

Approved February 26, 1991  
Date

MINUTES OF THE SENATE COMMITTEE ON LOCAL GOVERNMENT

The meeting was called to order by Sen. Don Montgomery at  
Chairperson

9:00 a.m./~~p.m.~~ on February 21, 1991 in room 531-N of the Capitol.

All members were present except:

Sen. Gaines

Committee staff present:

Theresa Kiernan, Revisor of Statutes  
Mike Heim, Legislative Research  
Shirley Higgins, Committee Secretary

Conferees appearing before the committee: None

Bob McDanel, State Board of Emergency Medical Services, requested the introduction of legislation which would make a number of changes to the current emergency medical services statutes. (Attachment 1).

Sen. Steineger made a motion for the introduction of the bills, Sen. Ehrlich seconded, and the motion carried.

Continued committee discussion on SB 23 - Concerning planning and zoning.

With regard to New Section 21, lines 17 and 42, the Chairman said it was language that had been moved to its proper place. New Sections 22 through 24 changes were technical clean-up changes.

With regard to New Section 26, staff had prepared an amended version from FEMA. (Attachment 2). Staff explained that minor changes were made from what is in the balloon. "Minimum" has been added for clarification and it now reads to apply to cities and counties in flood plain areas.

Price Banks of the Kansas Planning Association stood in answer to questions Sen. Steineger had regarding a definition of "requirements" of the National Flood Insurance Act.

Sen. Lee made a motion to adopt the revisor's language for New Section 26 regarding FEMA, Sen. Petty seconded, and the motion carried.

The Chairman noted that the stricken language on pages 21-23, New Section 27, had been requested by the Association of Counties for home rule. Sen. Lee made a motion to so strike New Section 27, Sen. Petty seconded, and the motion carried.

Ms. Kiernan distributed copies of language suggested by Sen. Daniels regarding the authority of the local governing unit in approving comprehensive plans. (Attachment 3). Sen. Daniels stated that this language includes her intent.

Sen. Steineger began a discussion regarding possible difficulties in the approval of comprehensive plans by joint planning groups if the bill is worded as submitted by staff. Sen. Daniels felt that option three on page 2 of staff's suggested language would make joint planning commissions want to work together. Sen. Burke questioned if the statute would prevent interlocal units from doing it their own way. The Chairman felt there is nothing there to preclude interlocal units from doing what they wish. Staff felt language could be inserted that would require an agreement. Ernie Mosher of the League of Municipalities stood to suggest that language be inserted to make it optional for the governing body to require approval of plans, not mandate it, because a mandate would slow down the process. He reminded the committee that planning is separate from the implementation.

Sen. Petty felt that perhaps there would be a need to include a time limit

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON LOCAL GOVERNMENT,

room 531-N, Statehouse, at 9:00 a.m./~~p.m.~~ on February 21, 1991

for the approval of a plan. Mr. Mosher noted that it is not advisable for a time limit to develop a plan, but he would need to think about the possibility of a time limitation on the approval of a plan before expressing an opinion.

Sen. Daniels made a motion to adopt the language submitted by staff for approval of comprehensive plans by local governing bodies and to include a provision that when interlocal agreements are entered, a provision must be included for the approval of the comprehensive plan, Sen. Allen seconded, and the motion carried.

The Chairman informed the committee that he had received a call from a Paola resident who expressed a problem with "shall" on line 6, page 3 of the bill. It was requested that "shall" be changed to "may" to allow additional members of the commission to be an out-of-city resident. Staff suggested putting a period after "city" on line 4 and inserting "At least" before two. Sen. Frahm made a motion to so amend SB 23, Sen. Allen seconded, and the motion carried.

The Chairman called for action on SB 23. Sen. Lee made a motion to recommend SB 23 favorable for passage as amended, Sen. Frahm seconded, and the motion carried.

The meeting was adjourned at 10:00 a.m.





# State of Kansas

## BOARD OF EMERGENCY MEDICAL SERVICES

109 S.W. 6TH STREET, TOPEKA, KS 66603-3805

(913) 296-7296 Administration  
(913) 296-7403 Education & Training  
(913) 296-7299 Examination & Certification  
(913) 296-7408 Planning & Regulation

Bob McDanel  
Administrator

Joan Finney  
Governor

DATE: February 21, 1991  
TO: Senate Local Government Committee  
FROM: Bob McDanel  
SUBJECT: Board of EMS Proposed Legislation

The Board of Emergency Medical Services voted at its February 1, 1991, meeting to request that the Senate Local Government Committee introduce legislation which make a number of changes to the current emergency medical services statutes.

The board is also requesting legislation to clarify "do not resuscitate" orders for emergency medical services providers, add ambulance attendants to the definition of health care providers in the peer review/quality assurance statutes, and create a method of alternative funding for emergency medical services.

As committee members may recall, most EMS legislation has been introduced by the Local Government Committee since an interim local government committee studied emergency medical services and developed the concept of an independent agency in 1987.

