

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:32 P.M. on February 16, 2005, in Room 526-S of the Capitol.

Committee members absent:

Representative Brenda Landwehr- excused
Representative Judy Showalter- excused

Committee staff present:

Melissa Calderwood, Kansas Legislative Research Department
Mary Galligan, Kansas Legislative Research Department
Rena Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Tamara Potts, Citizen, Basehor
David Lake, Administrator, Kansas Board of Emergency Medical Services
Dennis Allin, MD, Chair, Kansas Board of Emergency Medical Services

Others attending:

See attached list.

The Chair opened the hearing on **HB 2211**.

Tamara Potts, a citizen from Basehor, told her story about her mother's fall, breaking her hip, and Ms. Potts' experience with ambulance attendants who refused the presentation of a durable power of attorney, leaving her mother unattended, ultimately causing her mother to die from her injury. (Attachment 1) Through this experience she said she learned that no specific protocols are taught to Emergency Medical Technicians. She said the bill would protect other injured parties from experiences like her mother's. She suggested changing *should* to *shall* on page 1, line 25, and page 2, line 7.

Peter Cristiano, MD, Ms. Potts' mother's physician, provided written testimony in support of the bill. (Attachment 2)

David Lake, Administrator, Kansas Board of Emergency Medical Services (EMS), spoke as a neutral party. (Attachment 3) He said Ms. Potts' testimony illustrates the importance of proper training for EMS attendants, noting that beginning two months ago, the relevant legal documents were placed on the agency website to assure that attendants could make proper judgments when presented with documents. (Attachment 4) He also commented that some emergencies are attended by First Responder agencies who may or may not be EMS attendants. Nevertheless, he agreed that the bill dealt with critical information, and he supported the intent of the bill.

Tuck Duncan, representing American Medical Response, submitted written testimony as an opponent.

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:32 P.M. on February 16, 2005, in Room 526-S of the Capitol.

(Attachment 5)

Answering questions, Mr. Lake said some first responder organizations are not regulated by EMS; he cited the Topeka Fire Department as an example. He acknowledged that any EMS attendant should be cognizant of legal documents, but that in emergency situations he could not guarantee that the bill would always be followed to the letter. He also stated that additional training would be initiated to ensure thorough training for EMS attendants. He also noted that unless a directive document is at hand when attendants arrive, they are under no obligation to honor a verbal statement unless it comes from the patient, saying that an attendant who moves a patient against his or her wishes can be charged with assault.. He said the EMS Board does not personally train attendants, but it does approve their training and certify them.

The Chair closed the hearing on **HB 2211** and opened the hearing on **HB 2158**.

David Lake, Administrator, Kansas Board of Emergency Medical Services, explained the need for the bill. (Attachment 6) He said the EMS Board has one of the most thorough training programs in the nation, and Kansas attendants are trained to give quality service to patients: about 2000 hours of training, including clinical experience under knowledgeable supervision. However, out-of-state attendants who want to work in Kansas may have inadequate training, often having been certified without any patient contact or clinical experience; therefore, the Board wants to give them time to be adequately trained before certifying that they have skills to treat the public. He said the bill will give the Board authority to grant a temporary certificate until an applicant can develop the necessary skills and will extend the time for preparation from one year to two years, noting that the change to two years corresponds with the national registry requirements.

Dennis Allin, MD, Chair, Kansas Board of Emergency Medical Services, spoke as a proponent. (Attachment 7) He said the bill removes the stipulation that a person must be an EMT (Emergency Medical Technician) before taking the certification test, and it provides a temporary certificate to the applicant rather than to the ambulance service.

Tuck Duncan, American Medical Response, provided written testimony in opposition to the bill. (Attachment 8)

Answering questions, Dr. Allin said the bill will not necessarily make it easier to certify EMTs, but it will assure that they are trained properly.

The Chair closed the hearing on **HB 2158** and announced that the committee would work **HB 2178**.

