

Approved: February 16, 2000
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 1, 2000 in Room 423-S of the Capitol.

All members were present except:

Committee staff present: Dr. Bill Wolff, Legislative Research Department
Norman Furse, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: David Lake, Director, Board of EMS
Connie McAdam, President, KEMSA
Bob Orth, President, KENTA
Terry David, Service Director, Rice County EMS
Jason White, Metropolitan Ambulance Service Trust

Others attending: See Attached Sheet

The Chairman introduced Dr. Elizabeth W. Saadi, Ph.D., Kansas Department of Health and Environment, and Dr. Saadi presented the Health Care Data Governing Board's 1999 Annual Report (See Attachment #1)

It was asked how the household base survey was compiled, i.e., is it per household or individual. Dr. Saadi will provide that information.

The Chairperson opened the hearing on: **HB 2695: Emergency medical services; attendants, disciplinary actions; grounds.**

David Lake, Director, Board of Emergency Medical Services, testified as a proponent stating **HB 2695** addresses the issue of EMS attendants who have been charged and found guilty of crimes in violation of the uniform controlled substances act, crimes against a person, and crimes of a sexual nature. This bill does recognize that individuals can and have been rehabilitated after conviction of these crimes and warrant the public trust and can be certified (See Attachment #2)

Connie McAdam, President, Kansas Emergency Medical Services Association, testified in support of **HB 2695** stating the bill would allow the Board of EMS to revoke or deny certification to attendants for specific misdemeanor convictions, including crimes against persons and sex crimes. KEMSA believes these cases should continue to be examined carefully and certification should be denied if there is determination that the individual has not been rehabilitated enough for the public to trust (See Attachment #3).

Bob Orth, past president, Kansas Emergency Medical Technicians Association, a proponent to **HB 2695** stated the bill recognizes individuals that have been rehabilitated after conviction of the mentioned crimes and can be certified as attendants and be a valuable asset to the pre-hospital community (See Attachment #4).

Terry David, Director of Rice County Emergency Medical Services and President of the Society of the Kansas EMS Administrators, a proponent stated **HB 2695** addresses an issue that, unfortunately, has become more prevalent within a small segment of EMS providers in the State of Kansas. Attendants who have committed crimes that could have resulted in a conviction of a felony have plea-bargained their crime to a lesser misdemeanor. Under the current system this can allow people who should not be in the back of an ambulance, attending to the sick and injured who depend and trust on us (See Attachment #5).

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 1, 2000.

Jason White, Assistant to the Director, Metropolitan Ambulance Services Trust, Kansas City, Kansas, testified as a proponent for **HB 2695**, stating this is good improvement to the general EMS laws and are broadly supported within the industry. Must be proactive to make sure Kansans are safe (See Attachment #6).

The Chairperson closed the hearing on **HB 2695**.

Representative Geringer moved and Representative Bethell seconded to moved **HB 2695** out favorably and place on the consent calendar.

Representative Landwehr stated **HBs 2695 and 2696** needed to be worked together and passed out as one bill.

A Division was called: Yeas: 10 Nays: 6

The motion carried.

The Chairperson opened the hearing on **HB 2696: Emergency medical services board; powers and duties; qualifications of attendants, instructor-coordinators and training officers.**

David Lake, Director, Board of Emergency Medical Services, testified as a proponent to **HB 2696**, stating the bill is proposed to benefit not only attendants and services throughout the state but also the agency staff. The bill proposes two-year certification of attendants, instructor-coordinators, and training officers. At the present time, certified attendants must complete required continuing education and apply for re-certification each year prior to December 31. There are approximately 10,200 attendants in the state and a vast majority of those wait to apply for recertification in the month of December creating an avalanche of paperwork. With two year certification, the continuing education requirement and renewal fee would double with the appropriate paperwork and fee submitted every two years to maintain certification instead of every year.

The second part of the bill deals with the annual renewal of ambulance service permits and relicensure of each ambulance. Current law requires this to be completed annually on a "calendar year" basis which means it must be completed prior to December 31. **HB 2696** would allow this to occur annually at a time as prescribed by the board (See Attachment #2).

Connie McAdam, President, Kansas Emergency Medical Services Association, a proponent to **HB 2696** stated this would allow service permits to renew annually instead of just by calendar year and allow multiple year certifications for attendants (See Attachment #3).

Robert Orth, Past President of the Kansas Emergency Medical Technicians Association, supported **HB 2696** and stated it provides a better utilization of the Board of EMS staff by allowing attendants, instructor/coordinators and training officers to be certified for two years, rather than the current one year. The bill additionally allows the Board of EMS staff to re-permit and re-license ambulance services at a different time of the year rather than the end of the calendar year, a time when they are extremely busy with the task of recertifying attendants (See Attachment #4).

