

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans, at 1:30 p.m. on March 17, 1998 in Room 423-S-of the State Capitol.

All members were present.

Committee staff present: Emalene Correll, Legislative Research Department
Robin Kempf, Legislative Research Department
Norman Furse, Revisor of Statutes
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:

Richard Morrissey, KDHE Bureau of Local and Rural Health Systems
Thomas Sipe, Kansas Hospital Association
Bob McDanel, Board of Emergency Medical Services
Loretta Hoerman, Kansas Academy of Physician Assistants
Connie McAdam, Kansas Emergency Medical Services Association
Lawrence Buening, Jr., Kansas Board of Healing Arts
Meg Draper, Kansas Medical Society
Tom Bell, Kansas Hospital Association
Patsy Johnson, Kansas State Board of Nursing

Others attending: See Guest List ([Attachment 1](#))

The minutes of the committee meeting held on March 16, 1998 were distributed for review and, by policy, will be approved as read if no changes are reported to the Chairperson by 5:00 p.m. March 17.

Chairperson Mayans opened the hearing on **SB 425** (hospitals; critical access hospitals and rural health networks). He explained that the bill originated from discussions of the interim Health Care Oversight Committee.

Richard Morrissey, Director of KDHE's Bureau of Local and Rural Health Systems, testified in support of the bill, stating the bill's purpose is to bring the Kansas Rural Health Network statute into conformity with the 1997 Medicare Rural Hospital Flexibility Act. (See testimony, [Attachment 2](#).) Emalene Correll asked if the intent was to encourage hospitals to affiliate with other hospitals even though it is not federally mandated. Mr. Morrissey described the networks as a hub-and-spoke operation that has been successful in Kansas, and he expects the trend to continue. Ms. Correll noted that networks can include other providers; Mr. Morrissey confirmed that Kansas law allows that and the federal law is silent on the point.

Thomas Sipe, Kansas Hospital Association, testified as to the importance of the rural health networks in the state (see [Attachment 3](#)). Presently there are 16 hospitals that have participated as primary care hospitals; 6 more are interested. Mr. Sipe stated the association is in favor of the program and recommends the bill for passage.

Chairperson Mayans noted that the written testimony in support of **SB 425** from Jim Sperry, of the Kansas Academy of Physician Assistants, has been distributed to each member (see [Attachment 4](#)).

No others were present to testify on the bill; the hearing on **SB 425** was closed.

The hearing on **SB 243** (physician assistants authorized to provide certain emergency medical services) was opened. Bob McDanel, Board of Emergency Services, testified in support of the bill stating that it allows physician assistants to authorize ambulance attendants to perform advance life support procedures. (See testimony, [Attachment 5](#).)

Loretta Hoerman, Legislative Chairman for the Kansas Academy of Physician Assistants, stated the Academy's support of **SB 243**. She noted there are approximately 300 physician assistants providing primary care; half of whom serve communities with less than 10,000 residents (and who sometimes are the only source of health care available). This bill does not change the scope of practice of physician assistants. (See testimony, [Attachment 6](#).) The profession had its beginnings at Duke University in the 1960's when there was a need for additional medical care personnel, especially in rural areas. The committee and Ms. Hoerman discussed at length their educational requirements.

CONTINUATION PAGE

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S State Capitol at 1:30 p.m. on March 17, 1998

Chairperson Mayans noted that Harold Riehm, Kansas Association of Osteopathic Medicine, had forwarded his written testimony in support of the bill (see Attachment 7).

There being no others present to testify on the bill; the hearing on **SB 243** was closed.

The hearing on **SB 535** (Board of emergency services; powers and duties; regulation on attendants; instructor coordinators; training officers) was opened.

Bob McDanel, supported the bill and listed its objectives (see Attachment 8) Included in the bill are provisions to allow emergency medical services personnel to perform additional procedures under the supervision of qualified medical staff; sets time restrictions for accomplishing certification; and makes other technical corrections to current law. Emalene Correll asked if there was any problem in combining **SB 243** with **SB 535**; and Mr. McDanel agreed that would be acceptable to the Board. Representative Geringer asked if the statutes defined "emergency," and Mr. Furse answered that it is not in the statutes, but that courts revert to the "statute of construction" which uses Webster's dictionary for the usual definition.

