Approved: March 18, 2010
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Vice Chair David Crum at 1:30 p.m. on March 11, 2010, in Room 784 of the Docking State Office Building.

All members were present except:
Representative Jim Morrison - excused
Representative Marc Rhoades - excused
Representative Valdenia Winn - excused
Representative Gail Finney - excused
Representative Mike Slattery - excused
Representative Scott Schwab - excused

Committee staff present:
Norm Furse, Office of the Revisor of Statutes
Kathie Sparks, Kansas Legislative Research Department
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:
Steve Sutton, Interim Executive Director, Kansas Board of Emergency Services (Attachment 2, Attachment 3)

Others attending:
See attached list.

SB 262 - Emergency medical services attendants scope of practice and titles

The committee proceeded to work **SB 262**.

Norm Furse, Office of the Reviser of Statutes, reviewed the proposed amendments to the bill (Attachment 1).

Steve Sutton, Interim Executive Director, Kansas Board of Emergency Medical Services was available to answer questions from the committee concerning the two documents he had submitted as testimony (Attachments 2 and 3).

Mr. Sutton requested the definition of a county medical society on page 5, item "s" be stricken from the substitute bill. Jerry Slaughter, Kansas Medical Society, indicated he agreed with the proposed change. Norm Furse indicated this definition was new language so the committee could revert to the current language.

Representative Crum made a motion to adopt the substitute language for **SB 262**. The motion was seconded by Representative Furtado. The motion carried.

Representative Crum made a motion to amend the bill to eliminate item "s" on page 5 referring to the definition of a county medical society. Representative Ward seconded the motion. The motion carried.

Chairperson Landwehr reported she had been concerned as to whether or not the language was clear enough so that scope of practice changes stay in statute rather than rules and regulations. She then presented some amended language (Attachment 4) for the committee to review. The document was also provided to Steve Sutton and Jerry Slaughter for them to comment on.

Representative Crum made a motion to adopt the proposed amendment to allow less authority in rules and regulations to the Board. The motion was seconded by Representative Flaherty. The motion carried.

Representative Crum made a motion to pass out the Substitute bill for SB 262 as amended. The motion was seconded by Representative Flaharty. The motion carried.

SB 500 - Healing arts; exception from prohibited acts for individuals who earned a degree from an accredited healing arts school or college

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

Minutes of the House Health and Human Services Committee at 1:30 p.m. on March 11, 2010, in Room 784 of the Docking State Office Building.

The committee proceeded to work **SB 500**.

Norm Furse, Office of the Revisor of Statutes, reviewed proposed amendments to the bill. (Attachment 5)

Representative Flaharty made a motion to accept the proposed amendments. Representative Crum seconded the motion. The motion carried.

Representative Flaharty made a motion to pass **SB 500** favorably as amended. Representative Crum seconded the motion. The motion carried.

HR 6017 - Obesity in the African American, Hispanic/Latino American and Native American communities

The committee proceeded to work **HR 6017.**

Norm Furse, Office of the Revisor of Statutes, reviewed a proposed amendment to the bill (Attachment 6).

Representative Mast made a motion to adopt the amendment. The motion was seconded by Representative Furtado. The motion carried.

Representative Crum made a motion to pass **HR 6017** as amended. The motion was seconded by Representative Furtado. The motion carried.

SB 508 - Discount card; filing requirements with the secretary of state

Representative Crum made a motion to pass **SB 508** and place it on the consent calendar. The motion was seconded by Representative Jack. The motion carried.

SB 475 - Sub for S 475 by Committee on Public Health and Welfare – Board of mortuary arts; funeral directors

Norm Furse, Office of the Revisor of Statutes, reviewed a proposed amendment with the committee that had been included in the testimony at the hearing.

Representative Flaharty made a motion to adopt the amendment for **SB 475.** The motion was seconded by Representative Mast. The motion carried.

Representative Flaharty made a motion to pass **SB 475** favorably as amended. The motion was seconded by Representative Furtado. The motion carried.

The next meeting is scheduled for March 16, 2010.

