403 Runs 212,176 accident-free miles
Average response time: 3.7 minutes

Volunteer Time on Call

365 days X 24 hours X 6 EMT's = 52,560 hrs/yr
683,280 hrs @ \$3.50 = \$2,391,480 *

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

To: Special Committee on Local Government

My name is Peggy Jewell. I am a Kansas Emergency Nurse. I am currently President of the Kansas Emergency Nurses Association. My position in reference to House Bill 2639 is as follows:

Emergency Nurses are an integral functioning part in the day to day functioning of the Emergency Medical System. We deal closely with the pre-hospital care providers in their educational programs, in telecommunication regarding patients they are assessing and triaging and in disaster planning and disaster protocol implementation. The Emergency Nurse is not only a vital care giver, but the essential communication link between the pre-hospital care givers and the Emergency Medical physician.

Given our involvement in every phase, I believe it is very essential to have a Registered Nurse who is actively involved in Emergency Nursing be assigned to this board.

I appreciate the time you have given to me today. I appreciate the letters and phone calls returned to me by many of you and I thank you for your attention to this matter.

Peggy Jewell R.N. CEN
Peggy Jewell, R.N., CEN

(Attachment VIII) Local Go 3/2/88

EMERGENCY
EMERGENCY
EMERGENCY
EMERGENCY
EMERGENCY
EMERGENCY
NURSES ASSOCIATION

KENA



KANSAS EMERGENCY NURSES ASSOCIATION

1988

Position presented by Darlene S. Whitlock, RN
Regarding Substitute for House Bill 2639

I would like to thank you for allowing me to testify to this committee regarding the Substitute for House Bill 2639. I was asked to be brief in my remarks, but I would be happy to answer any questions.

I am here to represent the Kansas State Council of the Emergency Nurses Association. I am currently a member of the EMS Council because I was the immediate past president of that group and was endorsed by them for the nurse position currently allowed on the council. The KENA group is comprised of emergency nurses across the state. I have attached a statement from the executive committee that speaks to the proposed legislation also.

We are strongly in favor of many aspects of the substitute for House Bill 2639. As a current member of a board of education, I know how much time and effort goes into decision making even on that small scale. I also feel that input is helpful in the decision making and KENA feels that at least one aspect of the proposal needs attention. We would strongly urge the committee to consider the addition of a nurse position to the proposed Emergency Medical Services Board.

Current and proposed legislation speaks of a registered professional nurse being involved in certain aspects of EMS. It would seem appropriate to us that a nurse would be helpful in the initial decision making also. We feel that nurse should be one that has a background in emergency nursing. We feel that an emergency nurse would be an excellent resource because of the close interface with prehospital caregivers. We do not feel the nurse should be in place of the proposed prehospital members, but in addition to that group.

The KENA group would appreciate your consideration for the addition of an emergency nurse to the proposed Board. (Attachment IX) Local Go 3/2/88

Thank you

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NURSES ASSOCIATION

KENA



KANSAS EMERGENCY NURSES ASSOCIATION

1987

TO WHOM IT MAY CONCERN:

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

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

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

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

Sue Unruh

Sue Unruh, President
Milford

Gwen Philbrook

Gwen Philbrook, Treasurer
Salina

Deb Condit

Deb Condit, Secretary
Hays

March 2, 1988

Lillian McDaneld

Testimony for House Bill 2639

I am representing Osborne County as the director of the Osborne Ambulance Service and as the county instructor coordinator. I would like to express my appreciation for all of the effort put forth by the House of Representatives to make House Bill 2639 an asset to Kansas EMS.

As an instructor coordinator in a rural area, I am concerned with section four, lines 172 through 177. If this language remains in the bill, it will nullify the current continuing education and training officer programs. I feel it is important that the continuing education regulations, which are far superior to those which I have worked with in the past, remain in effect until the new board can adopt a program to replace them. This will make the transition smoother for training providers and attendants. In regard to the training officer program, two of the counties which surround Osborne do not have instructors at present and utilize training officers to provide continuing education for their ambulance attendants. I have assisted with the training portion of this program since May 1987 and feel that the training officers have come away feeling very confident in their own skills and their ability to instruct their ambulance personnel. If the training officer program is abolished, the continuing education will have to be assumed by the instructor coordinators in the area. Since the attendants are for the most part volunteers and their personal schedules must be considered, one program for each service is not sufficient. Although I am willing to consult with the training officers regarding continuing education, I will find it difficult to conduct the entire programs. I believe it will also be a hardship for the counties that have to hire an instructor for continuing education.

(Attachment X) Local Go 3/2/88

X

I want to thank you for being allowed to testify and for your attention. I also appreciate the consideration you are giving to House Bill 2639.

Sincerely,

A handwritten signature in cursive script that reads "Lillian McDaneld". The signature is written in dark ink and is positioned above the typed name.

Lillian McDaneld
129 W. New Hampshire
Osborne, Kansas 67473
Phone 913 346 5689