A motion was made and seconded to pass out the bill favorably and place it on the Consent Calendar. The motion passed unanimously.

A motion was made and seconded to consider for passage **HB 2088**. The motion passed 8-7.

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:32 P.M. on February 16, 2005, in Room 526-S of the Capitol.

Representative Mast recommended a substitute bill, saying that after the original bill's hearing she incorporated concerns and objections expressed at the hearing into a substitute bill.

Discussion ensued as members expressed concerns about various aspects of the bill: the felony punishment seemed excessive; the bill needed clarification as to whether the crime was in killing the baby or failing to report the death; the bill needed further work before being passed out. Other members replied that a person who hides a death needs to be held accountable.

A motion was made and seconded to refer the bill to the House Judiciary Committee.

Further discussion elicited more comments. A member said the Kansas Bureau of Investigation and the Lyon County Sheriff's Department wanted to see the bill passed, and a Child Death Review Board was on record that the issue of untended births needs to be addressed.

The motion to refer was defeated 8 to 9.

A motion was made and seconded to recommend **Sub for HB 2088** as favorable for passage. After brief discussion, the motion passed 9-8.

The meeting was adjourned at 3:15 p.m. The next meeting is scheduled for Thursday, February 17, 2005.

**HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST**

DATE: FEBRUARY 16 2005

NAME	REPRESENTING
Dennis Allen M.D.	Board of EMS
DAVID LAKE,	Bo. of EMS
Dale Wasson	Bainfield Area EMT
Jamara Dwidson Potts	Family of Ella Alene Wilson
Michelle Mitchener	Friend of Ella Alene Wilson
Camrie Mitchener	Friend of Alene Wilson
Jim Wilson	Family of Ella Alene Wilson
Loosh Wilson Potts	Grandson of Mrs. Williams
Cindy Taylor	— student observation
Melanie Brown	Student Observation
Jennifer Vanderboeke	Student Observation
Susie Corbett	Student Observation
CAROL LEAR	STUDENT OBSERVATION
Pat Lehman	K F S H
Laci Lechliter	Student KNASW
Bob Lehman	Friends of Breastfeeding
Jenna Plattner	student KNASW
Angela Gossman	Student KNASW
Brandi Lewis	student KNASW

Written testimony of Tamara D. Wilson Potts
In support of the passage of House Bill #2211

What began on November 23rd, 2003 has led to this moment. Today my brother Jim and I ask that you seek passage of Bill 2211 so what happened that Sunday with our mother, Ella Alene Woodson Wilson, will never happen again to anyone else. My mother fell on our kitchen floor, breaking her hip. I was at church when my brother phoned with the urgent news. I hurried home. She was a petite woman of 68 years old – just a month away from her 69th birthday. He wanted to call 911 immediately but she told him to “wait til Tammy gets here. She’ll know what to do.”

I helped make decisions for my mother since my father’s passing in 1993. Our family attorney finalized a Durable Power of Attorney document at my mother’s urging, making me the DPOA for her healthcare/medical, and financial decisions in October of 1994. For almost 10 years, we carried that DPOA document everywhere we went.

I called 911 (I told them she would probably say no to the transport but that I had a DPOA on scene). Three volunteers with the Fairmont Township responded first, and then came a paramedic and one EMT from the Leavenworth County EMS. I met them at the front door and led them to Mom’s bedside. She had a panicked look on her face with all the newcomers to her home.

The lead attendant talked with me in the downstairs hallway, shoving my DPOA paperwork back at me, never taking it from me and never reading it. He seemed indifferent to the situation, telling me he was “educating” me on patient’s rights. “Patient’s right to say no overrides any paper lady”, were his next words to me. I told him she suffered with dementia. He told me “there’s no way that lady has Alzheimer’s or dementia”. A Leavenworth Co EMS supervisor was on scene but turned away by this same paramedic at the front door. After an hour of pleading for my DPOA to be read and honored, they left Mom where they found her. As the paramedic was going out the door, he flippantly remarked, “We could be charged with kidnapping or even assault if we take her lady”. His last words to me were, “Call us back when she’s unconscious”.