Terry David, Director of Rice County Emergency Medical Services and President of the Society of the Kansas EMS Administrators, a proponent to **HB 2696** stated all ambulance providers, as well as all individual attendants now renew their certificates at the end of the calendar year. This is an overwhelming task for the Board of EMS, as it encompasses over 180 ambulance services and close to 10,000 attendants. The Board of EMS has done a remarkable job in accomplishing this task, from a management point of view, it makes perfect sense to spread the responsibility throughout the year for ambulance services and to every other year for attendants. These changes would have little, if any impact, on individual ambulance services (See Attachment #5).

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 1, 2000.

Jason White, Assistant to the Director, Metropolitan Ambulance Services Trust, testified in support of **HB 2696**. MAST believes that HMO's should be prohibited from discouraging patients from accessing 911, and supported requiring insurance companies to directly pay ambulance services instead of making payments to patients who will often spend the money sent to pay for the services provided. (See Attachment #6)

A fiscal note was distributed showing the fee would change to \$30 for two years from \$15 for one year (See Attachment #7).

The Chairperson closed the hearing on **HB 2696**.

Representative Storm moved and Representative Merrick seconded to amend HB 2696 to prohibit HMOs to bypass 911 and insurance companies to make payment direct to the ambulance service rather than the patient.

Representative Geringer stated these are federal issues. This would be destructive. It is a very complex issue and will add more confusion to the public.

Tuck Duncan, representing American Medical Response, stated the concern is that people will be dissuaded from calling 911 in times of emergency and getting transported and getting emergency care. It all gets sorted out at the back end by review of whether or not that transport was medically necessary. If people want to call 911 as opposed to call the nurse, that is a concern. That is an impression, is that right or wrong? Sometimes we know that the impression becomes a reality, that you are supposed to go through some process before picking up the phone and dialing 911. There might be a good way to craft the language and run as a separate bill. That is a potential serious problem. If it is determined by Medicare that it is not medically necessary, the provider usually ends up eating the charge. Most ambulance services have a 30% write-off in uncollectables. Payments are ordinarily sent to the patient if patient has not signed up with a service. 50% of the ambulance runs in Shawnee County are either Medicaid or Medicare related. There are other providers that require if you do not sign up with them under a certain manner that even if the patient were to execute a separate assignment, they still send the check to the patient because of not signing a provider contract with an insurance company and if an individual is willing to give assignment of their payment to the provider, even if that provider has no arrangement with the insurance company, why should they be allowed to do it, why shouldn't that payment who has an insurance policy with the insurance policy be able to direct the insurance company to send the check to anyone they want.

Representative Storm withdrew her motion and Representative Merrick withdrew his second.

There was no objection to withdrawing the motion.

Representative Morrison moved and Representative Bethell seconded to move HB 2696 out favorably. The motion carried.

Representative Flaharty moved and Representative Storm seconded to introduce a bill for HMOs should be prohibited from discouraging patients from accessing 911 or other emergency services. The motion carried.

Representative Landwehr moved and Representative Morrison seconded the Sub-Committee introduce a conceptual bill regarding CMHCs and will work on final language on February 3 The motion carried

The Chairperson asked Representative Landwehr if this was a request for legislation the Sub-Committee is going to present to the full committee.

Representative Landwehr stated that was correct, because of the deadline they were unable to complete the language or passed language out of the Sub-Committee and would be doing that February 3. And want

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 1, 2000.

to get a conceptual bill out there.

The Chairperson stated then the bill would be presented to the standing committee and dealt with in the standing committee.

Representative Landwehr replied, yes.

The Chairperson stated the committee would tour the Health and Environment Laboratory on Wednesday and would leave the Capitol at 1:15 p.m.

The meeting adjourned at 3:20 p.m. and the next meeting will be February 2.



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

**Testimony Presented to the
House Health and Human Services Committee**

Health Care Data Governing Board Annual Report

by

Elizabeth W. Saadi, Ph.D.
Kansas Department of Health and Environment
Center for Health and Environmental Statistics and Health Care Data Governing Board staff

I am proud to present to this committee the Health Care Data Governing Board's 1999 Annual Report as required by KSA 65-6807. This document summarizes the work of the Governing Board and its Task Forces for the year. Highlights include:

- ✓ New leadership: Secretary of Health and Environment, Clyde Graeber, has selected Senator Sandy Praeger as his designee for Chair.
- ✓ Collaboration in an evaluation of the HealthWave Program.
- ✓ Increasing awareness in collecting external cause of injury data in hospital discharge data systems.
- ✓ Contributing to the Kansas Health Statistics newsletter to disseminate information.
- ✓ Capacity improvements.
- ✓ Solidified partnerships with credentialing boards and
- ✓ Beginning the dialogue to collect health services utilization data.

