

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 March 6, 1991 in room 531-N of the Capitol.

All members were present except:

Sen. Gaines

Committee staff present:

Emalene Correll, Legislative Research  
Thersa Kiernan, Revisor of Statutes  
Mike Heim, Legislative Research  
Shirley Higgins, Committee Secretary

Conferees appearing before the committee:

Terri Roberts, Kansas State Nurses' Association  
Patsy Johnson, Kansas State Board of Nursing  
Connie Rake, Kansas State Nurses' Association  
Ed Fletchall, Director, Hutchinson Hospital/Reno County EMS  
Ted McFarlane, Director, Douglas County EMS & EP  
Tom Pollan, Sedgwick County EMS

Continued hearings on SB 271 - Concerning emergency medical services and SB 273 - Concerning health care providers; relating to peer review.

Terri Roberts, Kansas State Nurses' Association, testified in support of the concepts and balloon language to SB 271 provided by Bob McDaneld at yesterday's meeting. (Attachment 1).

The Chairman asked for an example of MICT's administering in a situation for which they are not qualified. Ms. Roberts noted one incident in a hospital where chemotherapy was given by a MICT who was not prepared or educated to administer it.

Patsy Johnson, Kansas State Board of Nursing, testified in support of emergency care during ambulance transportation but not in medical care facilities. (Attachment 2). Ms. Johnson attached a copy of the Attorney General's opinion to her testimony along with suggested changes in the balloon.

Connie Rake, Kansas State Nurses' Association, testified in support of SB 271 in expanding the scope of practice of emergency personnel to include non-emergency transport of clients from or to medical care facilities but opposed to expanding the scope of practice for emergency medical attendants except in cases of non-emergency transfer between medical care facilities. (Attachment 3).

The Chairman asked these first three conferees if they had comments on SB 273, to which they all replied they had none.

Ed Fletchall, Director, Hutchinson Hospital/Reno County EMS, followed with testimony in support of SB 271 with changes allowing for nonemergent care by MICT's. He also testified in support of SB 273. (Attachment 4).

Ted McFarlane, Director, Douglas County EMS and EP, testified in support of both SB 271 and SB 273. (Attachment 5).

Ms. Correll questioned Mr. McFarlane as to how MICT's function in the nursing home setting. Mr. McFarlane said it would be the same as in other situations out of the hospital.

Sen. Daniels inquired if emergency personnel administer medication before or after voice contact. Mr. McFarlane answered that it depends on the drug that is to be administered, giving a few examples.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON LOCAL GOVERNMENT,  
room 531-N, Statehouse, at 9:00 a.m./~~p.m.~~ on March 6, 1991.

Final testimony was given by Tom Pollan, Sedgwick County EMS. Mr. Pollan will submit his written testimony at a later date. He stated that the question is not if emergency personnel can administer in hospitals because in 1972 a court case said that physicians can give authority to administer treatment in hospitals, and it is being done already. All that remains to be determined is a definition of "health care provider". He feels EMS personnel needs to be clearly included as medical care providers. The acceptance in the nursing and physician's community is the issue. The Attorney General's opinion has clouded this, but deleting "during and emergency" clears this up and makes MICT's a recognized part of the health care system. He does not want MICT's limited to transportation only. He feels they should be able to use their skills inside medical facilities.

The Chairman said it will be necessary for the committee to meet next Monday for the possible consideration of this bill and others.

The minutes of March 5 were approved.

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

Date: 3-6-91

GUEST REGISTER

SENATE

LOCAL GOVERNMENT

NAME	ORGANIZATION	ADDRESS
Mary Kapp	KSNA	700 Jackson Topeka
Terri Roberts	KSNA	Topeka
Bob McDougal	REMS	Topeka
Pat Johnson	Board of Nursing	"
Mark W. Stafford	Attorney General	Topeka
Chip Wheeler	K's Medical Soc.	Topeka
Adm. J. Joll	KS 774	Wichita
James Wabnitz	KS Dept. Health & Em	Topeka
Annice Baker	KSNA	Topeka
Maie Gynn	Att. Attorney General	Topeka
Tom Pollan	Snowflake Co EMS	Wichita
Ted McFarlane	Douglas Co. EMS + EP	Lawrence
Ken Keller	Board of EMS	TOPEKA
Don White	Bd. of EMS	Topeka
Larry Cochran	P.O. Co. EMS + Memorial Hospital	Manhattan
Ed Ferguson	Hutchinson Hosp. / Res Co EMS	Hutchinson
Randy Easter	Memorial Hosp / m'pherson EMS	m'pherson
JERRIE FORBES	HUTCHINSON COMM COLLEGE	HUTCHINSON
THOMAS L. LITTLE	MEDEVAC MEDICAL SERVICE, INC.	Topeka
TRICK DUNCAN	" " "	"



FOR MORE INFORMATION CONTACT:

Terri Roberts, J.D., R.N.  
Executive Director  
Kansas State Nurses' Association  
700 S.W. Jackson Suite 601  
Topeka, Kansas 66603-3731  
(913) 233-8638

March 6, 1991

**S.B. 271 EMERGENCY MEDICAL SERVICES**

Chairman Montgomery and members of the Senate Local Government Committee, my name is Terri Roberts, R.N. and I am a registered nurse representing the Kansas State Nurses' Association.

We appreciate the opportunity to appear before this committee and would like to support the concepts and balloon language to S.B. 271 provided to this committee by Bob McDaneld yesterday. The inclusion of a new definition to describe non-emergency transport of patients may be more appropriate than the new definition of emergency medical services being proposed in the balloon.

The KSNA is supportive of the regulation of medical care attendants through a state agency, and recognize that this agency as it is structured now is only three years old. We support the exemption for students so that they may perform those skills they will be held accountable for in their roles. We do not support the elimination of the words "during an emergency" on page four, line one as originally proposed in this bill. Retaining the language, as it appears on the balloon would preserve the original legislative intent and provides great latitude in emergencies, prior to the establishment of voice contact for verbal orders.

We support the role of emergency medical attendants in the delivery of care, as they have been trained and in the settings in which they have been trained to manage care.

Thank you for the opportunity to speak to you today.

# Kansas State Board of Nursing

Landon State Office Building  
900 S.W. Jackson, Rm. 551  
Topeka, Kansas 66612-1256  
913-296-4929



Patsy L. Johnson, R.N., M.N.  
Executive Administrator  
913-296-3068

To: The Honorable Senator Don Montgomery &  
Members of the Local Government Committee

From: Patsy Johnson, R.N., M.N.  
Executive Administrator

Date: March 5, 1991

Re: SB 271

Thank you for allowing me to testify on SB 271 on behalf of the Board of Nursing.