The meeting was adjourned at 2:31 p.m.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 3-11-10

NAME	REPRESENTING
Steve Sutton	Ks Board of EMS
Terry Hirsch	KS EMT
Chy Miller	Hutchinson Comm. College / KEMSA
Craig Gaither	KSNA
Michelle Butler	Cap. Strategies
David Ramer	Kearney & Assoc.

Please use black ink

Debbie Bartuccio

From: Debbie Bartuccio
Sent: Tuesday, March 09, 2010 4:36 PM
To: Kathie Sparks; Melissa Calderwood; Artur Bagyants; Norman Furse; Aaron Jack; Ann Mah; Bill Otto; Bill Otto; Brenda Landwehr; Cindy Neighbor; Cindy Neighbor; Clark Shultz; Clark Shultz; David Crum; Dolores Furtado; Don Schroeder; Ed Trimmer; Gail Finney; Geraldine Flaharty; Jill Quigley; Jim Morrison; Jim Morrison; Jim Ward; Lana Gordon; Marc Rhoades; Mike Slattery; Owen Donohoe; Peggy Mast; Phil Hermanson; Scott Schwab; Scott Schwab; Valdenia Winn
Cc: Ann Deitcher; Betty Wells; Carol Bainum; Cheryl Coffman; Colleen Logan; Cyndie Rexer; Debbie Bartuccio; Gary Deeter; Georgette Lonsinger; Hazel Henderson; Jackie Zabokrtsky; Jan King; Judy Marks; Leota Golden; Marsa Behner; Maureen Stinson; Nancy Gilchrist; Patty Franklin; Shirley Akers; Sue Fowler
Subject: FW: Sub. SB 262 Info from Norm Furse for H&HS Committee
Attachments: 9rs1810.pdf

Please see the attached information as explained below from Norm Furse. Thank you.

Debbie Bartuccio, Committee Assistant

REPRESENTATIVE BRENDA LANDWEHR
Health & Human Services Committee
State Capitol
300 SW 10th Ave., Suite 151-S
Topeka, KS 66612
785-296-7683

From: Norman Furse
Sent: Tuesday, March 09, 2010 4:23 PM
To: Debbie Bartuccio
Subject: Sub. SB 262

Debbie, Representative Landwehr asked that I forward the attached recut of SB 262 to you for distribution to the committee. This draft would be a substitute for the current SB 262. Thanks.

Norm

HEALTH AND HUMAN SERVICES
DATE: 3-11-10
ATTACHMENT: 1-1

2010

9rs1810

HOUSE Substitute for SENATE BILL NO. 262

By Committee on Health and Human Services

AN ACT concerning emergency medical services; scope of practice of certain attendants; titles of certain attendants; amending K.S.A. 19-4608, 21-2511, 44-1204, 65-6121, 65-6129c, 65-6135, 65-6144, 65-6145 and 66-1810 and K.S.A. 2009 Supp. 8-1001, 65-6001, 65-6111, 65-6112, 65-6119, 65-6120, 65-6123, 65-6124, 65-6129, 75-4364 and 80-2518 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 2009 Supp. 65-6111 is hereby amended to read as follows: 65-6111. (a) The emergency medical services board shall:

(1) Adopt any rules and regulations necessary to carry out the provisions of this act;

(2) review and approve the allocation and expenditure of moneys appropriated for emergency medical services;

(3) conduct hearings for all regulatory matters concerning ambulance services, attendants, instructor-coordinators, training officers and providers of training;

(4) submit a budget to the legislature for the operation of the board;

(5) develop a state plan for the delivery of emergency medical services;

(6) enter into contracts as may be necessary to carry out the duties and functions of the board under this act;

(7) review and approve all requests for state and federal funding involving emergency medical services projects in the state or delegate such duties to the administrator;

(8) approve all training programs for attendants, instructor-coordinators and training officers and prescribe certification application fees by rules and regulations;

(9) approve methods of examination for certification of attendants, training officers and instructor-coordinators and prescribe examination fees by rules and regulations;

(10) ~~appoint a medical consultant for the board. Such person shall be a person licensed to practice medicine and surgery and shall be active in the field of emergency medical services~~ appoint a medical advisory council of not less than six members, including two board members, one of whom shall be a physician and not less than four other physicians who are active and knowledgeable in the field of emergency medical services who are not members of the board to advise and assist the board in medical standards and practices as determined by the board. The medical advisory council shall elect a chairperson from among its membership and shall meet upon the call of the chairperson; and

(11) approve providers of training by prescribing standards and requirements by rules and regulations and withdraw or modify such approval in accordance with the Kansas administrative procedures act and the rules and regulations of the board.