Connie McAdam, representing the Kansas Emergency Medical Services Association, supported **SB 535** (see Attachment 9). She also requested an amendment (new section 18) be included that would provide the same protections to EMS personnel that is given in Kansas law to firefighters and police, saying that it is a question of equity.

Laurence Buening, Jr., Kansas Board of Healing Arts, indicated the Board takes no position on **SB 535** but noted that the bill's definition of "physician" enabling any one licensed to practice medicine and surgery "by any state" changes current Kansas law (which requires them to be licensed by Kansas). Mr. Buening believes an amendment is needed and noted that Meg Draper of the Kansas Medical Society will be offering the amendment in her testimony. (See testimony, Attachment 10.)

Meg Draper, Kansas Medical Society, in supporting **SB 535**, offered an amendment to page 6, line 24, to define "physician" as a person licensed by "the state board of healing arts." The amendment was offered to the Senate Public Health and Welfare Committee and approved but not included in the final action. It simply deletes the phrase, "any state." (See testimony, Attachment 11.)

Patsy Johnson, Executive Administrator, Kansas State Board of Nursing, offered an amendment to **SB 535** which revises language to set the scope of practice of EMS attendants in the field where there is usually no licensed health care professional (see Attachment 12). Emalene Correll asked if Ms. Johnson believes this bill allows EMT's expanded authority in field settings; and she answered that she does. Tom Bell, Kansas Hospital Association, testified that the association is concerned about the unintended effects that Ms. Johnson's amendment could have on hospital care, and suggested it be further discussed.

No others were present to testify on **SB 535**; so the hearing was closed.

Chairperson Mayans asked if the committee was ready to take action on **SB 243** and **SB 535**.

Representative Mayans moved that the provisions of **SB 243** be incorporated into **SB 535**. Representative Cook seconded the motion; the motion carried.

Representative Morrison moved that **SB 535** be amended on page 6, line 24, after the word "by", by inserting the words, "the state board of healing arts." Representative Long seconded the motion; the motion carried.

Some discussion was held on the amendment offered by the State Board of Nursing, and it was suggested that the bill could be amended when the bill is considered by the full House.

Representative Geringer moved that **SB 535** be passed as amended. Representative Storm seconded the motion. Representative Powell, by substitute motion, moved to incorporate the provisions of **HB 2723** (use of automatic defibrillators by certain persons) into **SB 535**. The motion was seconded by Representative Haley; and the substitute motion carried.

Representative Geringer moved that **SB 535** be passed as amended. Representative Morrison seconded the motion. The motion carried.

CONTINUATION PAGE

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S State Capitol at 1:30 p.m. on March 17, 1998

Representative Geringer moved that **SB 425** be passed and asked to be placed on the Consent Calendar. Representative Cook seconded the motion. The motion carried.

Chairperson Mayans noted that **SB 270** (sale of certain goods at flea markets) was heard yesterday, and indicated the committee was ready to take action. Mr. Furst distributed a draft balloon amendment that was suggested by Representative Flaharty to include baby food and formula products (see Attachment 13).

Representative Geringer moved that the balloon amendment to **SB 270**, shown in Attachment 13, be adopted. Representative Haley seconded the motion; the motion carried.

Representative Geringer moved that **SB 270** be passed as amended. Representative Haley seconded the motion; the motion carried. Representative Toelkes will carry the bill on the floor of the House.

Chairperson Mayans indicated that **HB 2969** (quality enhancement wage pass-through program for nursing facilities) will be considered for action as soon as some requested information is received relating to the numbers of workers who are listed in the various personnel categories in the bill. The information will assist in deciding how the allowed pay increases would be distributed and also in delineating the categories that should receive them.

The meeting was adjourned at 2:50 p.m.

The next meeting is scheduled for March 18, 1998.