Since some of the emergency medical practice can be categorized as nursing functions, the Board of Nursing carefully reviewed SB 271. As confirmed by a 1990 Attorney General's opinion, mobile intensive care technicians (MICT's) are to perform the functions as outlined in the Emergency Medical Service (EMS) statutes under emergency conditions only. (see attached opinion) The original intent of the request for that opinion was to determine what might be allowed as MICT functions in non-emergency situations within medical care facilities. It is also specific in the statutes, K.S.A. 1990 Supp. 65-6119 (d), that said technicians perform those functions while in direct communication with either a physician or licensed professional nurse, except in emergencies when protocols may be followed.

In reviewing SB 271, the critical issue for the Board of Nursing was that there be no changes in the EMS statutes that would either directly or indirectly authorize any of the technicians certified by EMS Board to perform nursing functions in medical care facilities, what the Board of Nursing considers non-licensed nursing practice. The Board of Nursing is fully supportive of the EMS program in providing safe care of individuals in pre-hospital situations, whether it be for emergencies or non-emergency transportation of patients from facility to facility. When a patient is transported to a medical care facility, licensed professional nurses are required by law (K.A.R. 28-34-7 and 28-34-16, see attached) to be available in hospitals to assess the patient and carry out the medical regime as prescribed by the physician.

Janette Pucci, R.N., M.S.N.  
Education Specialist  
296-3782

Belva J. Chang, R.N., M.N., J.D.  
Practice Specialist  
296-3783

Patricia McKillip, R.N., M.N.  
Education Specialist  
296-3782

Senate L.G.  
3-6-91 Attachment 2

The Board of Nursing does not oppose continued assistance of EMS technicians in emergency situations in medical care facilities, whether it be in the emergency room or elsewhere in the facility. In those situations, there will be direction from either the licensed professional nurse or the physician. In fact, we encourage a cooperative spirit between EMS technicians and nurses to provide the best care possible.

In the suggested balloon, K.S.A. 1990 Supp. 65-6119 (e) was left unchanged as requested. (Pg. 4, line 1) There has been mentioned that the "during an emergency" be removed. The Board of Nursing is opposed to removal of this phrase because it has been suggested that medical care facilities are preparing protocols which would allow MICT's to function in a nursing capacity independent of supervision. The Board also contends that if an emergency does not exist, then there is time and opportunity for the MICT to contact either a licensed physician or nurse for specific instructions as to care of the patient, and protocols should not be used. In addition, protocols are written to cover limited situations, i.e., cardiac arrest, and spell out what steps are to be taken. Protocols would be limitless if written to cover every imaginable situation.

The Board of Nursing is not unsympathetic to the need of medical care facilities, especially those in rural Kansas, to have qualified personnel and to utilize them to the maximum. In fact, HB 2530 was introduced by the Board of Nursing this year to allow nurses authority to delegate nursing procedures to non-licensed individuals. (see attached bill) Although EMS technicians possess knowledge and skill of some very specific nursing procedures, it is confined to those areas and is not intended to be generalized into the practice of nursing. With the passage of HB 2530, nurses could delegate to non-licensed personnel, including the EMS technicians who might be employed in medical care facilities when not making ambulance trips. It should be emphasized that MICT's are not independent practitioners as stated in the EMS statutes. If "during on emergency" is removed, then the Board of Nursing suggests additional language in this section to read **"outside of medical care facilities."** This would allow protocols to be written to cover care during non-emergency transportation of patients.

The Board of Nursing supports educational activities that will allow the EMS technicians to be well prepared in their functions. Expanding on what can be taught to the mobile intensive care technician in a controlled setting by deleting (d) in K.S.A. 1990 Supp. 65-6119 serves to expand the educational opportunities. However, the Board of Nursing wants to be sure that when clinical

instruction is occurring in a medical facility that either a physician or licensed professional nurse is the instructor. Based on K.A.R. 28-34-7 which delineates nursing service in hospitals, ancillary personnel performing patient care services shall be under the supervision of a registered nurse.

Initially, the Board of Nursing was opposed to some of the original changes in SB 271. In discussion with Mr. Bob McDaneld at the Board of Emergency Medical Services, amendments have been proposed which eliminates the objection to those items. The Board of Nursing now supports SB 271 as amended. Upon the advice of the Board of Nursing's counsel from the Attorney General's office, we believe strongly that there needs to be another addition to K.S.A. 65-6145. The proposed addition would read "Nothing in this act shall be construed (e) to **authorize the practice of nursing, as defined in K.S.A. 65-1113, unless licensed to do so.** (see attached balloon) With this addition, there should be a clear understanding about the differentiation between the practice of nursing and the specific and limited nursing functions that are allowed to the EMS technician.

Another change that has been made in the March 6, 1990, balloon is that "registered nurse" used in the context of the statute has been amended to **licensed professional nurse**. This will be consistent with the language in the Nurse Practice Act.

In summary, the Board of Nursing supports Emergency Medical Services in providing safe emergency care and supportive care during ambulance transportation. The Board believes that EMS technicians can only work in a nursing aide or technician role in medical care facilities. Expanded delegation privileges by nurses to non-licensed personnel would allow the utilization of EMS technicians to perform at a higher level as employees in medical care facilities. SB 271 provides an update to meet present needs of EMS programs without expanding into nursing. The Board of Nursing would support new language to delineate non-emergency transportation privileges. The Board requests consideration of the other changes as proposed.

Thank you for allowing me to testify to SB 271. I will be glad to answer any questions.

PLJ:bph



STATE OF KANSAS

OFFICE OF THE ATTORNEY GENERAL

2ND FLOOR, KANSAS JUDICIAL CENTER, TOPEKA 66612-1597

ROBERT T. STEPHAN  
ATTORNEY GENERAL

December 13, 1990

MAIN PHONE: (913) 296-2215  
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ATTORNEY GENERAL OPINION NO. 90- 134

Pat Johnson  
Executive Administrator  
Kansas State Board of Nursing  
Landon State Office Bldg., Room 551  
Topeka, Kansas 66612-1256

Re: Public Health -- Emergency Medical Services --  
Mobile Intensive Care Technicians; Authorized  
Activities

Synopsis: Mobile intensive care technicians (MICTs) are authorized by statute to perform certain tasks during emergencies when in contact with a physician or nurse. If prior voice contact with a physician or nurse is not practicable under the circumstances, an MICT may act pursuant to protocols. It was not intended that these tasks be performed by MICTs in non-emergency settings. However, if a physician delegates performance of professional services to an MICT, the MICT may function pursuant to the physician's order. Cited herein: K.S.A. 65-2872; K.S.A. 65-4306 (Ensley 1980); K.S.A. 1989 Supp. 65-6112, 65-6119.

\* \* \*

Dear Ms. Johnson:

You request our opinion regarding the scope of practice of mobile intensive care technicians (MICTs). Specifically you ask to what extent an MICT may, in non-emergency situations, perform the activities listed in K.S.A. 1989 Supp. 65-6119(d).



The statute states in relevant part:

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

. . . .