Even though many of these projects seem very specific, the common theme throughout these efforts and the work of the Governing Board is to assure that good health information is made available to bodies such as this committee and other policy makers so that informed decisions can be made. Please remember the Health Care Data Governing Board establishes for you the forum through which health information issues can be discussed and recommendations made. Its structure, with its experienced members and associates, is conducive to convening the necessary experts in Kansas that can make informed, relevant recommendations for you.

Finally, I'd like to take a moment to ask if you have any questions that come to mind that the Governing Board and its colleagues could address or prepare for in the future.

Thank you for your time.

Capitol Tower Building
400 SW 8TH Street, Suite 200
(785) 296-0461

Printed on Recycled Paper

Topeka, KS 66603-3930
FAX (785) 368-6368

H+HS
2-1-2000
Atch#

Health Care Data Governing Board

Sandy Praeger, Senator, Chair

3601 Quail Creek Court
Lawrence, KS 66047
Tel #: 785.841-3554
Fax #: 785.841-3240

Michael Fox, Sc.D., Assistant Professor

Dept. of Health Policy and Management
University of Kansas
6052B Malott Hall
Lawrence, KS 66045
Tel #: 785.864-3215
Fax #: 785.864-5089

John Grace, President, CEO

Kansas Assoc. of Homes
and Services for the Aging (KAHSA)
700 SW Harrison, Suite 1106
Topeka, KS 66603
Tel #: 785.233-7443
Fax #: 785.233-9471

Tom Foley, Director

Accident and Health Division
Kansas Department of Insurance
420 SW 9th Street
Topeka, KS 66612-1678
Tel #: 785.296-7850
Fax #: 785.291-3673

Tom Johnson, Director

Health Information Analysis
Blue Cross/Blue Shield of Kansas
1133 SW Topeka Blvd
Topeka, KS 66629-0001
Tel #: 785.291-8724
Fax #: 785.291-8442

John Noonan, Ph.D.

Advocate for the Consumers, AARP
2014 Meadowmere Court
Manhattan, KS 66502
Tel #: 785.539-4846
Fax #: None

Garold Minns, MD

Associate Dean, Academic & Student Affairs
University of Kansas School of Medicine
1010 North Kansas
Wichita, KS 67214-3199
Tel #: 316.293-2650
Fax #: 316.293-1878

Robert Day, Ph.D. Director

Medical Policy & Medicaid, SRS
915 SW Harrison, Room 651 South, DSOB
Topeka, KS 66612-1570
Tel #: 785.296-3981
Fax #: 785.296-4813

Betty Smith-Campbell, RN, Ph.D.

Vice-President of the Board of Directors
Kansas State Nurses Association
Assistant Professor, School of Nursing,
Wichita State University
1845 Fairmount
Wichita, KS 67260-0041
Tel #: 316.978-5746
Fax #: 316.978-3094

Jerry Slaughter, Executive Director

Kansas Medical Society
623 SW 10th Street
Topeka, KS 66612
Tel #: 785.235-2383
Fax #: 785.235-5114