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Gary R. Mitchell, Secretary

Testimony presented to

House Committee on Health and Human Services

March 17, 1998

by

Richard Morrissey, Director
Bureau of Local and Rural Health Systems

Senate Bill No. 425

Mr. Chairman and member of the Committee, thank you for the opportunity to appear today in support of Senate Bill 425. Senate Bill 425 makes changes in the Rural Health Network statute to conform with changes made in the federal law by the Medicare Rural Hospital Flexibility Act, passed as part of the Balanced Budget Act of 1997.

Kansas has been a leader in the development of limited service rural hospitals since the passage of the first federal legislation in 1990. KDHE formed a partnership with the Kansas Hospital Association to develop the program and successfully competed to become one of the seven pilot states authorized in the law. Since that time, we have had more rural hospital participation in the program than any of the other pilot states. There are currently sixteen certified Rural Primary Care Hospitals (RPCH) operating in eight Rural Health Networks. ~~(Map and list attached)~~ There is a total of 38 RPCH's certified in all seven of the pilot states. The partnership between KDHE and KHA is still in place and continues to support the development of the program and other activities aimed at maintaining and improving access to health care in rural Kansas.

The bill changes the title "Rural Primary Care Hospital" to "Critical Access Hospital" and eliminates the requirement that a Rural Primary Care Hospital be affiliated with an Essential Access Community Hospital. A new definition is provided for a Critical Access Hospital. The bill makes no other significant policy changes in the program.

Recommendation: KDHE recommends that the Committee report the bill favorably for passage. Thank you for your consideration of this bill, and your time today. I stand for questions.

HOUSE HHS COMMITTEE
Attachment 2
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Memorandum

Donald A. Wilson
President

To: House Committee on Health and Human Services

From: Kansas Hospital Association
Thomas R. Sipe

Re: Senate Bill 425

Date: March 17, 1998

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of Senate Bill 425. The purpose of this bill is to recognize in the Rural Health Network Statutes the changes made in the federal law in transitioning from the Essential Access Community Hospital/Rural Primary Care Hospital (EACH/RPCH) Program to the new Medicare Rural Hospital Flexibility Program (MRHFP) as part of the Balanced Budget Act of 1997.

The MRHFP creates the Critical Access Hospital which replaces the Rural Primary Care Hospital and eliminates the requirement for a supporting Essential Access Community Hospital. The MRHFP does, however, require that the Critical Access Hospital maintain formal network supporting agreements.

This bill provides conforming language to the federal requirements and does not make any significant policy changes in the program. The program continues to offer cost-based reimbursement to qualifying rural hospitals and assures access to primary care and emergency services for their communities. For these reasons, KHA encourages favorable action by the committee on this bill.

HOUSE HHS COMMITTEE
Attachment 3
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**Testimony on
Senate Bill 243
House Committee on Health and Human Services
by
Jim Sperry, RPAC, ATC/R
Kansas Academy of Physician Assistants
March 17, 1998**

To the Honorable Members of the House Committee on Health and Human Services:

Dear Mr. Chairman and Members of the committee:

I am the President of the Kansas Academy of Physician Assistants and I thank you for the opportunity to provide this testimony in support of passage of Senate Bill 243. As you well know, SB 243 would amend current language in KSA 1995 Supp. 85-8112, 85-8119, 85-8120, 85-8123, and 85-8124, to include physician assistants as those health care providers able to transmit treatment orders to Emergency Medical Services personnel.

As a physician assistant (PA) who works full-time in a rural emergency room, staffed by mid-level practitioners, I find that SB 243 would improve the emergency medical services provided to the public. In my 20 years of experience with EMS systems, both as an Emergency Medical Technician and as a PA, I have found that communication between the field and the health care facility are the cornerstone of an efficient and effective emergency medical services system. Because of the language of the current statutes, some PA's have experienced difficulty in EMS personnel accepting their orders for treatment. This refusal of acceptance of these orders has and will continue to place the patient at risk of further morbidity and mortality, due to the delay of that treatment.

Physician assistants are trained to provide medical care, under the guidelines of written protocol, through their responsible physician. Those PA's who possess educational and experiential qualifications, and are authorized by protocol to provide care in the emergency room setting should be afforded the ability to transmit orders to EMS personnel, and therefore enhance the care given to the patient in the field. PA's are being utilized more and more in the emergency department setting, not only in the urban areas, but in the rural areas. Specific emergency medicine training is now offered to PA's (Advanced Trauma Life Support, Advanced Cardiac Life Support, etc.).