"(d) When voice contact or a telemetered electrocardiogram is monitored by a person licensed to practice medicine and surgery or a registered professional nurse where authorized by a person licensed to practice medicine and surgery, and direct communication is maintained, and upon order of such person or such nurse do any of the following: "(1) Perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions or ringers lactate IV solutions.

"(2) Perform gastric suction by intubation.

"(3) Perform endotracheal intubation.

"(4) Administer parenteral injections [of certain classes of drugs]. . . .

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

"(e) Perform, during an emergency, those activities specified in subsection (d) before contacting the person licensed to practice medicine and surgery or authorized registered professional nurse when specifically authorized to perform such activities by written protocols approved by the local component medical society." K.S.A. 1989 Supp. 65-6119 (emphasis added).

In Attorney General Opinion No. 81-35 we concluded that there were three conditions which must be satisfied before an MICT

may perform the acts listed in K.S.A. 65-4306 (Ensley 1980), which was the prior version of K.S.A. 1989 Supp. 65-6119(d)). We stated,

"1. There must be 'voice contact or a telemetered electrocardiogram' monitored by a physician or authorized registered professional nurse;

"2. Direct communication must be maintained with the physician or nurse; and

"3. The physician or nurse must order the MICT to perform the act."

Following that opinion, the statute was amended by L. 1981, ch. 254, § 2, adding subsection (e) which is quoted above. The additional language relates to emergency situations making prior voice contact impracticable. Our 1981 opinion was therefore modified by the amendment.

Reference to emergencies in subsection (e) does not mean that the tasks enumerated in subsection (d) may be performed in non-emergency situations. The title of the act regulating MICTs is valid indicia of legislative intent for construing the scope of practice. See Arredondo v. Duckwall Stores, Inc., 227 Kan. 842, 846 (1980) (title of an act supplied by legislature is not part of statute, but should not be ignored). The title of the bill is, "An act concerning the regulation of emergency medical services . . . providing for the regulation of persons engaged in emergency medical service and ambulance service activities. . . ." L. 1988, ch. 261. Emergency medical services are defined in the act as services which provide "effective and coordinated delivery of such emergency care as may be required by an emergency, including . . . the performance of authorized emergency care by . . . a mobile intensive care technician." K.S.A. 1989 Supp. 65-6112(g). The term "emergency" has been construed by our courts to mean "an unforeseen combination of circumstances which calls for immediate action." Trinity Universal Ins. Co. v. Farmers Cooperative Exchange of Morland, 171 Kan. 501, 504 (1951). The legislature is presumed to have had knowledge of this construction when enacting the act regulating MICTs. See Bell v. City of Topeka, 220 Kan. 405, 417, appeal after remand, 224 Kan. 147 (1978).

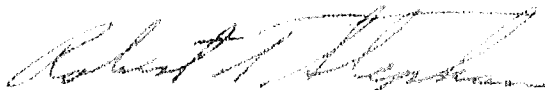
We believe that under authority of their license, MICTs may perform the functions listed in K.S.A. 1989 Supp. 65-6119(d) in emergency situations only. The legislature did not intend MICTs to practice in settings

in which those tasks are foreseeable as part of a patient's plan of care.

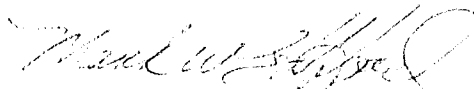
Our opinion does not overlook situations in which a physician may delegate to an unlicensed person the performance of professional services. K.S.A. 65-2872(g). Medical doctors may use technicians for assistance in practicing the healing arts. State ex rel. v. Doolin & Shaw, 209 Kan. 244, 262 (1972). When a physician delegates such an act to a person who is also licensed as an MICT, the person acts by virtue of the healing arts act, not by virtue of the MICT licensure act. The act under which MICTs are licensed does not limit the practice of delegation by a physician.

In conclusion, it is our opinion mobile intensive care technicians are authorized by statute to perform certain tasks during emergencies when in contact with a physician or nurse. If prior voice contact with a physician or nurse is not practicable under the circumstances, an MICT may act pursuant to protocols. It was not intended that these tasks be performed by MICTs in non-emergency situations. However, if a physician delegates performance of professional services to an MICT, the MICT may function pursuant to the physician's order.

Very truly yours,



ROBERT T. STEPHAN  
ATTORNEY GENERAL OF KANSAS



Mark W. Stafford  
Assistant Attorney General

RTS:JLM:MWS:bas

**28-34-7. Nursing personnel.** (a) There shall be an organized nursing department, including a departmental plan of administrative authority with written delineation of responsibilities and duties of each category of nursing personnel.

(b) All registered nurses employed by the hospital to practice professional nursing shall be licensed in Kansas.

(c) All practical nurses employed by the hospital shall be licensed in Kansas.

(d) There shall be a director of nursing service.

(e) All licensed practical nurses and other ancillary personnel performing patient care services shall be under the supervision of a registered nurse.

(f) There shall be at least one registered nurse on duty in the hospital at all times.

(g) Nursing care policies and procedures shall be in writing and consistent with generally accepted practice and shall be reviewed and revised as necessary.

(h) Private duty nurses shall be licensed in Kansas and shall be subject to the policies, rules, and regulations of the hospital in which they are employed.

(i) Minutes shall be kept of nursing staff meetings. (Authorized by K.S.A. 65-431; effective Jan. 1, 1969.)

**28-34-16. Emergency department.** In hospitals with organized emergency departments the following shall apply:

(a) There shall be written policies for the emergency department. A registered nurse shall be available or on call at all times.

(b) Adequate space, equipment, personnel, and diagnostic and therapeutic facilities shall be provided commensurate with the hospital's program.

trative authority with written delineation of responsibilities and duties of each category of nursing personnel.

(b) All registered nurses employed by the hospital to practice professional nursing shall be licensed in Kansas.

(c) All practical nurses employed by the hospital shall be licensed in Kansas.

(d) There shall be a director of nursing service.

(e) All licensed practical nurses and other ancillary personnel performing patient care services shall be under the supervision of a registered nurse.

(f) There shall be at least one registered nurse on duty in the hospital at all times.

(g) Nursing care policies and procedures shall be in writing and consistent with generally accepted practice and shall be reviewed and revised as necessary.

(h) Private duty nurses shall be licensed in Kansas and shall be subject to the policies, rules, and regulations of the hospital in which they are employed.

(i) Minutes shall be kept of nursing staff meetings. (Authorized by K.S.A. 65-431; effective Jan. 1, 1969.)

March 5, 1991

Recommended Changes to S.B. 271

agreed upon by Representatives of:

Emergency Medical Services Board (EMS)  
Kansas State Board of Nursing (KSBN)  
Kansas State Nurses' Association (KSNA)

6  
B

Session of 1991

# SENATE BILL No. 271

By Committee on Local Government

Additional recommended changes to SB 271 (**bold print**)  
March 6, 1991, Proposed by Kansas State Board of Nursing

2-21

8 AN ACT concerning emergency medical services; amending K.S.A.  
9 1990 Supp. 65-6112, 65-6119, 65-6120, 65-6121, 65-6122, 65-6123  
10 and 65-6129 and repealing the existing sections.