(b) The emergency medical services board may grant a temporary variance from an identified rule or regulation when a literal application or enforcement of the rule or regulation would result in serious hardship and the relief granted would not result in any unreasonable risk to the public interest, safety or welfare.

Sec. 2. K.S.A. 2009 Supp. 65-6112 is hereby amended to read as follows: 65-6112. As used in this act:

(a) "Administrator" means the executive director of the emergency medical services board.

(b) ~~"Ambulance" means any privately or publicly owned motor vehicle, airplane or helicopter designed, constructed, prepared and equipped for use in transporting and providing~~

~~emergency care for individuals who are ill or injured.~~ "Advanced emergency medical technician" means a person who holds an advanced emergency medical technician certificate issued pursuant to this act.

(c) ~~"Ambulance service" means any organization operated for the purpose of transporting sick or injured persons to or from a place where medical care is furnished, whether or not such persons may be in need of emergency or medical care in transit.~~ "Advanced registered nurse practitioner" means an advanced registered nurse practitioner as defined in K.S.A. 65-1113, and amendments thereto.

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

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

~~(d)~~ (f) "Attendant" means a first responder, an emergency medical responder, emergency medical technician, emergency medical technician-intermediate, emergency medical technician-defibrillator ~~or a~~, emergency medical technician-intermediate/defibrillator, advanced emergency medical technician, mobile intensive care technician or paramedic certified pursuant to this act.

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

~~(f)~~ (h) "Emergency medical service" means the effective and coordinated delivery of such

care as may be required by an emergency which includes the care and transportation of individuals by ambulance services and the performance of authorized emergency care by a physician, advanced registered nurse practitioner, professional nurse, a licensed physician assistant or attendant.

~~(g)~~ (i) "Emergency medical technician" means a person who holds an emergency medical technician certificate issued pursuant to this act.

~~(h)~~ (j) "Emergency medical technician-defibrillator" means a person who holds an emergency medical technician-defibrillator certificate issued pursuant to this act.

~~(i)~~ (k) "Emergency medical technician-intermediate" means a person who holds an emergency medical technician-intermediate certificate issued pursuant to this act.

(l) "Emergency medical technician-intermediate/defibrillator" means a person who holds both an emergency medical technician-intermediate and emergency medical technician defibrillator certificate issued pursuant to this act.

(m) "Emergency medical responder" means a person who holds an emergency medical responder certificate issued pursuant to this act.

~~(j)~~ (n) "First responder" means a person who holds a first responder certificate issued pursuant to this act.

~~(k)~~ (o) "Hospital" means a hospital as defined by K.S.A. 65-425, and amendments thereto.

~~(l)~~ (p) "Instructor-coordinator" means a person who is certified under this act to teach initial courses of certification of instruction and continuing education classes.

~~(m)~~ (q) "Medical adviser" means a physician.

~~(n)~~ (r) "Medical protocols" mean written guidelines which authorize attendants to perform certain medical procedures prior to contacting a physician, physician assistant authorized by a

physician, advanced registered nurse practitioner authorized by a physician or professional nurse authorized by a physician. ~~These~~ The medical protocols shall be ~~developed and~~ approved by a county medical society or~~, if there is no county medical society,~~ the medical staff of a hospital to which the ambulance service primarily transports patients, or if neither of the above are able or available to approve the medical protocols, then the medical protocols shall be submitted to the medical advisory council for approval.

(s) "County medical society" means a single or multi-county chartered affiliate of the Kansas medical society.

~~(o)~~ (t) "Mobile intensive care technician" means a person who holds a mobile intensive care technician certificate issued pursuant to this act.