Although the Revisor's Office has been working on the board's proposed legislation, it is not ready at this date. Because the deadline for committee bills is February 25th, I am requesting the committee introduce legislation which would include the following:

### AMENDING EMS STATUTES

Amend K.S.A. 65-6112 and related statutes to delete the "crash injury management technician" level of certification from authorized levels of attendant certification. A new section would permit currently certified crash injury medical technicians to apply for certification as a first responder or emergency medical technician as prescribed in rules and regulations adopted by the board.

Almost all crash injury management technicians are members of the Kansas Highway Patrol. The KHP is now training its troopers as first responders instead of crash injury management technicians and will be supporting this bill.

(Continued on next page.)

Senate H.G.

2-21-91

Attachment 1

Amend K.S.A. 65-6119 to clarify the authorized activities of mobile intensive care technicians and permit them to provide authorized activities in non-emergency situations when approved by the local component medical society in written protocols. This change would allow ambulance services to care for patients who may need intra-venous therapy or other advanced life support during a routine transfer to another facility.

Amend K.S.A. 65-6120 to permit emergency medical technicians-intermediate to provide intra-venous therapy without first establishing direct voice contact with a physician when approved by the local component medical society in written protocols.

Amend K.S.A. 65-6129 to permit the board to regulate instructor-coordinators in the same way as the board regulates other levels of personnel. This would include establishing fees for certification and certification renewal, creating a certification examination, and mandating continuing education requirements.

Amend K.S.A. 65-6129 to permit regaining an attendant's or instructor-coordinator's certificate within two years of its expiration without taking an examination.

Amend K.S.A. 65-6119, 65-6120, 65-6121, and 65-6123 to permit a person in an approved training program to perform the activities authorized for that level of certification when the person is being supervised by a qualified instructor. Qualified instructor is defined as a physician, registered nurse, mobile intensive care technician, or instructor-coordinator.

#### AMENDING PEER REVIEW/QUALITY ASSURANCE STATUTES

Amend K.S.A. 65-4915 to include ambulance attendants and first responders in the definition of "health care provider" in the peer review/quality assurance statutes.

This change would permit ambulance services to develop peer review/quality assurance programs with the knowledge that records of those programs could not be subpoenaed.

#### AMENDING THE NATURAL DEATH ACT

The board is proposing K.S.A. 65-28,102, 65-28,107 and 65-28,108 be amended to ensure emergency medical services providers would be able to not resuscitate persons who had completed a "Pre-hospital DNR Request Form".

Currently, ambulance services are frequently called to a home or nursing home where a patient is dying, and are requested to transport that patient to a hospital, but are asked not to provide any care. This creates difficult legal and ethical problems for the ambulance service and attendants.

(Continued on next page.)

This legislation was initially proposed by a group of Johnson County health care providers, who have been working for the past several years to resolve problems concerning "do not resuscitate" orders.

EMERGENCY MEDICAL SERVICES ALTERNATIVE FUNDING

The board is requesting legislation which would create an alternative source for funding Kansas emergency medical services. This would include funding for the Board of Emergency Medical Services, for the regional emergency medical services councils, and for counties which operate emergency medical services. The board is proposing this fund be created by charging a \$4.00 fee for each driver's license renewal and a \$1.00 fee on each vehicle registration. This would create an annual fund of approximately \$4,100,000.

Twenty-five percent of the funds raised would be returned to county governments (based on the number of registered vehicles in each county.)

The balance of the funds would be used to operate the Board of Emergency Medical Services, fund the emergency medical services regions, complete and operate the state EMS/UHF communications system, and provide support to a helicopter/fixed wing air ambulance network.

\* \* \* \* \*

OTHER INFORMATION

I have enclosed a memorandum which describes each level of attendant certification to assist committee members with terminology used in emergency medical services. I would be happy to provide you with additional information if you want to call me at 296-7296.

RM/st  
enc.



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### TYPES OF EMERGENCY MEDICAL SERVICES CERTIFICATION

**FIRST RESPONDER (FR)** There are 532 certified first responders. They complete a 45 hour training program and pass a written and practical examination. They have statutory authorization to provide basic first aid and stabilization. These individuals work for law enforcement, rescue squads, and fire services.

**CRASH INJURY MANAGEMENT TECHNICIAN (CIMT)** There are 420 certified crash injury management technicians. They complete a 72 hour training program and pass a written and practical examination. They have statutory authorization to provide basic first aid and stabilization. This training program was replaced at the national level by the first responder. Almost all of those certified as CIMT are KHP troops. The KHP has changed its training program to first responder and will be supporting Board of EMS legislation to remove CIMT as a level of certification.

**EMERGENCY MEDICAL TECHNICIAN (EMT)** There are 5607 certified emergency medical technicians. They complete a 120 hour training program and pass a written and practical examination. They have statutory authorization to provide basic first aid, insert oropharyngeal airways, apply medical anti-shock trousers, stabilize injuries, and extricate patients. These individuals work for the 190 ambulance services which provide basic life support. Many of them are volunteers. A number of fire departments also train their firefighters as EMTs.

**EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE (EMT-I)** There are 224 certified emergency medical technicians-intermediate. A person certified as an EMT may take an additional 40 hour training program in intra-venous therapy and pass a written and practical examination. They have statutory authorization to provide all the activities of an EMT, and in addition, provide intra-venous therapy. Most EMTs-I work for volunteer services, although some work as the second attendant on a service which provides advanced life support.