11  
12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. K.S.A. 1990 Supp. 65-6112 is hereby amended to read  
14 as follows: 65-6112. As used in this act: (a) "Administrator" means  
15 the administrator of the emergency medical services board.

16 (b) "Ambulance" means any privately or publicly owned motor  
17 vehicle, airplane or helicopter designed, constructed, prepared and  
18 equipped for use in transporting and providing emergency care for  
19 individuals who are ill or injured.

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

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

29 (e) "Board" means the emergency medical services board estab-  
30 lished pursuant to K.S.A. 1989 1990 Supp. 65-6102, and amend-  
31 ments thereto.

32 (f) "~~Crash injury management technician~~" means any person  
33 who has successfully completed a course of training, approved  
34 by the board, in preliminary emergency medical care and who  
35 holds a valid ~~crash injury management technician~~ certificate  
36 under this act.

37 (g) (f) "Emergency medical service" means a ~~service which pro-~~  
38 ~~vides for~~ the effective and coordinated delivery of such emergency  
39 care as may be required by an emergency, including services pro-  
40 vided by first responders and transportation of individuals by ~~ground~~ air, care  
41 ~~or air ambulance~~ and the performance of authorized emergency care services,  
42 by a person licensed to practice medicine and surgery, a licensed  
43 professional nurse, a registered physician's assistant, a crash injury

R-10

1 management technician, ~~(an emergency medical technician,~~) — Do not delete

2 emergency medical technician-intermediate, emergency medical  
3 technician-defibrillator or a mobile intensive care technician.

4 ~~(h)~~ (g) "Emergency medical technician" means any person who  
5 has successfully completed a course of training, approved by the  
6 board, in preliminary emergency medical care and who holds a valid  
7 emergency medical technician certificate under this act.

8 ~~(i)~~ (h) "Emergency medical technician-defibrillator" means any  
9 person, currently certified as an emergency medical technician or  
10 emergency medical technician-intermediate, who has successfully  
11 completed a training program in cardiac defibrillation approved by  
12 the board and who holds a valid emergency medical technician-  
13 defibrillator certificate under this act.

14 ~~(j)~~ (i) "Emergency medical technician-intermediate" means any  
15 person, currently certified as an emergency medical technician or  
16 emergency medical technician-defibrillator, who, has successfully  
17 completed a course of training approved by the board which includes  
18 training in veni-puncture for blood sampling and administration of  
19 intravenous fluids and advanced patient assessment and who holds  
20 a valid emergency medical technician-intermediate certificate under  
21 this act.

22 ~~(k)~~ (j) "First responder" means a person who has successfully  
23 completed a course of training in preliminary emergency care, who  
24 holds a valid first responder certificate under this act and who pro-  
25 vides services to individuals in need of emergency medical care that  
26 assist in stabilization or improvement of such individual's condition  
27 until personnel with a higher level of training arrive at the scene  
28 and assume responsibility for the individual.

29 ~~(l)~~ (k) "Instructor-coordinator" means any person who has suc-  
30 cessfully completed a course of training, approved by the board, to  
31 instruct attendants and first responders, and who holds a valid in-  
32 structor-coordinator certificate under this act.

33 ~~(m)~~ (l) "Local component medical society" means a county med-  
34 ical society or a multicounty medical society.

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

37 ~~(o)~~ (n) "Mobile intensive care technician" means any person who  
38 has successfully completed a course of training, approved by the  
39 board, in emergency medical care, and who holds a valid mobile  
40 intensive care technician certificate under this act.

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

43 ~~(q)~~ (p) "Operator" means a person or municipality who has a

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1 permit to operate an ambulance service in the state of Kansas.

2 ~~(p)~~ (q) "Person" means an individual, a partnership, an associa-  
3 tion, a joint-stock company or a corporation.

4 ~~(r)~~ (r) "qualified instructor" means a person licensed to practice  
5 medicine and surgery, a ~~registered~~ professional nurse, an instructor-

6 coordinator or a mobile intensive care technician,

licensed  
) except that, in a medical care facility, a qualified  
instructor, means a ~~registered~~ professional nurse or a  
person licensed to practice medicine and surgery.

7 Sec. 2. K.S.A. 1990 Supp. 65-6119 is hereby amended to read

8 as follows: 65-6119. Notwithstanding any other provision of law,  
9 mobile intensive care technicians may perform any of the following:

10 (a) ~~Render resue, first-aid and resuscitation services May~~  
11 ~~perform all the authorized activities of an emergency medical tech-~~  
12 ~~nician as described in K.S.A. 1990 Supp. 65-6121, and amendments~~  
13 ~~thereto.~~

licensed

14 (b) During training at a medical care facility and while caring  
15 for patients in a medical care facility administer parenteral  
16 medications, under the direct supervision of a person licensed to  
17 practice medicine and surgery or a registered professional nurse  
18 qualified instructor, perform those activities authorized by this sec-  
19 tion and K.S.A. 1990 Supp. 65-6121, and amendments thereto.

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

22 (d) When voice contact or a telemetered electrocardiogram is  
23 monitored by a person licensed to practice medicine and surgery or  
24 a ~~registered~~ professional nurse where authorized by a person licensed  
25 to practice medicine and surgery, and direct communication is main-  
26 tained, and upon order of such person or such nurse do any of the  
27 following:

licensed

28 (1) Perform veni-puncture for the purpose of blood sampling col-  
29 lection and initiation and maintenance of intravenous infusion of  
30 saline solutions, dextrose and water solutions or ringers lactate IV  
31 solutions.

32 (2) Perform gastric suction by intubation.

33 (3) Perform endotracheal intubation.

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

36 (A) Antiarrhythmic agents.

37 (B) Vagolytic agents.

38 (C) Chronotropic agents.

39 (D) Analgesic agents.

40 (E) Alkalinizing agents.

41 (F) Vasopressor agents.