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

~~(q)~~ (v) "Nonemergency transportation" means the care and transport of a sick or injured person under a foreseen combination of circumstances calling for continuing care of such person. As used in this subsection, transportation includes performance of the authorized level of services of the attendant whether within or outside the vehicle as part of such transportation services.

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

(x) "Paramedic" means a person who holds a paramedic certificate issued pursuant to this act.

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

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

~~(u)~~ (aa) "Physician assistant" means a person who is licensed under the physician assistant licensure act and who is acting under the direction of a responsible physician.

~~(v)~~ (bb) "Professional nurse" means a licensed professional nurse as defined by K.S.A. 65-1113, and amendments thereto.

~~(w)~~ (cc) "Provider of training" means a corporation, partnership, accredited postsecondary education institution, ambulance service, fire department, hospital or municipality that conducts training programs that include, but are not limited to, initial courses of instruction and continuing education for attendants, instructor-coordinators or training officers.

~~(x)~~ (dd) "Responsible physician" means responsible physician as such term is defined under K.S.A. 65-28a02 and amendments thereto.

~~(y)~~ (ee) "Training officer" means a person who is certified pursuant to this act to teach initial courses of instruction for first responders or emergency medical responders and continuing education as prescribed by the board.

Sec. 3. K.S.A. 2009 Supp. 65-6119 is hereby amended to read as follows: 65-6119. (a) Notwithstanding any other provision of law, mobile intensive care technicians may:

~~(a)~~ (1) Perform all the authorized activities identified in K.S.A. 65-6120, 65-6121, 65-6123, 65-6144, and amendments thereto;

~~(b) perform cardiopulmonary resuscitation and defibrillation;~~

~~(c)~~ (2) when voice contact or a telemetered electrocardiogram is monitored by a physician, physician assistant where authorized by a physician, an advanced registered nurse practitioner where

authorized by a physician or licensed professional nurse where authorized by a physician and direct communication is maintained, and upon order of such person may administer such medications or procedures as may be deemed necessary by a person identified in subsection ~~(c)~~ (a)(2);

~~(d)~~ (3) perform, during an emergency, those activities specified in subsection ~~(c)~~ (a)(2) before contacting a person identified in subsection ~~(c)~~ (a)(2) when specifically authorized to perform such activities by medical protocols; and

~~(e)~~ (4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.

(b) An individual who holds a valid certificate as a mobile intensive care technician once meeting the continuing education requirements prescribed by the rules and regulations of the board, upon application for renewal, shall be deemed to hold a certificate as a paramedic under this act, and such individual shall not be required to file an original application as a paramedic for certification under this act.

(c) "Renewal" as used in subsection (b), refers to the first opportunity that a mobile intensive care technician has to apply for renewal of a certificate following the effective date of this act.

(d) Upon transition notwithstanding any other provision of law, a paramedic may:

(1) Perform all the authorized activities identified in K.S.A. 65-6120, 65-6121, 65-6144 and in rules and regulations adopted by the board under these statutes, and amendments thereto;

(2) when voice contact or a telemetered electrocardiogram is monitored by a physician, physician assistant where authorized by a physician or an advanced registered nurse practitioner where authorized by a physician or licensed professional nurse where authorized by a physician and direct communication is maintained, and upon order of such person, may administer such

medications or procedures as may be deemed necessary by a person identified in subsection (d)(2);

(3) perform, during an emergency, those activities specified in subsection (d)(2) before contacting a person identified in subsection (d)(2) when specifically authorized to perform such activities by medical protocols; and

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

Sec. 4. K.S.A. 2009 Supp. 65-6120 is hereby amended to read as follows: 65-6120. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician-intermediate may:

~~(a)~~ (1) Perform any of the activities identified by K.S.A. 65-6121, and amendments thereto;

~~(b)~~ (2) when approved by medical protocols and where voice contact by radio or telephone is monitored by a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician or licensed professional nurse where authorized by a physician, and direct communication is maintained, upon order of such person, may perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions or ringers lactate IV solutions, endotracheal intubation and administration of nebulized albuterol;

~~(c)~~ (3) perform, during an emergency, those activities specified in subsection ~~(b)~~ (a)(2) before contacting the persons identified in subsection ~~(b)~~ (a)(2) when specifically authorized to perform such activities by medical protocols; or

~~(d)~~ (4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.