She never went unconscious. She was always in pain, and could not move or walk by herself. Precious time was slipping away. We began a frantic phone search for help. I finally bought a wheelchair at a drugstore in Kansas City Kansas, loaded her in my mini-van and 17 hours after the 911 call was made -- finally made it to the hospital.

We’ve been told that Bill 2211 sets a legal precedent. It is a responsible answer to EMS questions regarding legal documents and response. Other states are watching the passage of Bill 2211, and how they can introduce it in their own states. The Kansas Board of EMS’ investigations committee asked the Kansas Attorney General’s office for these clarifications so EMS could respond accordingly in future

Attachment 1
HHS 2-16-05

situations. This stems from our complaints filed last April. My mother's case is still open as they consider a new "compassionate" educational program to specifically address the crew's conduct on scene.

An important amendment needs to be made to Bill 2211 to strengthen its effectiveness. I ask for the word "should" (in line #1 in both sections I and D) be changed to "shall" to let there be no doubt that documents shall be reviewed by EMS on scene. They need to read the papers to know how to respond.

How do we prevent it from happening again? Bill 2211 is the first step. Every ambulance in the state of Kansas will be required to keep a copy of Bill 2211's provisions for on scene review of legal documents.

In my research this past year, there has not been one single case in the state of Kansas or even in the United States where an EMS worker was actually charged with kidnapping. This is an urban legend, a myth taught in EMS training. It needs to be seen for what it is and debunked by law. You should consider an amendment to Bill 2211 so that no EMS worker can claim they would be subject to kidnapping.

We do not want what happened with Alene to happen again. If Bill 2211 stops here and it does not become law, then this crew's callous actions will be repeated. It is a matter of time. They didn't read our DPOA. They ignored Mom's history of dementia, and lastly, they abandoned her with a life-threatening injury. Bill 2211 clearly defines legal documents and EMS required response. They should have transported her. It is a matter of common sense, compassion and truly caring for someone who does not understand the dire need of her injury or circumstances.

Lastly, I want to thank Mom's physician for his written testimony you have. Dr. Peter Cristiano is an outspoken advocate of Bill 2211. He was my mother's physician and critical of the non-transport decision made by Leavenworth County EMS. I commend the state of Kansas for leading the way in protecting the public with Bill 2211 and helping address EMS concerns. Thank you.

Written Testimony for Peter Cristiano, M.D.
Re: House Bill #2211

I have been the physician of Ella Alene Wilson for several years. It is my opinion that the failure of Leavenworth County EMS to transport Alene on November 23, 2003 to the hospital for urgent care, drastically reduced her chances of survival from this major injury. It contributed to her final demise 14 days after Alene's family asked LV CO EMS to honor a Durable Power of Attorney document and transport Alene so she could receive emergency care.

When she came to my office on November 24, 2003, she was in severe pain. It had been approximately 16 hours since she had fallen at home and fractured her leg. Her blood pressure was markedly elevated which indicated something severe was happening. She was in excruciating pain and traumatized by the long delay in receiving medical care for very severe injuries. She was noted then of having hallucinations and suffering from dementia. The rest of her hospital course is well documented in the charts from St. John's Hospital in Leavenworth.

She needed immediate surgery, but could not be a successful candidate until her blood pressure reduced to normal range. The added delay of surgical treatment for the fracture, combined with constant pain, and severe high blood pressure placed a further burden on the patient's already weakened medical condition. This type of delay can precipitate shock.

There are several options the crew should have considered rather than abandoning her at home without further concerns for her welfare. In a physical and mental trauma, pain causes people not to think right. The paramedics should have tried to convince her, not just for an hour, but for however long it took. They could have called me. I could have confirmed her history of dementia, and given them approval to transport.