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

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

Do not delete  
or  
revised to read  
outside of medical care facilities

6 Sec. 3. K.S.A. 1990 Supp. 65-6120 is hereby amended to read  
7 as follows: 65-6120. Notwithstanding any other provision of law to  
8 the contrary, an emergency medical technician-intermediate:

licensed

9 (a) May perform any of the activities described by K.S.A. 1988  
10 1990 Supp. 65-6121, and amendments thereto, which an emergency  
11 medical technician may perform;

12 ~~(b) during training and while under the direct supervision of a~~  
13 ~~qualified instructor, perform those activities authorized by this sec-~~  
14 ~~tion and K.S.A. 65-6121, and amendments thereto;~~

15 (b) (c) when approved by the local component medical society  
16 and where voice contact by radio or telephone is monitored by a  
17 person licensed to practice medicine and surgery or a registered

licensed

18 professional nurse, where authorized by a person licensed to practice  
19 medicine and surgery, and direct communication is maintained, upon  
20 order of such person or such nurse may perform veni-puncture for  
21 the purpose of blood sampling collection and initiation and main-  
22 tenance of intravenous infusion of saline solutions, dextrose and water  
23 solutions or ringers lactate IV solutions; or

24 (e) when under the direct supervision of a mobile intensive  
25 care technician who is functioning under the provisions of sub-  
26 section (e) of K.S.A. 1988 Supp. 65-6119 may perform the func-

27 tions authorized under subsection (b) of this section  
28 (d) perform, during an emergency, those activities specified in sub-  
29 section (c) before contacting the person licensed to practice medicine

licensed

30 and surgery or authorized registered professional nurse when spe-  
31 cifically authorized to perform such activities by written protocols  
32 approved by the local component medical society.

33 Sec. 4. K.S.A. 1990 Supp. 65-6121 is hereby amended to read  
34 as follows: 65-6121. Notwithstanding any other provision of law to  
35 the contrary, an emergency medical technician may perform any of  
36 the following:

- 37 (a) Patient assessment and vital signs;
- 38 (b) airway maintenance to include use of:
  - 39 (1) Oropharyngeal and nasopharyngeal airways;
  - 40 (2) esophageal obturator airways with or without gastric suction
- 41 device; and
- 42 (3) oxygen demand valves.
- 43 (c) Oxygen therapy;

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- 1 (d) oropharyngeal suctioning;  
 2 (e) cardiopulmonary resuscitation procedures;  
 3 (f) control accessible bleeding;  
 4 (g) application of pneumatic anti-shock garment;  
 5 (h) management of outpatient medical emergencies;  
 6 (i) extrication of patients and lifting and moving techniques;  
 7 (j) management of musculoskeletal and soft tissue injuries to in-  
 8 clude dressing and bandaging wounds or the splinting of fractures,  
 9 dislocations, sprains or strains;  
 10 (k) use of backboards to immobilize the spine;  
 11 (l) administer syrup of ipecac, activated charcoal and glucose; or  
 12 (m) monitor peripheral intravenous line delivering intravenous  
 13 fluids during interfacility transport with the following restrictions:  
 14 (1) The physician approves the transfer by an emergency medical  
 15 technician;  
 16 (2) no medications or nutrients have been added to the intra-  
 17 venous fluids; and  
 18 (3) the emergency medical technician may monitor, maintain and  
 19 shut off the flow of intravenous fluid; or  
 20 ~~(n) during training, under the direct supervision of a qualified~~  
 21 ~~instructor, perform those activities authorized by this section.~~  
 22 Sec. 5. K.S.A. 1990 Supp. 65-6122 is hereby amended to read  
 23 as follows: 65-6122. Notwithstanding any other provision of law  
 24 to the contrary, a crash injury management technician may per-  
 25 form any of the following:  
 26 (a) Initial scene management;  
 27 (b) patient assessment and vital signs;  
 28 (c) airway maintenance to include:  
 29 (1) Oropharyngeal airways;  
 30 (2) oropharyngeal suctioning; or  
 31 (3) use of bag valve mask.  
 32 (d) Oxygen therapy;  
 33 (e) provide cardiopulmonary resuscitation procedures;  
 34 (f) control accessible bleeding;  
 35 (g) application of pneumatic anti-shock trousers;  
 36 (h) management of outpatient medical emergencies;  
 37 (i) extrication of patients and lifting and moving techniques;  
 38 (j) management of musculoskeletal and soft tissue injuries  
 39 to include dressing and bandaging wounds and the splinting  
 40 of fractures, dislocations, sprains or strains; or  
 41 (k) use of backboards to immobilize the spine. Any person  
 who is certified as a crash injury management technician on the  
 effective date of this act may apply for certification as a first re-

2-13

2-14

1 sponder or emergency medical technician as prescribed by rules and  
2 regulations adopted by the board.

3 Sec. 6. K.S.A. 1990 Supp. 65-6123 is hereby amended to read  
4 as follows: 65-6123. Notwithstanding any other provision of law to  
5 the contrary, an emergency medical technician-defibrillator:

6 (a) May perform any of the activities described by K.S.A. 1988  
7 1990 Supp. 65-6121, and amendments thereto, which an emergency  
8 medical technician may perform;

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

licensed

16 (c) perform, during an emergency, those activities specified in  
17 subsection (b) before contacting the person licensed to practice med-  
18 icine and surgery or authorized registered professional nurse when  
19 specifically authorized to perform such activities by written protocols  
20 approved by the local component medical society; or

licensed

21 ~~(d) during training under the direct supervision of a qualified~~  
22 ~~instructor, perform those activities authorized by this section and~~  
23 ~~K.S.A. 1990 Supp. 65-6121, and amendments thereto.~~

24 Sec. 7. K.S.A. 1990 Supp. 65-6129 is hereby amended to read  
25 as follows: 65-6129. (a) Application for an attendant's or instructor  
26 coordinator's certificate shall be made to the emergency medical  
27 services board upon forms provided by the administrator. The board  
28 may grant an attendant's or instructor coordinator's certificate to an  
29 applicant who: (1) Has made application within one year after suc-  
30 cessfully completing the appropriate course of instruction for the  
31 classification of attendant's or instructor coordinator's certificate for  
32 which application has been made; (2) has passed an examination  
33 prescribed by the board; and (3) has paid a fee for the classification  
34 of attendant's or instructor coordinator's certificate for which ap-  
35 plication has been made as prescribed by rule and regulation of the  
36 board.

37 (b) An attendant applying for a ~~crash injury management tech-~~  
38 ~~nician's~~ an instructor coordinator's certificate shall have successfully  
39 completed a course of training, approved by the board, in ~~prelim-~~  
40 ~~inary emergency medical care instructing and coordinating at-~~  
41 ~~endant training programs.~~ An attendant applying for an emergency  
42 medical technician's certificate shall have successfully completed a  
43 course of training, approved by the board, in preliminary emergency

2 medical care. An attendant applying for a mobile intensive care  
3 technician's certificate shall have successfully completed a course of  
4 training, approved by the board, which shall include, but not be  
5 limited to, didactic and clinical experience in a cardiac care unit and  
6 in an emergency vehicle unit. An attendant applying for an emer-  
7 gency medical technician-intermediate certificate shall have been  
8 certified as an emergency medical technician and, after certification  
9 as an emergency medical technician, shall have successfully com-  
10 pleted a course of training, approved by the board, which shall  
11 include training in veni-puncture for blood sampling and adminis-  
12 tration of intravenous fluids and advanced patient assessment. An  
13 attendant applying for an emergency medical technician-defibrillator  
14 certificate shall have been certified as an emergency medical tech-  
15 nician and, after certification as an emergency medical technician,  
16 shall have completed a training program approved by the emergency  
17 medical services board. Any program of instruction or training offered  
18 by the armed forces of the United States or in a jurisdiction other  
19 than Kansas, which program is at least equivalent to the program  
20 approved by the board for the class of attendant's certificate applied  
21 for, shall be granted reciprocity by the board for purposes of sat-  
22 isfying the requirements of subsection (a)(1) of this section.

