

Approved: May 10, 2002
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on March 13, 2002 in Room 231-N of the Capitol.

All members were present except:

Committee staff present: Ms. Emalene Correll, Kansas Legislative Research Department
Mr. Norm Furse, Revisor of Statutes
Ms. Lisa Montgomery, Revisor of Statutes
Ms. Margaret Cianciarulo, Administrative Assistant

Conferees appearing before the committee: Senator Downey, District 31
Mr. David Lake, Administrator, Board of Medical Services
Mr. Mr. Clyde Graeber, Secretary, KDHE

Others attending: See attached guest list.

Approval of Minutes

The Minutes distributed on March 6, 2002, are approved, as there was no response received from Committee members.

Hearing on HB2665 - an act concerning emergency medical services; relating to certification

Upon calling the meeting, Chairperson Susan Wagle announced there would be a hearing on two bills, the first being HB2665. She then asked Ms. Emalene Correll, Kansas Legislative Research Department, to give a briefing on the bill.

Ms. Correll explained that this bill relates to attendant certificates, repeals a statute that is not shown in this bill, definition of a supervisor (means "in place" or "on site"), allows a new kind of certificate (does not yet have a name), technical changes (ex. "appropriate" changed to "approved") and authority for the applicant to practice expires 120 days from the date of the last class taken by the applicant (to complete the appropriate education for the level applied for, or until the results of the first examination are received by the Board, whichever comes first).

As there were no questions of Ms. Correll, Chairperson Wagle then introduced Senator Downey who presented a story of her granddaughter who, because of allergies, has a need for epinephrine if subject to an anaphylactic reaction. She also stated EMTs (emergency medical technicians) are divided into three classes: Basic, Intermediate, and Paramedic and in the majority of states, only Paramedics are authorized to carry and administer epinephrine. And finally, Senator Downey provided how EMTs in Kansas are classified, valid reasons why a patient may not have this drug, and a proposed amendment to the bill. A copy of her testimony and her amendment is (Attachment 1) attached hereto and incorporated into the Minutes by reference.

As there were no questions for Senator Downey, the Chair called on Mr. David Lake, Administrator of the Board of Medical Services who stated the bill proposes the establishment of a temporary graduate level of certification for a student who has successfully completed an approved course of instruction, taken with the intention of gaining certification as an Emergency Medical Services attendant in Kansas. He listed the three criteria that needed to be met to gain this temporary attendant status and the value of this legislation. A copy of his testimony is (Attachment 2) attached hereto and incorporated into the Minutes by reference.

As there was no opponent or written testimony to be heard, the Chair asked for questions of the Committee. Questions came from Ms. Correll, Senators Salmans and Harrington regarding medical protocol (what happens at sporting events, ex. Football games), how do they get access to a prescription drug, misdiagnosis, instructional components, invasive technique, to would this be beyond the responsibilities of a first responder.

With no further discussion, the Chair announced the hearing was closed.

Hearing on SB643 - an act concerning the secretary of health and environment, permanent color technology; tattooing and body piercing; concerning the transfer of certain powers, duties, and functions to the secretary of health and environment

The Chair then announced a hearing on the second bill SB643 as stated above and asked Mr. Norm Furse to give an overview of the bill. Mr. Furse stated the bill states to delay the effective date of the transfer from July of this year (2002) to July 1 of next year (2003) and that this was HB2275 from last year.

The Chair then called on Mr. Clyde Graeber, Secretary, KDHE, who had no written testimony available, but stated he was simply asking for a one year delay of taking over this responsibility. He stated that the department needs three personnel, and \$200,000.00 to hire them, for this transfer and their fees only amount to \$18,000.00.

The Chair recognized Ms. Mary Ellen Conlee from the Kansas Association of Cosmetology Schools, who mentioned that HB2711 was introduced in the Federal and State Affairs Committee and is still working if this bill is delayed.

A question and comment discussion took place between Senators Wagle and Salmans, Mr. Furse, Ms. Correll, Mr. Graeber, and Ms. Conlee regarding would the secretary have the authority to contract if this is unfunded, fees in the statute would not cover personnel, are there fees in this bill, rules and regs, funding issue only to inspections to board make-up.

The Chair requested an interim study be made.

Adjournment

Adjournment time was at 2:25 p.m.

The next meeting is scheduled for March 14, 2002.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

23 in att.