When they were asking Alene questions, they should have asked themselves a couple key questions. First, is this person rational? Secondly, isn't it irrational to think that a person with a broken hip doesn't want attention given to it -- especially when they're in extreme pain? There is a simple common sense answer to what LV CO EMS should have done that day. If you're walking down the street and you come across someone lying on the ground, immobile and in pain -- what do you do? What would any good Samaritan, let alone a medical professional, someone dedicated to helping people, do in that situation? You have an obligation to see to that patient. You do the right thing. Leaving is just not acceptable.

Bill 2211 requires all EMS to read legal documents they are presented with on scene and respond appropriately. The paramedic and the EMT that day should have read the DPOA, honored the family's wishes and transported Alene for urgent care. They didn't though. That's why Bill 2211 needs approval to clarify this situation and prevent future cases.

Attachment 2
HHS 2-16-05

KANSAS

DAVID LAKE, ADMINISTRATOR
GOVERNOR
DENNIS ALLIN, M.D., CHAIR

KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

KATHLEEN SEBELIUS,

Date: February 14, 2005

To: Dr. Jim Morrison, Chair and Members
House Health and Human Services Committee

From: David Lake

RE: HB 2211 Testimony

Mr. Chairman and members of the committee, Thank You for the opportunity to provide this testimony on HB 2211. I can best describe my testimony this afternoon as "neutral" but leaning toward support. Almost three months ago now, in response to a situation that arose with a licensed ambulance service and the issue of a power of attorney, our agency's attorney produced a document as described in this bill. I have provided you with a copy of that document. At the time, we made it available to all interested parties by placing it on our webpage and mailing it to them if requested.

We have since made several public statements about the availability of the document and a recommendation on how it might be utilized. We have made it very clear that the document as developed is our attorney's "interpretation" of the specific legal documents that may be presented to EMS attendants in the field. We encourage them to be sure that the attorney who would represent them in any action has an opportunity to review the document and be allowed to provide his/her input into that interpretation.

Once that has been accomplished, time should be spent in educating all attendants of the service in those legal documents and the appropriate action to take when they are presented in the field. It will be most beneficial if they are given the "heads-up" and educated prior to being confronted, most likely at a very highly stressful time for everyone involved. I think it would be very beneficial, also, to provide training to the general public in these documents and what they can and cannot provide.

As a suggestion, we will be glad to see that copies of the document and suggestions for their use is sent to all licensed ambulance services in our State. As we are in the middle of a complete review of our agency's rules and regulations, perhaps at your direction we can promulgate a regulation requiring this document to be a part of the mandated paperwork they must carry on each licensed ambulance.

The Board is very supportive of educating the attendants of our State in the *proper* response to the patient's and patient's family requests. I make this suggestion merely as a method of accomplishing the intent of the bill while reducing the time spent on hearings and possible delays in implementation.

Attachment 3
HHS 2-16-05

KANSAS

DAVID LAKE, ADMINISTRATOR
GOVERNOR
DENNIS ALLIN, M.D., CHAIR

KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

KATHLEEN SEBELIUS,

Date: February 14, 2005

To: Dr. Jim Morrison, Chair and Members
House Health and Human Services Committee

From: David Lake

RE: HB 2211 Testimony

Mr. Chairman and members of the committee, Thank You for the opportunity to provide this testimony on HB 2211. I can best describe my testimony this afternoon as "neutral" but leaning toward support. Almost three months ago now, in response to a situation that arose with a licensed ambulance service and the issue of a power of attorney, our agency's attorney produced a document as described in this bill. I have provided you with a copy of that document. At the time, we made it available to all interested parties by placing it on our webpage and mailing it to them if requested.

We have since made several public statements about the availability of the document and a recommendation on how it might be utilized. We have made it very clear that the document as developed is our attorney's "interpretation" of the specific legal documents that may be presented to EMS attendants in the field. We encourage them to be sure that the attorney who would represent them in any action has an opportunity to review the document and be allowed to provide his/her input into that interpretation.