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

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

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

40 (2) such person meets or exceeds minimum training prescribed  
41 by the board by rules and regulations.

A temporary certificate shall be effective for one year from the  
date of its issuance or until the person has qualified as an attendant  
under subsection (a), whichever comes first. A temporary certificate

2-15

2-16

1 shall not be renewed and shall be valid only while an attendant  
2 works for the operator requesting the temporary certificate.

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

8 (f) If, within two years of the date of expiration of an attendant's  
9 or instructor coordinator's certificate, such person applies for re-  
10 newal of the certificate, the board may grant a certificate to such  
11 applicant without such applicant completing a course of instruction  
12 specified in subsection (b) if the applicant has passed an exami-  
13 nation prescribed by the board completed continuing education  
14 requirements and has paid a fee prescribed by rule and regulation  
15 of the board.

16 ~~Sec. 8.9~~ K.S.A. 1990 Supp. 65-6112, 65-6119, 65-6120, 65-6121,  
17 65-6122, 65-6123 and 65-6129 are hereby repealed.

18 ~~Sec. 9.10~~ This act shall take effect and be in force from and after  
19 its publication in the statute book.

Reorder insert New Section 8. (see next page)

ADD: 61-6145

Reorder

NEW Sec. 8. KSNA 1990 Supp 65-6145 is hereby amended to read as follows:

**65-6145.** Same: limitations of act. Nothing in this act shall be construed: (a) To preclude any municipality from licensing or otherwise regulating first responders operating within its jurisdiction, but any licensing requirements or regulations imposed by a municipality shall be in addition to and not in lieu of the provisions of this act and the rules and regulations adopted pursuant to this act;

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

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

History: L. 1988, ch. 261, § 45; April 14

Source or prior law:  
65-6145.

NEW (d)

(d) to preclude the provision of authorized activities by students enrolled in an initial course of training or continuing education approved by the board when supervised by a qualified instructor.

NEW (e)

(e) to authorize the practice of nursing, as defined in K.S.A. 65-1113, unless licensed to do so.

B1-2

NEW Sec. 8. KSNA 1990 Supp 65-6145 is hereby amended to read as follows:

**65-6145.** Same: limitations of act. Nothing in this act shall be construed: (a) To preclude any municipality from licensing or otherwise regulating first responders operating within its jurisdiction, but any licensing requirements or regulations imposed by a municipality shall be in addition to and not in lieu of the provisions of this act and the rules and regulations adopted pursuant to this act:

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

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

History: L. 1988, ch. 261, § 45; April 14

Source or prior law:  
65-4345.

NEW (d)

(d) to preclude the provision of authorized activities by students enrolled in an initial course of training or continuing education approved by the board when supervised by a qualified instructor.

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Session of 1991

## HOUSE BILL No. 2530

By Committee on Public Health and Welfare

2-27

10 AN ACT concerning the board of nursing; concerning the practice  
11 of nursing and mental health technology; amending K.S.A. 65-  
12 1113 and 65-4212 and K.S.A. 1990 Supp. 65-1124 and repealing  
13 the existing sections.

14  
15 *Be it enacted by the Legislature of the State of Kansas:*

16 Section 1. K.S.A. 65-1113 is hereby amended to read as follows:  
17 65-1113. When used in this act and the act of which this section is  
18 amendatory:

19 (a) "Board" means the board of nursing.

20 (b) "Diagnosis" in the context of nursing practice means that  
21 identification of and discrimination between physical and psychosocial  
22 signs and symptoms essential to effective execution and management  
23 of the nursing regimen and shall be construed as distinct from a  
24 medical diagnosis.

25 (c) "Treatment" means the selection and performance of those  
26 therapeutic measures essential to effective execution and manage-  
27 ment of the nursing regimen, and any prescribed medical regimen.

28 (d) *Practice of nursing.* (1) The practice of professional nursing  
29 as performed by a registered professional nurse for compensation or  
30 gratuitously, except as permitted by K.S.A. 65-1124 and amendments  
31 thereto, means the process in which substantial specialized knowl-  
32 edge derived from the biological, physical, and behavioral sciences  
33 is applied to: the care, diagnosis, treatment, counsel and health  
34 teaching of persons who are experiencing changes in the normal  
35 health processes or who require assistance in the maintenance of  
36 health or the prevention or management of illness, injury or infirmity;  
37 administration, supervision or teaching of the process as defined in  
38 this section; and the execution of the medical regimen as prescribed  
39 by a person licensed to practice medicine and surgery or a person  
40 licensed to practice dentistry. (2) The practice of nursing as a licensed  
41 practical nurse means the performance for compensation or gratui-  
42 tously, except as permitted by K.S.A. 65-1124 and any amendments  
43 thereto, of tasks and responsibilities defined in part (1) of this sub-

of a person licensed to practice medicine and surgery or a person  
licensed to practice dentistry or the supervision of a registered  
professional nurse or a licensed practical nurse;

(i) the administration of medications to residents of adult care  
homes or to patients in hospital-based long-term care units, including  
state operated institutions for the mentally retarded, by an unlicensed  
person who has been certified as having satisfactorily completed a  
training program in medication administration approved by the sec-  
retary of health and environment and has completed the program  
on continuing education adopted by the secretary, or by an unli-  
censed person while engaged in and as a part of such training pro-  
gram in medication administration;

(j) the practice of mental health technology by licensed mental  
health technicians as authorized under the mental health technicians'  
licensure act;

(k) performance in the school setting of selected nursing pro-  
cedures, as specified by rules and regulations of the board, necessary  
for handicapped students;

(l) performance in the school setting of selected nursing proce-  
dures, as specified by rules and regulations of the board, necessary  
to accomplish activities of daily living and which are routinely per-  
formed by the student or student's family in the home setting; or

(m) performance of attendant care services directed by or on  
behalf of an individual in need of in-home care as the terms "at-  
tendant care services" and "individual in need of in-home care" are  
defined under K.S.A. ~~1989~~ 1990 Supp. 65-6201 and amendments  
thereto; or

(n) *the delegation of nursing procedures in medical care facilities,  
adult care homes or elsewhere to persons not licensed to practice  
nursing as supervised by a registered nurse or a licensed practical  
nurse pursuant to standards of delegation specified by rules and  
regulations of the board.*

Sec. 3. K.S.A. 65-4212 is hereby amended to read as follows:  
65-4212. The provisions of this act shall not be construed as pro-  
hibiting: (a) Gratuitous care of the mentally ill, emotionally disturbed  
or mentally retarded by friends or members of the family;

(b) the practice of mental health technology by students enrolled  
in approved courses of mental health technology;

(c) the practice of mental health technology by graduates of an  
approved course in mental health technology who are practicing as  
mental health technicians pending the results of the first licensing  
examination scheduled by the board following graduation;

(d) practice by short-term trainees exploring the practice of men-

1 section (d) which tasks and responsibilities are based on acceptable  
2 educational preparation, *as may be determined by rules and regu-*  
3 *lations of the board*, within the framework of supportive and res-  
4 torative care under the direction of a registered professional nurse,  
5 a person licensed to practice medicine and surgery or a person  
6 licensed to practice dentistry.