DATE: Wens. 2-13-02

NAME	REPRESENTING
Michelle Peterson	K. Governmental Consulting
Eddi Honderich	Amer. Cancer Soc. / Physical Therapy
Lisa S. Locke	DPS
MAM FEIGHTM	EMS
DAVID LAKE	EMS
Mary Lou Davis	KBOC
Wendy Welch	"
Rebecca Emery	Federico Consulting
C. Downey	Senator

CHRISTINE DOWNEY

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SENATE CHAMBER

COMMITTEE ASSIGNMENTS
RANKING MINORITY MEMBER: EDUCATION
RANKING MINORITY MEMBER: AGRICULTURE
MEMBER: WAYS AND MEANS
NATURAL RESOURCES
LEGISLATIVE EDUCATIONAL PLANNING
COMMITTEE
JOINT COMMITTEE ON CHILDREN'S ISSUES

March 13, 2002

Public Health and Welfare Committee

Thank you for the opportunity to present a proposed amendment for HB 2665. The amendment began as SB 569, introduced in this committee. Because of time factors, no hearing was scheduled and I am now seeking to add it as an amendment because of its importance.

My two year old granddaughter is allergic to peanuts and eggs and exposure to these subjects can result in an anaphylactic reaction which can be life-threatening. Her parents, grandparents and other relatives have been minimally educated as to the administration of auto-injection epinephrine or an EpiPen.

After some study I discovered the problem is much broader than my concerns about my grand-daughter's safety.

Rapid administration of epinephrine could mean the difference between life and death to an individual suffering an anaphylactic reaction.

One way to expand the safety net to such individuals is to allow all levels of Emergency Medical Technicians (EMTs) to carry epinephrine aboard their vehicles, and be trained to administer this life-saving medication during an emergency.

Most rules and regulations governing EMTs are developed at the state level. Typically, EMTs are divided into three classes: Basic, Intermediate, and Paramedic. In the majority of states, only Paramedics (EMTs with the highest level of training) are authorized to carry and administer epinephrine. EMT-Basics, on the other hand, are generally not permitted to do so. Rather, EMT-Basics are only allowed to assist a patient in administering the patient's own epinephrine auto-injector device.

This is troubling for the following reasons. First, an individual suffering an anaphylactic reaction may not be in possession of his or her own epinephrine prescription or may never have had it prescribed. Second, EMT-Basics typically outnumber all other classes of EMTs combined and are often the first to arrive at the scene.

Therefore, it is crucial that all EMTs responding to an emergency call be equipped with this life-saving medication and be trained and authorized to administer it.

Over the last four years, such laws/regulations have gone into effect in eight States, while similar laws/regulations are currently being considered in a number of other States. Currently, about half of the States in our nation allow all EMTs to carry and administer epinephrine to a patient suffering from anaphylaxis.

*Senate Public Health & Welfare Committee
Date: March 13, 2002
Attachment 1*

March 13, 2002

Senator Christine Downey

Kansas, however, is not one of these States. As a result, an EMT responding to an anaphylactic emergency in Kansas may not arrive at the scene equipped with and authorized to administer precious epinephrine. Fatalities to anaphylaxis have resulted when there was a delay in the administration of epinephrine, or when epinephrine wasn't administered at all.

8984 EMTs in Kansas, classified accordingly: (as of 3-4-02)

- EMT-Basic (approx. 5,850)
- EMT-Intermediate (approx. 865)
- EMT-Defibrillator (approx. 145)
- EMT-Intermediate (approx. 474)
- EMT-Paramedic (approx. 1,650)

Surprisingly, EMTs certified at the Basic, Intermediate, Defibrillator, and Intermediate/Defibrillator level, who together comprise roughly 75% of all EMTs in Kansas, are not authorized to carry and administer epinephrine. Rather, these EMTs are only allowed to assist a patient in administering the patient's own prescribed epinephrine auto-injector. Such a policy overlooks the very real possibility that a patient, or a patient's family, may not be in possession of prescribed epinephrine at the time of an anaphylactic reaction. To illustrate, a fatality study released in 2001 revealed that only 3 of the 32 individuals had epinephrine with them at the time of their reaction.

There are several valid reasons why a patient may not have his or her own prescribed epinephrine available:

- It may be the patient's first anaphylactic reaction.
- The patient may have already used their only dose of epinephrine, and another dose is needed to manage the reaction.
- The patient may never have had epinephrine prescribed to them.