(b) An individual who holds a valid certificate as an emergency medical technician-intermediate once completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, upon application for renewal, shall be deemed to hold a certificate as an advanced emergency medical technician under this act, and such individual shall not be required to file an original application for certification as an advanced emergency medical technician under this act.

(c) "Renewal" as used in subsection (b), refers to the second opportunity that an emergency medical technician-intermediate has to apply for renewal of a certificate following the effective date of this act.

(d) Emergency medical technician-intermediates who fail to meet the transition requirements as specified will be required, at a minimum, to gain the continuing education applicable to emergency medical technician as defined by rules and regulations of the board. Failure to do so will result in loss of certification.

(e) Upon transition, notwithstanding any other provision of law to the contrary, an advanced emergency medical technician may:

(1) Perform any of the activities identified by K.S.A. 65-6121, and amendments thereto; and

(2) any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, as specifically identified in rules and regulations, after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, upon order when direct communication is maintained by radio, telephone or video conference with a physician, physician assistant where authorized by a physician, an advanced registered nurse practitioner where authorized by a physician,

or licensed professional nurse where authorized by a physician upon order of such a person: (A) Continuous positive airway pressure devices; (B) advanced airway management; (C) referral of patient of alternate medical care site based on assessment; (D) transportation of a patient with a capped arterial line; (E) veni-puncture for obtaining blood sample; (F) initiation and maintenance of intravenous infusion or saline lock; (G) initiation of intraosseous infusion; (H) nebulized therapy; (I) manual defibrillation and cardioversion; (J) cardiac monitoring; (K) medication administration via: (i) Aerosolization; (ii) nebulization; (iii) intravenous; (iv) intranasal; (v) rectal; (vi) subcutaneous; (vii) intraosseous; (viii) intramuscular; or (ix) sublingual.

(f) Rules and regulations adopted by the board under this section which identify activities to be performed by advanced emergency medical technicians shall be consistent with the education, training and qualifications of advanced emergency medical technicians authorized to perform such activities and shall be consistent with activities generally recognized in the performance of emergency medical services as capable of being performed, in a manner consistent with public health and safety, by persons holding an advanced emergency medical technician certificate and are specifically authorized to perform such activities by medical protocols.

(g) An individual who holds a valid certificate as both an emergency medical technician-intermediate and as an emergency medical technician-defibrillator once completing the Board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, upon application for renewal, shall be deemed to hold a certificate as an advanced emergency medical technician under this act, and such individual shall not be required to file an original application for certification as an advanced emergency medical technician under this act.

(h) "Renewal" as used in subsection (g), refers to the second opportunity that an emergency medical technician-intermediate and emergency medical technician-defibrillator has to apply for renewal of a certificate following the effective date of this act.

(i) Emergency medical technician-intermediate and emergency medical technician-defibrillator who fail to meet the transition requirements as specified will be required, at a minimum, to gain the continuing education applicable to emergency medical technician as defined by rules and regulations of the board. Failure to do so will result in loss of certification.

Sec. 5. K.S.A. 65-6121 is hereby amended to read as follows: 65-6121. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any of the following activities:

~~(a)~~ (1) Patient assessment and vital signs;

~~(b)~~ (2) airway maintenance including the use of:

~~(1)~~ (A) Oropharyngeal and nasopharyngeal airways;

~~(2)~~ (B) esophageal obturator airways with or without gastric suction device;

~~(3)~~ (C) multi-lumen airway; and

~~(4)~~ (D) oxygen demand valves.