7 (e) A "professional nurse" means a person who is licensed to  
8 practice professional nursing as defined in part (1) of subsection (d)  
9 of this section.

10 (f) A "practical nurse" means a person who is licensed to practice  
11 practical nursing as defined in part (2) of subsection (d) of this section.

12 (g) "Advanced registered nurse practitioner" or "ARNP" means  
13 a professional nurse who holds a certificate of qualification from the  
14 board to function as a professional nurse in an expanded role, and  
15 this expanded role shall be defined by rules and regulations adopted  
16 by the board in accordance with K.S.A. 65-1130 *and amendments*  
17 *thereto*.

18 Sec. 2. K.S.A. 1990 Supp. 65-1124 is hereby amended to read  
19 as follows: 65-1124. No provisions of this law shall be construed as  
20 prohibiting:

- 21 (a) Gratuitous nursing by friends or members of the family;
- 22 (b) the incidental care of the sick by domestic servants or persons  
23 primarily employed as housekeepers;
- 24 (c) caring for the sick in accordance with tenets and practices of  
25 any church or religious denomination which teaches reliance upon  
26 spiritual means through prayer for healing;
- 27 (d) nursing assistance in the case of an emergency;
- 28 (e) the practice of nursing by students enrolled in accredited  
29 schools of professional or practical nursing nor nursing by graduates  
30 of such schools or courses pending the results of the first licensing  
31 examination scheduled by the board following such graduation;
- 32 (f) the practice of nursing in this state by legally qualified nurses  
33 of any of the other states as long as the engagement of any such  
34 nurse requires the nurse to accompany and care for a patient tem-  
35 porarily residing in this state during the period of one such en-  
36 gagement not to exceed six months in length, and as long as such  
37 nurses do not represent or hold themselves out as nurses licensed  
38 to practice in this state;
- 39 (g) the practice by any nurse who is employed by the United  
40 States government or any bureau, division or agency thereof, while  
41 in the discharge of official duties;
- 42 (h) auxiliary patient care services performed in medical care fa-  
43 cilities, adult care homes or elsewhere by persons under the direction

1 tal health technology as a prospective vocation;

2 (e) service conducted in accordance with the practice of the tenets  
3 of any religious denomination in which persons of good faith rely  
4 solely upon spiritual means or prayer in the exercise of their religion  
5 to prevent or cure disease;

6 (f) the practice of any legally qualified mental health technician  
7 of this state or another who is employed by the United States gov-  
8 ernment of any bureau, division or agency thereof, while in the  
9 discharge of official duties;

0 (g) temporary assistance in the therapeutic care of patients where  
1 adequate medical, nursing, ~~and/or~~ or other supervision is provided;

2 (h) subsidiary workers in hospitals or related institutions from  
3 assisting in the nursing care of patients where adequate medical and  
4 nursing supervision is provided; ~~and~~

5 (i) The employment of psychiatric aides who have received at  
6 least three months instruction in an approved basic aide training  
7 program and who work under the supervision of licensed personnel-;  
8 or

9 (j) *the delegation of licensed mental health procedures in facilities*  
0 *for the mentally ill, emotionally disturbed or mentally retarded to*  
1 *persons not licensed to practice mental health technology as super-*  
2 *vised by a licensed mental health technician pursuant to standards*  
3 *of delegation specified by rules and regulations of the board.*

4 Sec. 4. K.S.A. 65-1113 and 65-4212 and K.S.A. 1990 Supp. 65-  
5 1124 are hereby repealed.

6 Sec. 5. This act shall take effect and be in force from and after  
7 its publication in the statute book.

02-2



**65-1113. Definitions.** When used in this act and the act of which this section is amendatory:

(a) "Board" means the board of nursing.

(b) "Diagnosis" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen and shall be construed as distinct from a medical diagnosis.

(c) "Treatment" means the selection and performance of those therapeutic measures essential to effective execution and management of the nursing regimen, and any prescribed medical regimen.

(d) Practice of nursing. (1) The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, process in which substantial specialized knowledge derived from the biological, physical, and behavioral sciences is applied to: the care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention of management of illness, injury or infirmity; administration, supervision or teaching of the process as defined in this section; and the execution of the medical regimen as prescribed by a person licensed to practice medicine and surgery or a person licensed to practice dentistry. (2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124 and any amendments thereto, of tasks and responsibilities defined in part (1) of this subsection (d) which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

(e) A "professional nurse" means a person who is licensed to practice professional nursing as defined in part (1) of subsection (d) of this section.

(f) A "practical nurse" means a person who is licensed to practice practical nursing as defined in part (2) of subsection (d) of this section.

(g) "Advanced registered nurse practitioner" or "ARNP" means a professional nurse who holds as certificate of qualification from the board to function as a professional nurse in an expanded role, and this expanded role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130.

{L.1949,ch.331, sec. 3; L. 1975, ch. 316, sec. 2; L. 1978, ch. 240, sec. 3; L. 1983, ch. 206, sec. 7; April 28.}

**65-1114. Unlawful acts.** (a) It shall be lawful for any person:

(1) To practice or to offer to practice professional nursing in this state; or

(2) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a registered professional nurse; or

(3) to practice or offer to practice practical nursing in this state; or

(4) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a licensed practical nurse, unless such person has been duly licensed under the provisions of this act.

(b) It shall be unlawful for any person:

(1) To practice or offer to practice as an advanced registered nurse practitioner in this state; or

2) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is an advanced registered nurse practitioner, unless such person has been duly issued a certificate of qualification as an advanced registered nurse practitioner under the Kansas nurse practice act.

{L.1949, ch. 331, sec. 3; L. 1975, ch. 316, sec. 2; L. 1978, ch. 240, sec.3; L. 1983, ch. 206, sec. 7; April 28.}

FOR MORE INFORMATION CONTACT:

Terri Roberts, J.D., R.N.  
Executive Director  
Kansas State Nurses' Association  
700 S.W. Jackson Suite 601  
Topeka, Kansas 66603-3731  
(913) 233-8638

March 6, 1991

## S.B. 271 EMERGENCY MEDICAL SERVICES

Chairman Montgomery and members of the Senate Local Government Committee, my name is Connie Rake, R.N. and I am a registered nurse at St. Francis Hospital and Medical Center in Topeka. For the past 19 years I have worked in hospital critical care and I am a certified critical care nurse. I was an LPN prior to becoming an R.N. and I am currently ACLS certified. I am here today representing the Kansas State Nurses' Association.