The current EMS system in the state of Kansas is a good one, including excellent training and education of personnel, improved communications systems and networking of EMS personnel across the state. With passage of SB 243, this good system can be further enhanced by providing excellent support to the personnel in the field by the utilization of the training and expertise of PA's in transmitting orders, as authorized by the PA's practice protocol. I therefore urge you to report SB 243 to the House as favorable for passage.

Again, thank you for the opportunity to present this written testimony.

Jim Sperry, RPAC, ATC/R
Physician Assistant
Emergency Department
Atchison Hospital
1301 N. Second St.
Atchison, Kansas 66002
913-367-8624

HOUSE HHS COMMITTEE
Attachment 4
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STATE OF KANSAS
BOARD OF EMERGENCY MEDICAL SERVICES

109 S.W. 6TH STREET, TOPEKA, KS 66603-3826
OFFICE (913) 296-7296 FAX (913) 296-6212 TDD (913) 296-6237

Bob McDanel
Administrator

Bill Graves
Governor

DATE: March 12, 1998
TO: House Health and Human Services Committee
FROM: Bob McDanel 
SUBJECT: Testimony in support of SB 243

The Board of Emergency Medical Services is the state agency which regulates out-of-hospital emergency medical services. Agency responsibilities include the permitting of ambulance services, the licensing of vehicles, and the training, examination and certification of ambulance attendants and instructors. The board also provides an emergency radio communications system in 51 counties, supports the EMS portion of the 800 Mhz communications system and supports and monitors four regional EMS councils.

The Board of Emergency Medical Services supports SB 243 and requests that the committee report it favorably. In rural areas, a physician assistant is often the only health care provider available to provide direction and instruction to pre-hospital personnel. If SB 243 becomes law, physician assistants could play a vital role in pre-hospital emergency medical services by authorizing advanced life support be given by ambulance attendants.

RM/st

C Board Members

HOUSE HHS COMMITTEE
Attachment 5
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Testimony on SB 243
House Committee on Health and Human Services
March 17, 1998

Mister Chairman and Members of the Committee:

I am Loretta Hoerman and I'm a registered physician assistant in Family Practice in Topeka. I've been a P.A. for nearly 17 years and this afternoon I am here to represent the Kansas Academy of Physician Assistants as president elect and chair of the legislative committee. Thank you for allowing me to speak to you today.

Under the supervision of their responsible physicians, there are nearly 300 physician assistants providing medical care to Kansans. P.A.s may be found in many settings from primary care to various specialty medical and surgical practices. More than half of these Kansas P.A.s serve communities with less than 10,000 residents. In some cases the P.A. is the only source of primary care available on a daily basis, with the supervising physician attending to patients in a different location. Many P.A.s provide services through emergency rooms.

SB 243 would amend current language and identify P.A.s as health care providers, along with physicians and nurses already stipulated, who are allowed to provide treatment orders to Emergency Medical Services personnel. There may be circumstances in which emergency care to patients could be delayed because of refusal by emergency medical service personnel to accept physician assistant orders because of current statutes. SB 243 would acknowledge P.A.s as providers as directed by physicians and improve access to care. This does not in any way change the scope of practice of P.A.s.

The Kansas Academy of Physician Assistants urges your committee to take favorable action on SB 243.

Thank you for your courtesy and consideration.

HOUSE HHS COMMITTEE
Attachment 6
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Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

1260 S.W. Topeka Blvd.
Topeka, Kansas 66612
(913) 234-5563
(913) 234-5564 Fax

March 12, 1998

To: Chairman Mayans and Members, House Health and Human Services Committee
From: Harold Riehm, Executive Director, Kansas Association of Osteopathic Medicine
Subject: Testimony in Support of S.B. 243

Thank you for this opportunity to express our support for S.B. 243. Permission for Physician Assistants to give directions to certified emergency services personnel is consistent with the enhancement of the delivery of EMS services and still maintains adequate assurance of quality care through the provision for physician assistant responsibility to a "responsible physician".