~~(c)~~ (3) Oxygen therapy;

~~(d)~~ (4) oropharyngeal suctioning;

~~(e)~~ (5) cardiopulmonary resuscitation procedures;

~~(f)~~ (6) control accessible bleeding;

~~(g)~~ (7) apply pneumatic anti-shock garment;

~~(h)~~ (8) manage outpatient medical emergencies;

~~(i)~~ (9) extricate patients and utilize lifting and moving techniques;

~~(j)~~ (10) manage musculoskeletal and soft tissue injuries including dressing and bandaging wounds or the splinting of fractures, dislocations, sprains or strains;

~~(k)~~ (11) use of backboards to immobilize the spine;

~~(l)~~ (12) administer ~~syrup of ipecac,~~ activated charcoal and glucose;

~~(m)~~ (13) monitor peripheral intravenous line delivering intravenous fluids during interfacility transport with the following restrictions:

~~(1)~~ (A) The physician approves the transfer by an emergency medical technician;

~~(2)~~ (B) no medications or nutrients have been added to the intravenous fluids; and

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

~~(n)~~ (14) use automated external defibrillators;

~~(o)~~ (15) administer epinephrine auto-injectors provided that:

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

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

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

~~(p)~~ (16) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols; or

~~(q)~~ (17) 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.

(b) An individual who holds a valid certificate as an emergency medical technician at the current basic level once completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, upon application for renewal, shall be deemed to hold a certificate as an emergency medical technician under this act, and such individual shall not be required to file an original application for certification as an emergency medical technician under this act.

(c)"Renewal" as used in subsection (b), refers to the first opportunity that an emergency medical technician has to apply for renewal of a certificate following the effective date of this act.

(d) Emergency medical technicians who fail to meet the transition requirements as specified will be required, at a minimum, to gain the continuing education applicable to emergency medical responder as defined by rules and regulations of the board. Failure to do so will result in loss of certification.

(e) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any activities identified in K.S.A. 65-6144, and amendments thereto, and any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, as specifically identified in rules and regulations after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician assistant when authorized by a physician, an advanced registered nurse practitioner when authorized by a physician or a licensed professional nurse when authorized by a physician, upon

order of such person:

(1) Airway maintenance including use of:

(A) Single lumen airways as approved by the board;

(B) multilumen airways;

(C) ventilator devices;

(D) forceps removal of airway obstruction;

(E) CO2 monitoring;

(F) airway suctioning;

(2) apply pneumatic anti-shock garment;

(3) assist with childbirth;

(4) monitoring urinary catheter;

(5) capillary blood sampling;

(6) cardiac monitoring;

(7) administration of patient assisted medications as approved by the board;

(8) administration of medications as approved by the board by appropriate routes; and

(9) monitor, maintain or discontinue flow of IV line if a physician approves transfer by an emergency medical technician.

(f) Rules and regulations adopted by the board under this section which define activities which may be performed by emergency medical technicians shall be consistent with the education, training and qualifications of emergency medical technicians authorized to perform such activities and shall be consistent with activities generally recognized in the performance of emergency medical services as capable of being performed, in a manner consistent with the public health and safety, by

persons holding an emergency medical technician certificate and are specifically authorized to perform such activities by medical protocols.

Sec. 6. K.S.A. 2009 Supp. 65-6123 is hereby amended to read as follows: 65-6123. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician-defibrillator may:

~~(a)~~ (1) Perform any of the activities identified in K.S.A. 65-6121, and amendments thereto;

~~(b)~~ (2) when approved by medical protocols and where voice contact by radio or telephone is monitored by a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician, and direct communication is maintained, upon order of such person, may perform electrocardiographic monitoring and defibrillation;

~~(c)~~ (3) perform, during an emergency, those activities specified in subsection (b) before contacting the persons identified in subsection (b) when specifically authorized to perform such activities by medical protocols; or

~~(d)~~ (4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.

(b) An individual who holds a valid certificate as an emergency medical technician-defibrillator once completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, upon application for renewal, shall be deemed to hold a certificate as an advanced emergency medical technician under this act, and such individual shall not be required to file an original application for certification as an advanced emergency medical technician under this act.

(c) "Renewal" as used in subsection (b), refers to the second opportunity that an attendant has to apply for renewal of a certificate following the effective date of this act.

(d) EMT-D attendants who fail to meet the transition requirements as specified will be required, at a minimum, to gain the continuing education applicable to emergency medical technician as defined by rules and regulations of the board. Failure to do so will result in loss of certification.