**EMERGENCY MEDICAL TECHNICIAN-DEFIBRILLATOR (EMT-D)** There are 75 certified emergency medical technicians-defibrillator. A person certified as an EMT may take an addition 27 hour training program in manual defibrillation and pass a written and practical examination. They have statutory authorization to provide all the activities of an EMT, and in addition, provide defibrillation and cardiac monitoring of heart attack victims. Most EMTs-D work for volunteer services.

(Continued on next page.)

MOBILE INTENSIVE CARE TECHNICIAN (MICT) There are 658 certified mobile intensive care technicians. This is the Kansas term for paramedic. These attendants provide advanced life support, including intravenous therapy, drug intervention, and manual defibrillation. This level of certification requires a minimum of 1200 hours of training. Most MICTs work for the 17 ambulance services which provide advanced life support. These services are mostly in larger cities (e.g. Wichita, Topeka.)

INSTRUCTOR-COORDINATOR (IC) There are 174 certified instructor-coordinators. These are the individuals authorized to teach training programs for first responders and attendants. All instructor-coordinators have to be first certified as an attendant (EMT, EMT-I, EMT-D, or MICT) and then complete a 90 hour training program. Most instructor-coordinators work full-time in another job and provide training as a part-time job. Many instructor-coordinators are also service directors or work for an ambulance service.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) This is not a level of certified personnel, but attendants and first responders who complete a four to six hour training program are certified to provide cardiac defibrillation using an automated defibrillator. There are 891 first responders and attendants certified to use an automated external defibrillator.

rm/st  
certlist  
1/21/91



New Sec. 26. The governing body of any city or county in areas designated as a flood plain shall not authorize, pursuant to its building codes, the construction, reconstruction or renovation of any building, facility or structure which does not comply with the minimum requirements of the national flood insurance act or any rules or regulations adopted pursuant thereto.

Senate L.G.

2-21-91

Attachment 2

New Sec. 6. (a) A city planning commission is hereby authorized to make or cause to be made a comprehensive plan for the development of such city and any unincorporated territory lying outside of the city but within the same county in which such city is located, which in the opinion of the planning commission, forms the total community of which the city is a part. The city shall notify the board of county commissioners in writing of its intent to extend the planning area into the county. A county planning commission is authorized to make or cause to be made a comprehensive plan for the coordinated development of the county, including references to planning for cities as deemed appropriate. The provisions of this subsection may be varied through interlocal agreements. Such plan shall include, but not be limited to, provisions regarding land use, transportation, public facilities and natural features.

(b) The planning commission may adopt and amend a comprehensive plan as a whole by a single resolution; or by successive resolutions, the planning commission may adopt or amend parts of the plan. Such resolution shall identify specifically any written presentations, maps, plats, charts or other materials made a part of such plan. Before adopting or amending any such plan or part thereof, the planning commission shall hold a public hearing thereon, notice of which shall be published at least once in the official city newspaper in the case of a city or in the official county newspaper in the case of a county. Such notice shall be published at least 20 days prior to the date of the hearing. Upon the adoption or amendment of any such plan or part thereof by adoption of the appropriate

*Senate h.G.*

*2-21-91*

*Attachment 3*

resolution by the planning commission, a certified copy of the plan or part thereof, together with a written summary of the hearing thereon, shall be submitted to the governing body. No comprehensive plan shall be effective unless approved by the governing body as provided by this section. The governing body either may: (1) Approve such recommendations by ordinance in a city or resolution in a county; (2) override the planning commission's recommendations by a 2/3 majority vote; or (3) may return the same to the planning commission for further consideration, together with a statement specifying the basis for the governing body's failure to approve or disapprove. If the governing body returns the planning commission's recommendations, the planning commission, after considering the same, may resubmit its original recommendations giving the reasons therefor or submit new and amended recommendations. Upon the receipt of such recommendations, the governing body, by a simple majority thereof, may adopt or may revise or amend and adopt such recommendations by the respective ordinance or resolution, or it need take no further action thereon. If the planning commission fails to deliver its recommendations to the governing body following the planning commission's next regular meeting after receipt of the governing body's report, the governing body shall consider such course of inaction on the part of the planning commission as a resubmission of the original recommendations and proceed accordingly. The comprehensive plan and any amendments thereto shall become effective upon publication of the respective adopting ordinance or resolution.

(c) An attested copy of the comprehensive plan and any

amendments thereto shall be sent to all other taxing subdivisions in the planning area which request a copy of such plan. Such plan or part thereof shall constitute the basis or guide for public action to insure a coordinated and harmonious development or redevelopment which will best promote the health, safety, morals, order, convenience, prosperity and general welfare as well as wise and efficient expenditure of public funds.

(d) At least once each year, the planning commission shall review or reconsider the plan or any part thereof and may propose amendments, extensions or additions to the same. The procedure for the adoption of any such amendment, extension or addition to any plan or part thereof shall be the same as that required for the adoption of the original plan or part thereof.