Thank you for your consideration I believe passage of this provision will be an important step towards insuring that no matter where someone is when a reaction occurs, emergency help will arrive with appropriate medication and authority to prevent injury or death, especially in children.

Sen. Christine Downey

PROPOSED AMENDMENT TO HB 2665

On page 3, after line 16, by inserting the following:

"Sec. 2. K.S.A. 2001 Supp. 65-6121 is hereby amended to read as follows: 65-6121. Notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any of the following activities:

- (a) Patient assessment and vital signs;
- (b) airway maintenance including the use of:
 - (1) Oropharyngeal and nasopharyngeal airways;
 - (2) esophageal obturator airways with or without gastric suction device;
 - (3) multi-lumen airway; and
 - (4) oxygen demand valves.
- (c) Oxygen therapy;
- (d) oropharyngeal suctioning;
- (e) cardiopulmonary resuscitation procedures;
- (f) control accessible bleeding;
- (g) apply pneumatic anti-shock garment;
- (h) manage outpatient medical emergencies;
- (i) extricate patients and utilize lifting and moving techniques;
- (j) manage musculoskeletal and soft tissue injuries including dressing and bandaging wounds or the splinting of fractures, dislocations, sprains or strains;
- (k) use of backboards to immobilize the spine;
- (l) administer syrup of ipecac, activated charcoal and glucose;
- (m) monitor peripheral intravenous line delivering intravenous fluids during interfacility transport with the following restrictions:
 - (1) The physician approves the transfer by an emergency medical technician;
 - (2) no medications or nutrients have been added to the intravenous fluids; and

(3) the emergency medical technician may monitor, maintain and shut off the flow of intravenous fluid;

(n) use automated external defibrillators;

(o) administer epinephrine auto-injectors provided that:

(1) The emergency medical technician successfully completes a course of instruction approved by the board in the administration of epinephrine; and

(2) the emergency medical technician serves with an ambulance service or a first response organization that provides emergency medical services; and

(3) the emergency medical technician is acting pursuant to medical protocols;

(p) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols; or

~~(p)~~(q) when authorized by medical protocol, assist the patient in the administration of the following medications which have been prescribed for that patient: Auto-injection epinephrine, sublingual nitroglycerin and inhalers for asthma and emphysema.

In line 17, following "Supp.", by inserting "65-6121 and";

And by renumbering sections accordingly;

On page 1, in the title, in line 10, following the semicolon, by inserting "relating to the administration of auto-injection epinephrine;"; in line 10, following "Supp.", by inserting "65-6121 and"; in line 11, by striking "section" and inserting "sections"

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Dennis Allin, M.D.
Chair

Bill Graves
Governor



M E M O R A N D U M

DATE: March 13 , 2002

TO: Senator Susan Wagle, Chair; and Members of the
Senate Public Health and Welfare Committee

FROM: David Lake, Director
State Board of Emergency Medical Services

RE: Testimony in support of HB2665

Mr. Chairman and members of the committee, Thank You for the opportunity to provide testimony in support of HB2665. This bill proposes the establishment of a temporary graduate level of certification for a student who has successfully completed an approved course of instruction, taken with the intention of gaining certification as an Emergency Medical Services attendant in Kansas.

The request for consideration of issuing a temporary certification must come from the operator of a licensed ambulance service in Kansas. To gain this temporary attendant status, three criteria must be met. First, as mentioned above, the student must have successfully completed all components of an approved course of instruction. Second, the student must be serving with the ambulance service requesting the temporary certification. Third, the student is working under the direct supervision at all times of a physician, physician assistant, professional nurse or an attendant who is at or above the certification level that the student has applied for.

*Senate Public Health & Welfare Committee
Date: March 13, 2002
Attachment 2*

Once issued, the authority to practice under this temporary certification will expire 120 days from the date of last class or when the results of the first certification examination are received by the Board of EMS, whichever comes first. This temporary certification cannot be renewed and shall be valid only while the student serves with the ambulance service which has requested the temporary certification.

The value of this legislation is to allow a student to continue learning and gaining experience, while under the direct supervision of qualified personnel, from that period of time when formal "classroom" instruction ends and results of certification examinations, both practical and written, are received in the Board's office.

Thank you for the opportunity to present this testimony. I will be glad to address any questions, comments or concerns you may have regarding this proposed legislation.