Thank you for the opportunity to speak to you today. I would like to begin by applauding the current status of our Emergency Medical Services training programs and the students they serve. As you know these individuals in many instances are volunteers and are not paid for their services. They are trained for the immediate response and judgement they can offer to a potentially life threatening situation. They are prepared to stabilize trauma victims and others in need of immediate medical care to minimize harm and injury. This role is significant and important, however, it is equally important that their scope be limited to these situations that they have been trained to respond in.

My reason for being here today is twofold. The first is to support S.B. 271 in expanding the scope of practice of emergency medical attendants to include the non-emergency transport of clients from or to medical care facilities. The second is to give you my opinions about the appropriateness of MICTs working in hospitals.

As a critical care nurse, I am responsible for carrying out a prescribed medical regime for my patients and evaluating and monitoring their response during its implementation. Some of the daily tasks that I perform are identical to those performed by MICTs in the field, starting IVs for example. However, in total my responsibilities are far different and require specialized knowledge and skill that is not included in the formal education or preparation of emergency medical attendants.

Nurses are responsible for health teaching and promotion. This includes patient families and significant others as well. Patient education is not a part of emergency medical attendants' training. Hospital equipment can be very different from that which is used in the field. In particular, hospital equipment is more sophisticated in terms of monitoring and calibration. Examples of this would be invasive pressure monitors, mechanical ventilating equipment and interaortic balloon pumps. Limited knowledge by emergency medical attendants of titration modalities and monitoring toxicity of slowly metabolized medications is another example.

It is with these responsibilities in mind that I encourage this committee to refrain from expanding the scope of practice for emergency medical attendants except in cases of non-emergency transfers between medical care facilities.



# Hutchinson Hospital

1701 East 23rd Street • Hutchinson, KS 67502 • (316) 665-2000

03/05/91

TO: Don Montgomery, Chairman, Committee on Local Government  
Members of Committee on Local Government

FROM: Ed Fletchall, Director, Hutchinson Hospital/Reno County EMS

RE: Senate Bills No. 217 and 273

Thank you for the opportunity to provide written and verbal testimony concerning the above mentioned Bills, which your committee is now considering.

In our particular situation, it is necessary that the MICT's have legislation which protects them when they are transporting patients in a nonemergent situation. Over 50% of Hutchinson Hospital/Reno County EMS calls are nonemergent in nature. However, in these cases, we may be providing some types of definitive treatment while transporting these patients. In fact, in 1990, we transported over 400 patients to other referral centers for treatment after consult among physicians at our facility and the receiving facility.

It's very important to recognize the need for the change in legislation as introduced in SB271, and the ramifications if MICT's are unable to care for patients in the nonemergent situation.

Second, it's also important, that we do not limit the scope of a MICT to just the prehospital setting. Again, our department is an integral part of the hospital. We enjoy an extremely close working relationship with Nursing Service and our Physicians. Physicians, Nursing Service, and EMS representatives set on the Emergency Services/Critical Care Committee of Hutchinson Hospital. Through this Committee we adopt and approve standing orders, protocols, review patient concerns, evaluate care provided and work closely with other Physician Committees of Hutchinson Hospital. There are many functions which MICT's can serve in the hospital setting, other than just providing Nurse Aide responsibilities in the care of a patient. We pride ourselves, as working as a "Health Care Team", and try to positively recognize the "Roles and Responsibilities" which each Health Care Professional provides with respect to the care of our patients.

Senate L.G.  
3-6-91  
Attachment 4

In closing about SB271, it is hard for us to imagine that a door of a hospital is the magical point at which an MICT can no longer provide treatment to a patient. It's also unimaginable that they can't provide treatment in the nonemergency situation. We would support SB271 if this bill would include provisions for MICT's to function in a non-emergency situation and also other settings, such as, a hospital, as long as they function under their scope of training as provided by their Training Program and local need.

SB273

We are in full support of SB273 as written. We feel that EMS needs to be included in the Peer Review legislation. This is extremely important if we are to maintain Quality Control and provide for Risk Management in this field of Health Care.

Once again, thank you for the opportunity to testify, and if you have any questions, please feel to contact me at 316-665-2121.

Respectfully Submitted,



Ed Fletchall, Director  
Hutchinson Hospital/Reno County EMS

REFERENCE: SB 271 & 273

MY NAME IS TED McFARLANE, I AM THE DIRECTOR OF DOUGLAS COUNTY EMS & EP. WE PROVIDE PARAMEDIC LEVEL CARE TO THE CITIZENS OF DOUGLAS COUNTY. I WOULD LIKE TO SPEAK IN SUPPORT OF SENATE BILLS 271 & 273.

SB 271 ADDRESSES A PROBLEM RAISED BY THE ATTORNEY GENERAL IN HIS RECENT OPINION. THE AG OPINION PUT IN DOUBT THE PRACTICE OF PARAMEDIC LEVEL CARE IN PRE-HOSPITAL NON-EMERGENT SITUATIONS. OUR SERVICE PERFORMED PARAMEDIC LEVEL PROCEDURES IN 378 PRE-HOSPITAL NON-EMERGENT SITUATIONS IN 1990. IF THE AG OPINION STANDS AS KANSAS LAW WE WILL HAVE TO HAVE NURSES IN THE AMBULANCES IN THE FUTURE TO CARRY OUT THIS CARE. IT IS VITAL THAT PARAMEDICS BE AUTHORIZED TO PERFORM TO THEIR LEVEL OF TRAINING IN ANY PRE-HOSPITAL SETTING REGARDLESS OF WHETHER OR NOT IT IS AN EMERGENCY. SB 271 WOULD MAKE CLEAR THIS AUTHORIZATION. IT ALSO CLARIFIES THE ROLE OF THE INSTRUCTOR IN PARAMEDIC TRAINING AND THIS IS NEEDED TOO.

SB 273 GIVES THE SAME PROTECTION TO EMS QUALITY CONTROL PROGRAMS CURRENTLY GRANTED TO OTHER HEALTH CARE PROFESSIONALS. IF WE EXPECT QUALITY TO BE THE GOAL AND NOT JUST A DREAM WE MUST PROTECT THE PROCESS FROM DISCOVERY BY THE LEGAL SYSTEM. THE BEST PLACE TO BUILD GOOD PEOPLE IS IN THE TRENCHES WITH IMMEDIATE FEEDBACK. IF THIS FEEDBACK IS OPEN FOR REVIEW BY ANYONE LOOKING FOR A CAUSE OF ACTION THE FEEDBACK WILL BE STIFLED.

I URGE YOUR FAVORABLE CONSIDERATION OF BOTH SB 271 & 273

*Senate L.G.  
3-6-91  
Attachment 5*