Robert St. Peter, MD, President

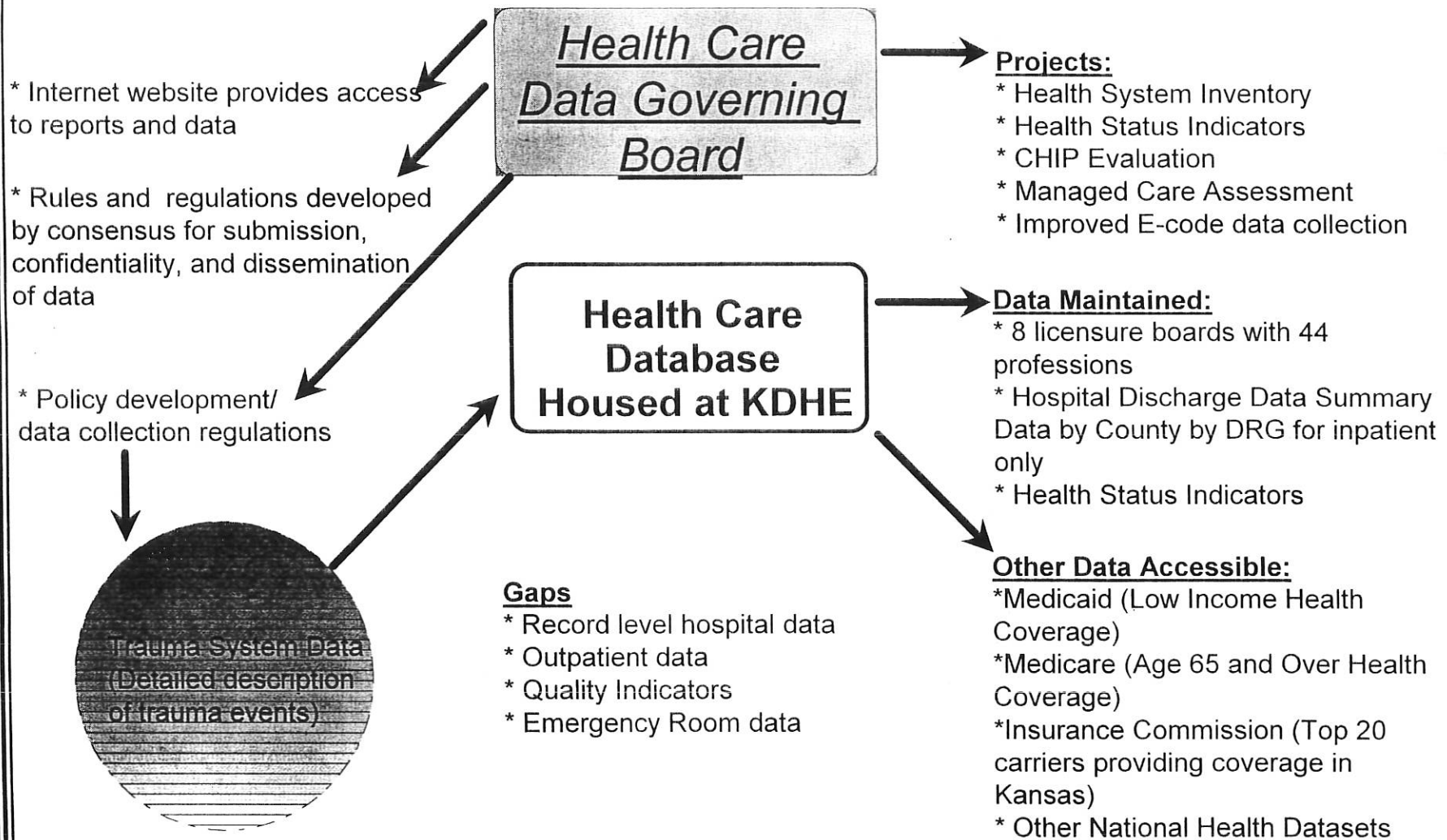
Kansas Health Institute
100 SE 9th Street, 3rd Floor
Topeka, KS 66612
Tel #: 785.233-5443
Fax #: 785.233-1168

Don Wilson, President

Kansas Hospital Association
215 SE 8th Street
Topeka, KS 66603-3906
Tel #: 785.233-7436
Fax #: 785.233-6955

Kansas Health Care Database

Health Care Data Governing Board



* SOURCE: KDHE, CHES, OHCI

Background/Accomplishments

Health Care Data Governing Board

The Health Care Data Governing Board was created to guide development of the Kansas' Health Care Database at KDHE and to provide a forum for discussion of health information issues. Members of this board include the major health information representatives in the state. Since its inception in 1993, the Governing Board has numerous accomplishments:

√Developed rules and regulations for submission, confidentiality and dissemination of data from the database.

√Recommended and has guided standardized data collection for health professional licensure.

The Health Care Database now contains data centralized from 8 licensure boards encompassing 44 health professions.

√Recommended collection of health status indicator information to monitor the health of Kansas' citizens.

A total of 140 indicators are being collected and analyzed.

√Conducted strategic planning to expand data and information collection to evaluate the quantity and quality of health care delivery in the state.

Current projects include:

*Evaluating the extent of managed care penetration in Kansas
Proposed indicators to evaluate the efficacy of the HealthWave program
Working to improve the collection of external cause of injury coding in Kansas health care facilities
Beginning the dialogue to collect health services utilization data*

√Fostered partnerships among the owners of health data within Kansas.

*Garnered assistance from universities, associations and state government (e.g. licensure boards) to collect physician and other health care professional data.
Partnered with the Kansas Hospital Association to raise awareness for the need to collect external cause of injury data.*

√Produced numerous publications (see attached listing)

√Serves the legislature and the Governor in determining health information policy for Kansas.