Once that has been accomplished, time should be spent in educating all attendants of the service in those legal documents and the appropriate action to take when they are presented in the field. It will be most beneficial if they are given the "heads-up" and educated prior to being confronted, most likely at a very highly stressful time for everyone involved. I think it would be very beneficial, also, to provide training to the general public in these documents and what they can and cannot provide.

As a suggestion, we will be glad to see that copies of the document and suggestions for their use is sent to all licensed ambulance services in our State. As we are in the middle of a complete review of our agency's rules and regulations, perhaps at your direction we can promulgate a regulation requiring this document to be a part of the mandated paperwork they must carry on each licensed ambulance.

The Board is very supportive of educating the attendants of our State in the *proper* response to the patient's and patient's family requests. I make this suggestion merely as a method of accomplishing the intent of the bill while reducing the time spent on hearings and possible delays in implementation.

Legal Documents That Maybe Presented To Attendants On The Scene

I. Durable power of attorney for health care decisions (DPOAHCD) KSA 58-625

What is it?

A DPOAHCD is a legal document where the patient designates an agent to make health care decisions, including the decision to consent or refuse to consent to emergency care. K.S.A. 58-625

1. The attendant should review the document to determine whether the agent has the right to consent/refuse to consent to treatment.
2. The document will tell the attendant when the agent can make health care decisions. Most DPOAHCDs are not effective until the patient is "impaired" as determined by the patient's attending physician. However, some DPOAHCDs are effective regardless of whether the patient is impaired. K.S.A. 58-625; K.S.A 2003 Supp. 58-629(b).
3. The agent has a duty to act consistent with the expressed desires of the patient. If the patient is not under a legal guardianship and appears to be mentally capable of making health care decisions, the attendant should follow the patient's wishes. K.S.A. 2003 Supp. 58-629(c).
4. If the attendant follows the DPOAHCD and the latter is found to be invalid [i.e. not dated and witnessed by 2 appropriate witnesses etc.], the attendant will still be immune from legal liability as a result of following the DPOAHCD. K.S.A. 2003 Supp. 58-629(g)

II. Power of Attorney (POA) KSA 2003 Supp. 58-650

What is it?

A POA is a legal document where a person designates an agent to make certain decisions, usually financial. However, sometimes a POA may authorize an agent to make certain medical decisions.

1. The attendant should review the document to determine whether the agent can make decisions regarding the right to consent/refuse to consent to treatment.
2. If the document gives the right to make medical decisions, the attendant will need to determine when the power is effective. POAs can be effective when the patient is no longer capable of making decisions or when the patient is still capable. A durable POA continues regardless of the patient's disability. A nondurable POA ceases when the patient can no longer make decisions regarding health care.
3. The agent has a duty to communicate with the patient and follow the patient's instructions "to the extent reasonably possible under the circumstances." K.S.A. 2003 Supp. 58-656(b). If the patient is not under

- a legal guardianship and appears to be mentally capable of making decisions, the attendant should follow the patient's wishes.
4. A DPOAHCD generally supercedes a POA. When faced with both a POA and a DPOAHCD, an attendant should follow a DPOAHCD. K.S.A. 2003 Supp. 58-654(g)(2).
 5. Attendants who act under a POA may be immune from liability. K.S.A. 2003 Supp. 58-658.

III. Living Will

KSA 65-28, 101

What is it?

A living will is a legal document that applies only to patients who have a terminal illness, as certified by 2 physicians. A living will directs medical personnel to withhold or withdraw life-sustaining procedures.

1. This document becomes effective when the patient is no longer capable of making medical care decisions. If the patient is capable, the patient's desires supercede the living will.
2. A living will applies only to life sustaining procedures – not routine medical care such as splinting broken limbs.

IV Guardianship

KSA 2003 Supp. 59-3051

What is it?