We, also, agree with amendments added in Senate consideration of the Bill.

In consultation with several D.O. emergency room physicians, this will clarify the responsibilities and role PA's may perform in instruction of EMS services.

For these reasons, we support S.B. 243 and urge its adoption.

Thank you.

HOUSE HHS COMMITTEE
Attachment 7
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STATE OF KANSAS
BOARD OF EMERGENCY MEDICAL SERVICES

109 S.W. 6TH STREET, TOPEKA, KS 66603-3826
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Bob McDanel
Administrator

Bill Graves
Governor

DATE: March 12, 1998
TO: House Committee on Health and Human Services
FROM: Bob McDanel *BM*
SUBJECT: Testimony in support of SB 535

The Board of Emergency Medical Services is the state agency which regulates out-of-hospital emergency medical care. Agency responsibilities include the licensing of ambulance services and vehicles and the training, examination and certification of ambulance attendants and instructors. The board also provides an emergency radio communications system in 51 counties and supports the emergency medical services portion of the Kansas Department of Transportation's 800 Mhz communications system.

SB 535 is the board's legislative package; it has four primary objectives. First, the bill authorizes Emergency Medical Technician-Intermediates to administer nebulized albuterol (used in the emergency treatment of asthma) and insert endotracheal tubes (used to establish an airway in a non-breathing patient) when these skills have been approved by the local component medical society.

Second, the bill gives the board clear authority to regulate emergency medical services training providers, primarily educational institutions. Currently, approval for a training program is issued to an individual instructor, even though that instructor is usually employed by an educational institution.

Third, the bill adds use of an automated external defibrillator as an authorized activity for first responders and emergency medical technicians, replacing current language. Training on automated external defibrillators has been included in all first responder and emergency medical technician courses since January 1, 1997.

Fourth, the bill clarifies the definition of a number of terms used in the emergency medical services statutes, including all levels of attendant certification and the definitions of physician, registered nurse and medical protocols. Authorized activities at two certification levels are also clarified.

This is the first time since 1994 the board has requested statutory changes. Almost two years of committee work and board discussion went into development of the bill.

(Continued on back.)

HOUSE HHS COMMITTEE
Attachment 8-1
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In addition, the board requested review of proposed legislation by emergency medical services and allied health organizations prior to requesting introduction of SB 535. Many of the concerns of these organizations were addressed in the bill as amended. The board requests that this committee act favorably on SB 535.

RM/st

C Board Members



c/o Clay County EMS
603 FOURTH STREET
CLAY CENTER, KANSAS 67432

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Testimony to
Health & Human Services Committee

RE: SB 535

Ladies and Gentlemen:

Thank you for the opportunity to present testimony before this committee regarding SB 535.

The Kansas Emergency Medical Services Association (KEMSA) represents Emergency Medical Technicians, Paramedics, First Responders, EMS educators and administrators from throughout Kansas.

KEMSA supports the passage of SB 535 as it is currently written.

SB 535 is a general upgrade of the EMS laws in Kansas. Many of the changes are minor and technical in nature. The change to skills allowed by the EMT-Intermediates will have a positive impact on patient care in some of our rural areas. The other significant change involves an increase in the criminal punishment for assaulting an EMS attendant during the performance of their job.

It is KEMSA's intention to work with the Board of EMS in the coming year to address concerns about criminal activity relative to certification as an attendant. We expect to agree on language before the next legislative session that will tighten the standards for EMS attendants in Kansas.

KEMSA believes the general EMS population in Kansas supports the changes proposed by SB 535. We have held a public forum and published the proposed changes in our newspaper, the EMS Chronicle, which was delivered to all certified attendants in the state with a request for comments and feedback.

We hope this will answer any questions you might have concerning this legislation.