Collaborates with SRS and others with regard to data collection for the HealthWave program

*Serves an advisory body for the Senate Public Health and Welfare, House Health and Human Services and Health Care Reform Legislative Oversight Committees
Legislation has been introduced to advise the data collection for the trauma registry board*

Publications Listing

Through cooperative efforts between the INK and OHCI, a number of publications have been made available to users of health care data. These publications are available in paper copy and may be found at <http://www.ink.org/public/hcdgb/khcdpubs.html> and include:

- *Health Care Professional Inventory - Preface*
- *Review of Kansas State Board of Healing Arts Professional Data - Volume 1*
- *Review of Kansas State Board of Healing Arts Professional Data - Volume 2*
- *Review of Kansas Optometry Board Professional Data*
- *Review of Kansas Board of Nursing Professional Data*
- *Review of Kansas Emergency Medical Service Professional Data*
- *Health Data Resources*
- *Most Frequent Inpatient Conditions Treated in Community Hospitals*
- *1994 -1999 Annual Reports*

Articles in *Kansas Health Statistics* at www.kdhe.state.ks.us/ches/

In addition to the above listed publications, on Internet a point and click state/county map is available for reviewing information about the distribution of health care providers across the State.

Uses of Data Provided from the Health Care Database

Data from the Health Care Database are used in a variety of ways by a number of data consumers. KDHE staff, businesses, schools/universities, and non-profit agencies are among the most frequent data users. These entities also submit complex data requests that require substantial staff time to complete. Uses of data by the Governing Board's customers are reported as follows:

- **Businesses**

- Internal and external planning purposes*
- Distribution of information on available continuing education opportunities*
- Bench marking*
- Grant writing*
- Strategic planning*
- Publication preparation*
- Licensure status validation*
- Recruiting*
- Consulting*

- **Health Care Providers**

- Planning resource allocation*
- Recruiting other providers*
- Seeking and analyzing employment opportunities*
- Research*

- **Government Entities**

- Policy development*
- Program management*
- Preparation of legislative updates*
- Community health needs assessments*
- Notification of physicians regarding reporting changes and disease outbreaks*
- Resource allocation*
- Recruitment*