A guardianship is established for a person who lacks the capacity to meet his/her essential needs for physical health. If a court has appointed a person to be the guardian of the patient, the guardian should give the attendant a court order to this effect.

1. A guardian makes medical decisions for the patient but the guardian has to take into account the "expressed desires and personal values of the ward to the extent known to the guardian" in making those decisions. K.S.A. 2003 Supp. 59-3075(a)(2)
2. A guardian can consent or refuse to consent to treatment. K.S.A. 2003 Supp. 59-3075(b)(3). However, a guardian cannot consent to withholding life saving or life sustaining medical care unless the patient has executed a living will or a DPOAHCD.

V Do Not Resuscitate Orders/Directives (DNR)

KSA 65-4941


What is it?

A DNR directs health care providers to not initiate any procedure to restart breathing or heart function if breathing/heart function fails. K.S.A. 65-4942

1. No civil/criminal liability if health care provider withholds CPR pursuant to DNR. K.S.A. 65-4944.



AMERICAN MEDICAL RESPONSE®

To: House Health and Human Services Committee
From: R.E. "Tuck" Duncan
American Medical Response 
RE: HB 2211

HB 2211 provides that "Every ambulance in the state is required to have on board at all times a brochure or other document containing the explanations of legal documents..."

The content of the brochure is also detailed in the bill.

If the Board of EMS desires to publish such a brochure that is their prerogative. However, the presence of the required brochure on board an ambulance could be construed as a requirement that an attendant provide the information contained therein at the scene. There is no time at the scene of an acute call for an attendant to be educating the public about the possible significance of certain legal documents.

Attendants should do what they do best ... provide emergent care, and not legal advice. *We oppose HB2211.*

Thank you for your attention to and consideration of this matter.

Attachment 5
HHS 2-16-05



KANSAS

DAVID LAKE, ADMINISTRATOR
DENNIS ALLIN, M.D., CHAIR

KATHLEEN SEBELIUS, GOVERNOR

KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

Date: February 10, 2005
To: Dr. Jim Morrison, Chair and Members
House Health and Human Services Committee
From: David Lake, Lawrence, Kansas, representing the Board of EMS
RE: Proponent Testimony on HB2158

Mr. Chairman and members of the committee, Thank You! for the opportunity to provide this testimony in support of HB 2158. The Board of EMS considers this legislation to be very user-friendly in that it amends the current statute 65-6129 with regard to gaining certification as a Kansas EMS attendant, whether permanent or temporary.

The purpose of the bill is to clarify the Board's position on temporary certification and legal recognition in verifying that an attendant seeking Kansas certification who was **NOT** trained in Kansas has received, or will be required to obtain, training that is comparable to what is required of those trained in our State. The Board feels strongly that this is necessary and important with regard to our primary mission of protecting the public because of the wide disparity in training requirements of the other States and territories.

The following is an item-by-item explanation of the proposed amendments to the current statute:

- I (1)(A) - This change increases the length of time a candidate has to make application for certification from one year to two years from the date of last class of a course of instruction approved by the Board. This is being recommended to match the time-frame allowed by the National Registry of EMT's, the organization we currently use for the initial testing of our students.
- II (2) - These changes identify and clarify the requirements that must be met in order for someone to gain Kansas certification as an attendant.
 - (A) If **NOT** trained in Kansas, must be currently certified in another jurisdiction (State or Territory) or with the NREMT at the level of certification for which application is made; the application will require documentation of applicant's training and if **NOT** comparable to Kansas requirements, applicant will have to successfully complete the training prior to receiving full Kansas certification.