HOUSE HHS COMMITTEE
Attachment 9
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PRESIDENT:
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KANSAS BOARD OF HEALING ARTS


BILL GRAVES
Governor



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MEMORANDUM

TO: House Committee on Health and Human Services

FROM: Lawrence T. Buening, Jr. 
Executive Director

DATE: March 12, 1998

RE: SENATE BILL NO. 535

The State Board of Healing Arts as a whole has not taken a position on the bill. However, I did want to specifically bring to your attention the change in the definition of "physician" made on page 6 at lines 24 and 25. The change would enable anyone who is licensed to practice medicine and surgery by "any state" to monitor and direct the services provided by individuals regulated by the Emergency medical Services Board. This is different from the current language which requires a physician to be licensed to practice medicine and surgery in the state of Kansas. The term physician is used numerous times in the act as is the term "medical advisor" which is defined on page 5, line 34 as a physician. This change would enable physicians not licensed in the state of Kansas to be involved in the medical care of individuals who are located and being treated in Kansas by emergency medical personnel. A physician not licensed in Kansas could also be allowed to oversee the training of emergency medical personnel. These amount to substantial policy changes from the current language. It was my understanding from the testimony give in the Senate Committee by Mr. Bob McDanel, the Administrator for the Board of Emergency medical Services, that the EMS board is not opposed to retaining the current definition of physician and requiring Kansas licensure of physicians.

Thank you very much for allowing me to bring this matter to your attention.

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

MEMBERS OF THE BOARD

JOHN P. GRAVINO, D.O., PRESIDENT
LAWRENCE
RONALD J. ZOELLER, D.C., VICE-PRESIDENT
TOPEKA

DONALD B. BLETZ, M.D., OVERLAND PARK
C. J. CONRADY, JR., ANTHONY
JAMES D. EDWARDS, D.C., EMPORIA
HOWARD D. ELLIS, M.D., LEAWOOD
ROBERT L. FRAYSER, D.O., HOISINGTON
JANA D. JONES, M.D., LANSING
LANCE MALMSTROM, D.C., TOPEKA

LAUREL H. RICKARD, MEDICINE LODGE
CHRISTOPHER P. RODGERS, M.D., HUTCHINSON
HAROLD J. SAUDER, D.P.M., INDEPENDENCE
EMILY TAYLOR, LAWRENCE
HAI K. TRUONG, D.O., WICHITA
ROGER D. WARREN, M.D., HANOVER

HOUSE HHS COMMITTEE
Attachment 10
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KANSAS MEDICAL SOCIETY

March 12, 1998

TO: House Health and Human Services Committee

FROM: Meg Draper *M. Draper*
Director of Government Affairs

SUBJ: SB 535 - Board of Emergency Medical Services

The Kansas Medical Society appreciates the opportunity to appear today on SB 535, which makes several changes to the Board of Emergency Medical Services statutes. While KMS is appearing today in support of the bill, we would like to take this opportunity to share our concerns with one of the provisions of the bill.

Section 4 of the legislation amends the definitions section of the EMS laws. One of these amendments would change the definition of "physician." The bill would define a physician as a person licensed in any state to practice medicine and surgery. Current law defines a physician as someone holding a Kansas license. Although we appreciate the intent of the change, to accommodate situations currently occurring in border areas of our state, we have concerns about the way the definition is currently worded. Conceivably, the new language could allow a physician in not just a contiguous state, but any state, to be a medical adviser of a Kansas EMS service. This would be inconsistent with the policy of the legislature in other areas, like telemedicine, where the general rule is that physicians located outside the state must have a Kansas license in order to treat Kansas patients.

KMS talked with the Board of EMS before the Senate committee hearings on this bill, and the Board agreed to delete the proposed change to this definition and testified to this. However, the committee failed to include this in their final balloon amendments. We believe this was an oversight on the part of the Senate, and we understand that the Board is still willing to delete this change. KMS is more than willing to discuss this issue in coming months in an attempt to come up with language that is acceptable to all parties involved.

Thank you very much for considering our comments.

HOUSE HHS COMMITTEE
Attachment 11-1
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1 receiving immediate direction from a physician which authorize atten-
 2 dants to perform certain medical procedures prior to contacting a phy-
 3 sician, ~~physician's assistant~~ or professional nurse authorized by a physi-
 4 cian. These protocols shall be developed and approved by a county
 5 medical society or, if there is no county medical society, the medical staff
 6 of a hospital to which the ambulance service primarily transports patients.