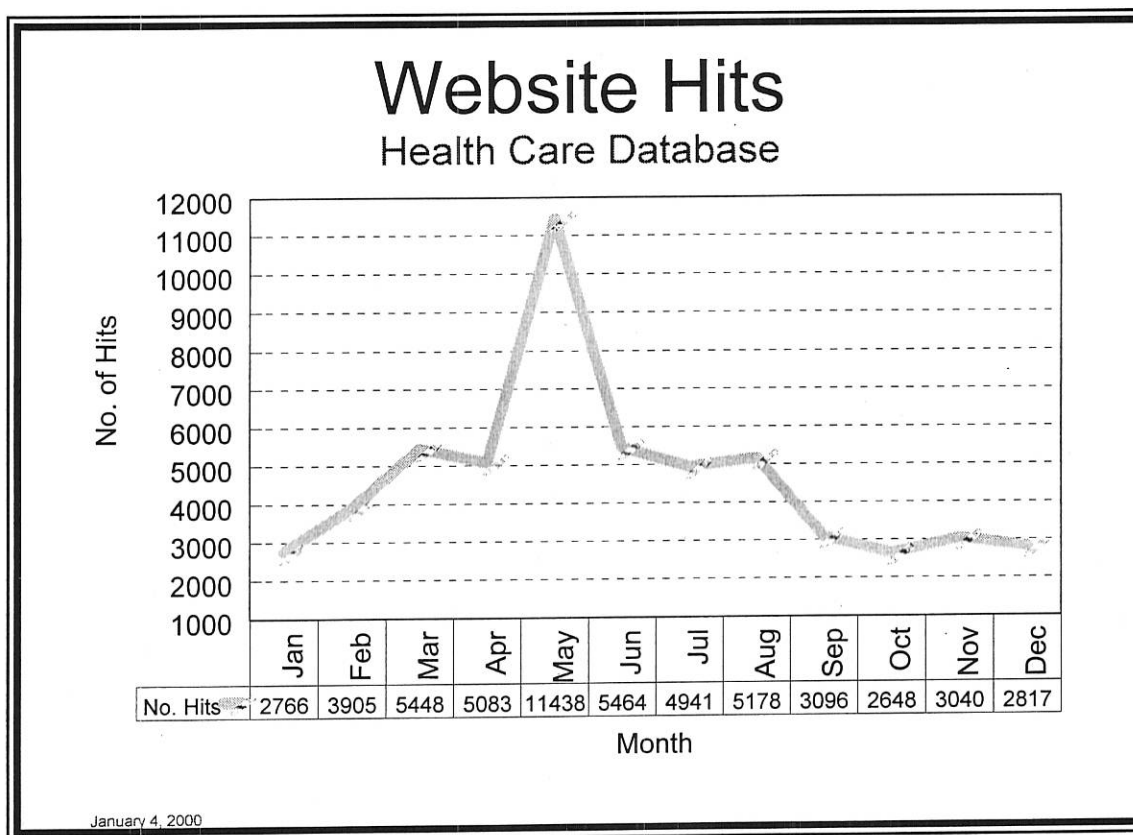
- **Universities**

- Evaluative study preparation*
- Research*
- Medically Underserved Area Designation Report*
- To gain support from the Legislature to expand education programs*

- **The Public**

- Locating service providers*
- Seeking employment opportunities*

Internet Useage



Internet access for using the Health Care Database has been available to data users since October 1996. Internet use by data users has increased markedly since that time. As evident by the above figure, the peak for website hits was between April and May 1999. The increase in website hits is due in part to dissemination of information through an article provided to *Kansas Health Statistics* newsletter produced by the Center for Health and Environmental Statistics. Governing Board staff use existing newsletters to disseminate information.

STATE OF KANSAS
HOUSE OF REPRESENTATIVES
HEALTH AND HUMAN SERVICES COMMITTEE
HONORABLE GARRY BOSTON, CHAIRPERSON

TESTIMONY IN SUPPORT OF HB2695 & HB2696

From

David Lake, Director
Board of Emergency Medical Services

I. WELCOME AND INTRODUCTION

- A. Thank you to Representative Bethell for introducing bills
- B. Thank you to committee for consideration and opportunity to provide testimony in support of the bills
- C. Thank you to representatives of emergency medical Services from across the state for their support.

II. EXPLANATION AND DESCRIPTION OF PROPOSED LEGISLATION

House Bills 2695 and 2696 were developed and proposed for adoption by the Board of Emergency Medical Services in response to a number of requests from attendants and service directors across the State.

HB2695 addresses the issue of EMS attendants who have been charged and found guilty of crimes in violation of the uniform controlled substances act, crimes against a person, and crimes of a sexual nature. The Board is powerless when these crimes are "plea-bargained" down from a felony to a misdemeanor. This bill will give the Board the authority to investigate and if warranted; deny, modify, or revoke the offender's certification. This bill does recognize that individuals can and have been rehabilitated after conviction of these crimes and warrant the public trust and can be certified.

HB2696 is proposed to benefit not only attendants and services throughout the State but also the agency staff. The first part of the bill proposes two-year certification of attendants, instructor-coordinators, and training officers. At the present time, certified attendants must complete required continuing education and apply for re-certification each year prior to December 31st. There are approximately 10,200 attendants in the state and a vast majority of those wait to apply for recertification in the month of December creating an "avalanche" of paperwork. With two year certification, the continuing education requirement and renewal fee would double with the appropriate paperwork and fee submitted every two years to maintain certification instead of every year.

(Continued on the back)

HHS
2-1-2002
Atch#2

This will allow the "splitting" of the expiration of certifications and subsequent reduction of processing. This has become even more necessary because of increased workload on staff.

The second part of the bill deals with the annual renewal of ambulance service permits and re-licensure of each ambulance. Current law requires this to be completed annually on a "calendar year" basis which means it must be completed prior to December 31. The proposed bill would allow this to occur annually at "a time as prescribed by the board". The Board believes that earlier in the year, perhaps April or May, would be a better time for this to occur. Presently, this process is due at the same time the attendant certification renewal process occurs.

The affect of these two issues on the individual services as well as agency staff would be to spread an enormous amount of paperwork, data collection, verification, filing, and mailing over a more workable period of time.

The fiscal impact on the agency from receipts and expenditures will be minimal, if any. Multi-year certification will take two years to fully implement and will bring in an additional amount of money the first year but thereafter, agency income will remain at the current level. At the current fee structure, there will be no dollar effect on the attendants and services as a result of either of these bills.

The Board began discussing these measures in preparation of the FY2001 budget last June. It has been openly discussed at each Board and committee meeting and throughout the State. It has met with wide-spread approval by attendants as well as the Service Directors.

III. CLOSURE

Thank You for the opportunity to offer this testimony. The Board asks for your approval and support of these two bills. I will be glad to address any questions, comments, or concerns you may have.