Attachment 6
HHS 2-16-05

- (B) Has successfully completed a Kansas approved course of instruction at the level of certification being sought;
 - (C) Has paid the applicable fees.
 - (b) removes the STATE requirement for an MICT to be first certified as an EMT. The NREMT requires that MICT applicants be certified as an EMT and this proposed change will allow us some flexibility with regard to the MICT/RN bridge program developed by our agency.
- III (c) - The date is being eliminated, primarily as a clean-up measure as this was only added four years ago when we went to biennial certification. The date is no longer required.
- IV The following changes reflect the Board's proposal for issuing a temporary certification.
- (d)(1) This proposed change will allow the Board to issue a temporary certification to an individual, rather than a service, **IF** that person does not meet the criteria for gaining full certification as identified earlier in this statute.
 - (2) This proposed change increases the length of time a temporary certificate is valid from one year to a maximum of two years from the date of issuance.

Again, Thank You for the opportunity to provide this testimony. I will be glad to answer any questions or respond to any comments or concerns you may have.



KANSAS

DAVID LAKE, ADMINISTRATOR
DENNIS ALLIN, M.D., CHAIR

KATHLEEN SEBELIUS, GOVERNOR

KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

Date: February 10, 2005
To: Dr. Jim Morrison, Chair and Members
House Health and Human Services Committee
From: Dennis Allin M.D., Chairman, Shawnee, Kansas, representing Kansas Board of EMS
RE: Proponent Testimony on HB2158

Mr. Chairman and members of the committee, thank you for providing this opportunity to speak in support of HB 2158. The issues addressed in this legislation have occupied the thoughtful consideration of the Board of EMS for many months through public Board of EMS committee meetings as well as meetings between myself and members of the EMS public. We have reached unanimous agreement that the proposed changes to the current statute 65-6129 best serves the EMS public as well as the public at large.

This bill serves only to make the certification process more user-friendly and consistent in the following ways:

- I. Increasing the length of time a candidate has to make application for certification from one year to two years from the date of last class of a course of instruction approved by the Board. This is being recommended to match the time-frame allowed by the National Registry of EMT's, the organization we currently use for the initial testing of our students.
- II. Increasing the length of a temporary certification from 1 year to 2 years. This is more consistent with our standard re-certification process.
- III. Removing the STATE requirement for an MICT to be first certified as an EMT. The NREMT requires that MICT applicants be certified as an EMT and this proposed change will allow us some flexibility with regard to the MICT/RN bridge program developed by our agency.
- IV. Allowing the Board to issue a temporary certification to an individual, rather than a service. This allows the provider increased professional freedom in their practice not afforded them when a service holds their temporary certification.

Finally, it should be made clear that, although requirements for certification are outlined in this bill, in no way is the scope or the authority of the State Board of EMS increased. K.S.A. 65-6129, as it currently exists, already charges the Board of EMS with defining the equivalency of other state's

*Attachment 7
HHS 2-16-05*

HB 2158 Testimony
House Health and Human Services Committee
February 15, 2005
Page Two

programs to our own. The proposed bill simply contains clearer, more concise language than what currently exists with the specifics of equivalency to be determined through agency regulations, which will have their own public input and scrutiny.

Again, Thank You for the opportunity to provide this testimony.



AMERICAN MEDICAL RESPONSE®

To: House Health and Human Services Committee
From: R.E. "Tuck" Duncan
American Medical Response
RE: HB 2158

A handwritten signature in black ink, appearing to read "R. E. Duncan", with a long horizontal line extending to the right.

This bill was before this committee last year. This bill basically eliminates the reciprocity now available for out-of-state paramedics. It has been the long standing practice in this state to recognize the national registry certification and give full faith and credit to sister-state educational programs. This bill delegates to the Board of EMS the ability to prescribe that an attendant must complete an instate educational program within the two years of being granted a temporary license, or else lose one's accreditation.. Certain programs require full time attendance for two years. As a national company this bill will place a chilling effect on our ability to attract the best and brightest from other states to work in Kansas. Further this bill ignores the fact that there is a paramedic shortage and this policy will further exacerbate that problem across the state, We oppose HB2158 and ask that the committee not advance it to the House.

Thank you for your attention to and consideration of this matter.

Attachment 8
HHS 2-16-05