Sec. 7. K.S.A. 2009 Supp. 65-6124 is hereby amended to read as follows: 65-6124. (a) No physician, physician assistant, advanced registered nurse practitioner or licensed professional nurse, who gives emergency instructions to ~~a mobile intensive care technician, emergency medical technician-defibrillator or emergency medical technician-intermediate~~ an attendant as defined by K.S.A. 65-6112, and amendments thereto, during an emergency, shall be liable for any civil damages as a result of issuing the instructions, except such damages which may result from gross negligence in giving such instructions.

(b) No ~~mobile intensive care technician, emergency medical technician-defibrillator or emergency medical technician-intermediate~~ attendant as defined by K.S.A. 65-6112, and amendments thereto, who renders emergency care during an emergency pursuant to instructions given by a physician, the responsible physician for a physician assistant, advanced registered nurse practitioner or licensed professional nurse shall be liable for civil damages as a result of implementing such instructions, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of such ~~mobile intensive care technician, emergency medical technician-defibrillator or emergency medical technician-intermediate rendering such emergency care~~ attendant as defined by K.S.A. 65-6112, and amendments thereto.

~~(c) No first responder who renders emergency care during an emergency shall be liable for~~

~~civil damages as a result of rendering such emergency care, except for such damages which may result from gross negligence or from willful or wanton acts or omissions on the part of the first responder rendering such emergency care.~~

~~(d)~~ (c) No person certified as an instructor-coordinator and no training officer shall be liable for any civil damages which may result from such instructor-coordinator's or training officer's course of instruction, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of the instructor-coordinator or training officer.

~~(e)~~ (d) No medical adviser who reviews, approves and monitors the activities of attendants shall be liable for any civil damages as a result of such review, approval or monitoring, except such damages which may result from gross negligence in such review, approval or monitoring.

Sec. 8. K.S.A. 2009 Supp. 65-6129 is hereby amended to read as follows: 65-6129. (a) Application for an attendant's certificate shall be made to the board. The board shall not grant an attendant's certificate unless the applicant meets the following requirements:

(1) (A) Has successfully completed coursework required by the rules and regulations adopted by the board; or

(B) has successfully completed coursework in another jurisdiction that is substantially equivalent to that required by the rules and regulations adopted by the board; and

(2) (A) has passed the examination required by the rules and regulations adopted by the board; or

(B) has passed the certification or licensing examination in another jurisdiction that has been approved by the board.

(b) (1) The board shall not grant a temporary attendant's certificate unless the applicant meets

the following requirements:

(A) If the applicant is certified or licensed as an attendant in another jurisdiction, but the applicant's coursework is determined not to be substantially equivalent to that required by the board, such temporary certificate shall be valid for one year from the date of issuance or until the applicant has completed the required coursework, whichever occurs first; or

(B) if the applicant has completed the required coursework, has taken the required examination, but has not received the results of the examination, such temporary certificate shall be valid for 120 days from the date of the examination.

(2) An applicant who has been granted a temporary certificate shall be under the direct supervision of a physician, a physician's assistant, a professional nurse or an attendant holding a certificate at the same level or higher than that of the applicant.

(c) The board shall not grant an initial emergency medical technician-intermediate certificate ~~or an initial~~, advanced emergency medical technician certificate, mobile intensive care technician certificate or paramedic certificate as a result of successful course completion in the state of Kansas, unless the applicant for such an initial certificate is certified as an emergency medical technician.

(d) An attendant's certificate shall expire on the date prescribed by the board. An attendant's certificate may be renewed for a period of two years upon payment of a fee as prescribed by rule and regulation of the board and upon presentation of satisfactory proof that the attendant has successfully completed continuing education as prescribed by the board.

(e) All fees received pursuant to the provisions of this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury

to the credit of the ~~state general fund~~ emergency medical services operating fund established by K.S.A. 65-6151, and amendments thereto.

(f) If a person who was previously certified as an attendant applies for an attendant's certificate after the certificate's expiration, the board may grant a certificate without the person completing an initial course of instruction or passing a certification examination if the person has completed education requirements and has paid a fee as specified in rules and regulations adopted by the board.

(g) The board shall adopt, through rules and regulations, a formal list of graduated sanctions for violations of article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, which shall specify the number and severity of violations for the imposition of each level of sanction.