Box 441
Clay Center, Kansas 67432

(785) 632-2166 • FAX (785) 632-6050
[HTTP://WWW.KEMSA.ORG](http://www.kemsa.org)

TO: Representative Boston, members of the Health and Human Services Committee

FROM: Connie McAdam, President

DATE: February 1, 2000

RE: HB 2695 and HB 2696

I am pleased to testify today in support of these bills as written by the Kansas Board of EMS. KEMSA has reviewed the changes being proposed and have surveyed our members and all EMS providers in the state through our bimonthly newspaper, the Kansas EMS Chronicle.

H 2695 will allow the Board of EMS to revoke or deny certification to attendants for specific misdemeanor convictions, including crimes against persons and sex crimes. Our survey reveals 84% support from respondents on this issue. KEMSA believes these cases should continue to be examined carefully and certification should be denied if there is determination that the individual has not been rehabilitated enough for the public trust.

The changes to H 2696 will allow service permits to renew annually instead of just by calendar year and will allow multiple year certifications for attendants. These changes will distribute the work of processing certificate and permit renewals throughout the year. The Board of EMS currently operations on a minimal budget and with recent cuts, spreading the work throughout the year will certainly be necessary to maximize staff resources. Service directors were supportive of changing the permit renewal time away from calendar year to avoid other paperwork due at year-end.

KEMSA is pleased with recent changes in the working relationship between the Board of EMS and our organization. We feel the Board has been more responsive to the needs of our members and hope to continue this relationship. It allows EMS providers to have a voice in policing our own ranks and our profession.

In our survey we also identified two other concerns that KEMSA would like the committee to consider:

There has been increasing pressure from health insurance companies, managed care programs and health maintenance organizations to require their subscribers to bypass the 9-1-1 system in accessing emergency services. Subscribers in the urban areas tend to be more concerned about this with more managed care programs working in those areas. Kaiser Permanente, one of the original managed care organizations now has an 800 number for it's subscribers nationwide to call in emergencies so operators can decide if an ambulance is necessary. EMS is fearful this will cause deadly delays in accessing emergency health care.

The majority of EMS services in Kansas are local, city or county based and work on very limited budgets as provided by tax levies and insurance payments. Operations have been hindered in recent years by lack of direct payment from insurance companies. Insurance payments are often made directly to the patient then spent, leaving the local EMS struggling to survive as it attempts to collect debts. This could be helped by requiring direct payments from insurance providers to EMS services.

Thank you for your attention to these matters, I would be glad to answer any questions you might have.

"UNITY IS STRENGTH"

HHS
2-1-2000
Atch #3

My name is Robert Orth. I'm from Sublette, Kansas and I'm the Past President of the Kansas Emergency Medical Technicians Association.

The changes to K.S.A. 65-6133 that are being suggested in HB 2695 are to close a loophole.

Individuals that have been arrested for a violation of the uniform controlled substances act, a crime against a person or a sex crime have been charged with a felony, allowed to plea-bargain that charge to a misdemeanor and if convicted, the Board of EMS has been powerless to deny or modify their certification. The original crime is the same, the resulting misdemeanor conviction is not presently allowed as a reason for Board of EMS action.

This legislation also includes some misdemeanors that were not previously covered.

HB 2695 does recognize that individuals that have been rehabilitated after conviction of the mentioned crimes can be certified as attendants and be a valuable asset to the pre-hospital community.

HB 2696 provides for a better utilization of the Board of EMS staff by allowing attendants, instructor/coordinators and training officers to be certified for two years, rather than the current one year.

With almost 10,000 attendants being recertified in the months of November and December, this legislation will cut that number approximately in half, spreading that paperwork avalanche over two years.

HB 2696 additionally allows the Board of EMS staff to re-permit and re-license ambulance services at a different time of the year rather than the end of the calendar year, a time when they are extremely busy with the task of recertifying attendants. This would probably occur during the middle of the year, leaving the end of the year solely for the attendant recertification process.

The members of KEMTA support the passage of both HB 2695 and HB 2696.

H. H. S.
2-1-2000
Atch #4

Testimony to Health & Human Services Committee - Tuesday February 1, 2000

Hello, my name is Terry David, Director of Rice County Emergency Medical Services and President of the Society of the Kansas EMS Administrators.

I welcome the opportunity to speak today to offer my support to HB 2695 and HB 2696 which impact Emergency Medical Services in the State of Kansas.