7 (o) "Mobile intensive care technician" means any a person who has
 8 successfully completed a course of training, approved by the board, in
 9 emergency medical care, and who holds a valid mobile intensive care
 10 technician certificate under holds a mobile intensive care technician cer-
 11 tificate issued pursuant to this act.

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

14 (q) "Nonemergency transportation" means the care and transport of
 15 a sick or injured person under a foreseen combination of circumstances
 16 calling for continuing care of such person. As used in this subsec-
 17 tion, transportation includes performance of the authorized level of serv-
 18 ices of the attendant whether within or outside the vehicle as part of such
 19 transportation services.

20 (r) "Operator" means a person or municipality who has a permit to
 21 operate an ambulance service in the state of Kansas.

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

24 (t) "Physician" means a person licensed by ~~the state board of healing~~
 25 ~~arts any state~~ to practice medicine and surgery. the state board of healing arts

26 (u) "Training officer I" means any person who has completed suc-
 27 cessfully a course of training, approved by the board, to conduct contin-
 28 uing education programs for attendants.

29 (v) "Training officer II" means any person who has: (1) Completed
 30 successfully a course of training, approved by the board, to conduct con-
 31 tinuing education programs for attendants; and (2) completed successfully
 32 a supplemental course of training, approved by the board, to conduct
 33 initial training programs for first responders.

34 (u) "Physician's assistant" means a person who is registered in ac-
 35 cordance with the provisions of K.S.A. 65-2896a, and amendments
 36 thereto.

37 (v) "Professional nurse" means a licensed professional nurse as de-
 38 fined by K.S.A. 65-1113, and amendments thereto.

39 (w) "Provider of training" means a corporation, partnership, com-
 40 munity college accredited postsecondary education institution, am-
 41 bulance service, fire department, hospital or municipality that conducts
 42 training programs that include, but are not limited to, initial courses of
 43 instruction and continuing education for attendants, instructor-coordi-

Kansas State Board of Nursing

Landon State Office Building
900 S.W. Jackson, Rm. 551
Topeka, Kansas 66612-1230
913-296-4929
FAX 913-296-3929



Patsy L. Johnson, R.N., M.N.
Executive Administrator
913-296-5752

To: The Honorable Representative Carlos Mayans, Chairman
and Members of the Health and Human Services

From: Patsy L. Johnson, M.N., R.N., A.R.N.P.
Executive Administrator
Kansas State Board of Nursing

Date: March 12, 1998

Re: SB 535

Thank you for allowing me to testify on SB 535 on behalf of the Board of Nursing.

The Board recognizes and appreciates the services provided by emergency medical service personnel in the care of individuals in emergency situations. These services are provided at the scene of the emergency and throughout the ambulance transport; however, once the person in need of care reaches a health care facility, licensed nurses are available to continue that direct care.

The Board of Nursing presents a revision of the definition of emergency medical service which clearly indicates performance of authorized emergency care in conjunction with ambulance services outside of health care facilities. See attached balloon. Nurses provide nursing care inside health care facilities. Emergency medical attendants are not educated or licensed as nurses. They are only certified to perform certain emergency procedures and administer certain medications in emergency situations in conjunction of ambulance transport. The Board of Nursing considers emergency medical attendants as unlicensed assistive personnel if employed to work inside health care facilities. There have been reports that emergency medical attendants sometime work independent of a nurse or physician performing procedures that are not

HOUSE HHS COMMITTEE
Attachment 12-1
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Janette Pucci, R.N., M.S.N.
Education Specialist
296-3782

Patricia McKillip, R.N., Ph.D.
Education Specialist
296-3782

Diane Glynn, R.N., J.D.
Practice Specialist
296-4325

Mark S. Braun, J.D.
Assistant Attorney General
Disciplinary Counsel
296-4325

appropriate for an unlicensed assistant. Physicians may delegate medical procedures and nursing may delegate certain nursing procedures, but those procedures cannot be performed independent of delegation and supervision of licensed staff.

The revised language clearly sets the scope of practice for the EMS attendant in the field where there is usually no licensed health care personnel.

The Board hopes you will consider the proposed change in the definition of emergency medical care.

Thank you.

1 ~~(l)~~ certify instructor-coordinators;
 2 ~~(m)~~ authorize, pursuant to rules and regulations, training officers to
 3 conduct continuing education programs for attendants and courses in the
 4 initial training of first responders; and

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

8 (k) approve providers of training by prescribing standards and
 9 requirements by rules and regulations and withdraw or modify such ap-
 10 proval in accordance with the Kansas administrative procedures act and
 11 the rules and regulations of the board.

12 Sec. 4. K.S.A. 1997 Supp. 65-6112 is hereby amended to read as
 13 follows: 65-6112. As used in this act:

14 (a) "Administrator" means the administrator of the emergency med-
 15 ical services board.

16 (b) "Ambulance" means any privately or publicly owned motor ve-
 17 hicle, airplane or helicopter designed, constructed, prepared and
 18 equipped for use in transporting and providing emergency care for in-
 19 dividuals 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 where
 22 medical care is furnished, whether or not such persons may be in need
 23 of emergency or medical care in transit.

24 (d) "Attendant" means a first responder or an emergency medical
 25 technician, an emergency medical technician-intermediate, an emergency
 26 medical technician-defibrillator or a mobile intensive care technician
 27 whose primary function is ministering to the needs of persons requiring
 28 emergency medical services certified pursuant to this act.

29 (e) "Board" means the emergency medical services board established
 30 pursuant to K.S.A. 65-6102, and amendments thereto.

31 (f) "Emergency medical service" means the effective and coordinated
 32 delivery of such care as may be required by an emergency, including
 33 services provided by first responders, which includes the care and trans-
 34 portation of individuals by ambulance services, and the performance of
 35 authorized emergency care by a person licensed to practice medicine and
 36 surgery, a licensed professional physician, professional nurse, a registered
 37 physician's assistant, emergency medical technician, emergency medical
 38 technician-intermediate, emergency medical technician-defibrillator or a
 39 mobile intensive care technician or attendant.

performance of
 authorized emergency
 while transporting

40 (g) "Emergency medical technician" means any a person who has
 41 successfully completed a course of training, approved by the board, in
 42 preliminary emergency medical care and who holds a valid emergency
 43 medical technician certificate under holds an emergency medical tech-

SENATE BILL No. 270

By Committee on Judiciary

2-11

12 AN ACT concerning the transient merchant licensing act; relating to flea
13 markets; sale of certain goods.

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

16 Section 1. (a) No person at a flea market shall sell, offer for sale or
17 knowingly permit the sale of baby food, infant formula or similar products;
18 or any ~~pharmaceuticals, over-the-counter~~ drugs, ~~cosmetics or medical de-~~
19 ~~vices.~~ The provisions of this section shall not apply to a person who keeps
20 available for public inspection an identification card identifying such per-
21 son as an authorized representative of the manufacturer or distributor of
22 ~~any pharmaceuticals, for~~ over-the-counter drugs, ~~cosmetics or medical~~
23 ~~devices,~~ as long as the card is not false, fraudulent or fraudulently ob-
24 tained.

or baby food, infant formula or similar products

25 (b) For purposes of this section, "flea market":

26 (1) "Flea market" means any location, other than a permanent retail
27 store, at which space is rented or otherwise made available to others for
28 the conduct of business as a transient merchant as defined in K.S.A. 29-
29 2232 and amendments thereto.

30 (2) "Drug" shall have the meaning ascribed to such term under
31 K.S.A. 65-1626 and amendments thereto.

32 (3) "Medical device" means device as the term device is defined
33 under K.S.A. 65-656 and amendments thereto.

34 (4) "Cosmetic" shall have the meaning ascribed to such term
35 under K.S.A. 65-656 and amendments thereto.

36 (c) The provisions of this section shall be part of and supplemental
37 to the transient merchant licensing act.

38 Sec. 2. This act shall take effect and be in force from and after its
39 publication in the statute book.

HOUSE HHS COMMITTEE
Attachment 13
3 - 17 - 98