HB 2696 makes several changes to the current method of renewing certification. All ambulance providers, as well as all individual attendants now renew their certificates at the end of the calendar year. This is an overwhelming task for the Board of EMS, as it encompasses over 180 ambulance services and close to 10,000 attendants. While the Board of EMS has done a remarkable job in accomplishing this task, from a management point of view, it makes perfect sense to spread the responsibility throughout the year for ambulance services and to every other year for attendants. These changes would have little, if any impact, on individual ambulance services.

It also makes perfect sense to have an attendants that are currently certified as Instructor Coordinators or Training Officers to renew these specialized certifications at the same time they renew their attendant certifications.

HB 2696 is a bill that will help the Board of EMS provide a more efficient service to the EMS providers in Kansas and with the trend in all facets of government to do more with less, this bill will help accomplish just that.

HB 2695 addresses an issue that, unfortunately, has become more prevalent within a small segment of EMS providers in the State of Kansas. Attendants who have committed crimes that could have resulted in a conviction of a felony have plea-bargained their crime to a lesser misdemeanor. Under the current system this can allow people who should not be in the back of an ambulance, attending to the sick and injured who depend and trust on us.

The majority of EMS providers in the State of Kansas, as well as all of the ambulance services directors do not want people who have been convicted of drug offenses, sex offenses or crimes against persons and certainly not crimes against children, working on the ambulances in Kansas providing care to people who are expecting a high caliber professional attendant.

I would encourage and respectfully ask for your support to both of these bills.

Thank you for your time.

H + HS
2-1-2000
Atch #5



METROPOLITAN AMBULANCE SERVICES TRUST
4521 Metropolitan Avenue, Kansas City, KS 66106-2551
Telephone (913) 384-3911 • Fax (913) 384-7396

To: Members of the Kansas House Committee on Health and Human Services
From: Jason White, Assistant to the Director, MAST
RE: HB 2695 & HB 2696
Date: January 31st, 2000

Metropolitan Ambulance Services Trust (MAST) supports the Kansas Board of EMS with regard to seeking the passage of HB 2695 & HB 2696.

These are good improvements to the general EMS laws of Kansas and are broadly supported within the industry.

MAST also supports the Kansas EMS Association (KEMSA) in seeking the addition of two additional issues to these general EMS bills.

MAST believes that HMO's should be prohibited from discouraging patients from accessing 9-1-1 or other emergency services. A recent survey by KEMSA demonstrated that support of over 90% of EMS personnel support the passage of this type of prohibition.

MAST also supports requiring insurance companies to directly pay ambulance services instead of making payments to patients who will often spend the money sent to pay for the services provided. Inclusion of this issue in the general EMS bill will not increase costs for either the insurance companies or the ambulance services but instead will improve the financial picture of ambulance services. The recent survey done by KEMSA shows that 94% of the EMS personnel support the passage of this type of legislation.

We appreciate your consideration of this legislation.

H+HS
2-1-2000
Atch# 6

STATE OF KANSAS



DIVISION OF THE BUDGET
Room 152-E
State Capitol Building
Topeka, Kansas 66612-1575
(785) 296-2436
FAX (785) 296-0231

Bill Graves
Governor

Duane A. Goossen
Director

January 31, 2000

The Honorable Garry Boston, Chairperson
House Committee on Health and Human Services
Statehouse, Room 156-E
Topeka, Kansas 66612

Dear Representative Boston:

SUBJECT: Fiscal Note for HB 2696 by House Committee on Health and Human Services

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2696 is respectfully submitted to your committee.

HB 2696 would change the permit and certification renewal requirements for ambulance services, EMS attendants, instructor-coordinators, and training officers. The bill would allow ambulance service permits to be valid for one year for a period determined by the EMS Board. Currently, the permits are on a calendar year basis. The bill would allow attendants, instructor-coordinators, and training officers to renew their certificates for two years beginning with certificates renewed after January 1, 2001. Certificates must currently be renewed on an annual basis. The bill also clarifies the language concerning the Board's ability to deny, revoke, limit, modify, or suspend a certificate based on the guidelines outlined in the bill.

The Emergency Medical Services Board indicates that fee receipts for certifications might possibly increase for the first two years as this legislation is implemented. The current fee is \$15 for one year. The fee would change to \$30 for two years. The agency states that it would take two years to implement this change fully and that the receipts would return to the previous levels once everyone has converted from a one-year to a two-year certification.

Sincerely,

A handwritten signature in cursive script, appearing to read "Duane A. Goossen".

Duane A. Goossen
Director of the Budget

cc: Barbara Walder-Hittle, EMS

HHS
2-1-2000
Atch # 7