Sec. 9. K.S.A. 65-6129c is hereby amended to read as follows: 65-6129c. (a) Application for a training officer's certificate shall be made to the emergency medical services board upon forms provided by the administrator. The board may grant a training officer's certificate to an applicant who: (1) Is an emergency medical technician, emergency medical technician-intermediate, emergency medical technician-defibrillator, mobile intensive care technician, advanced emergency medical technician, paramedic, physician, physician assistant, advanced registered nurse practitioner or professional nurse; (2) successfully completes an initial course of training approved by the board; (3) passes an examination prescribed by the board; (4) is appointed by a provider of training approved by the board; and (5) has paid a fee established by the board.

(b) A training officer's certificate shall expire on the expiration date of the attendant's certificate if the training officer is an attendant or on the expiration date of the physician's, physician assistant's, advanced registered nurse practitioner's or professional nurse's license if the training

officer is a physician, physician assistant, advanced registered nurse practitioner or professional nurse. A training officer's certificate may be renewed for the same period as the attendant's certificate or the physician's, physician assistant's, advanced registered nurse practitioner's or professional nurse's license upon payment of a fee as prescribed by rules and regulations and upon presentation of satisfactory proof that the training officer has successfully completed continuing education prescribed by the board and is certified as an emergency medical technician, emergency medical technician-intermediate, emergency medical technician-defibrillator, mobile-intensive care technician, advanced emergency medical technician, paramedic, physician, physician assistant, advanced registered nurse practitioner or professional nurse. The board may prorate to the nearest whole month the fee fixed under this subsection as necessary to implement the provisions of this subsection.

(c) A training officer's certificate may be denied, revoked, limited, modified or suspended by the board or the board may refuse to renew such certificate if such individual:

(1) Fails to maintain certification or licensure as an emergency medical technician, emergency medical technician-intermediate, emergency medical technician-defibrillator, mobile intensive care technician, advanced emergency medical technician, paramedic, physician, physician assistant, advanced registered nurse practitioner or professional nurse;

(2) fails to maintain support of appointment by a provider of training;

(3) fails to successfully complete continuing education;

(4) has made intentional misrepresentations in obtaining a certificate or renewing a certificate;

(5) has demonstrated incompetence or engaged in unprofessional conduct as defined by rules

and regulations adopted by the board;

(6) has violated or aided and abetted in the violation of any provision of this act or the rules and regulations promulgated by the board; or

(7) has been convicted of any state or federal crime that is related substantially to the qualifications, functions and duties of a training officer or any crime punishable as a felony under any state or federal statute and the board determines that such individual has not been sufficiently rehabilitated to warrant public trust. A conviction means a plea of guilty, a plea of nolo contendere or a verdict of guilty. The board may take disciplinary action pursuant to this section when the time for appeal has elapsed, or after the judgment of conviction is affirmed on appeal or when an order granting probation is made suspending the imposition of sentence.

(d) The board may revoke, limit, modify or suspend a certificate or the board may refuse to renew such certificate in accordance with the provisions of the Kansas administrative procedure act.

(e) If a person who previously was certified as a training officer applies for a training officer's certificate within two years of the date of its expiration, the board may grant a certificate without the person completing an initial course of training or taking an examination if the person complies with the other provisions of subsection (a) and completes continuing education requirements.

Sec. 10. K.S.A. 65-6135 is hereby amended to read as follows: 65-6135. (a) All ambulance services providing emergency care as defined by the rules and regulations adopted by the board shall offer service 24 hours per day every day of the year.

(b) Whenever an operator is required to have a permit, at least one person on each vehicle providing emergency medical service shall be an attendant certified as an emergency medical

technician, emergency medical technician-intermediate, emergency medical technician-defibrillator, a mobile intensive care technician, emergency medical technician-intermediate/defibrillator, advanced emergency medical technician, a paramedic, a physician, a licensed physician assistant, an advanced registered nurse practitioner or a professional nurse.

Sec. 11. K.S.A. 65-6144 is hereby amended to read as follows: 65-6144. (a) A first responder may perform any of the following activities:

~~(a)~~ (1) Initial scene management including, but not limited to, gaining access to the individual in need of emergency care, extricating, lifting and moving the individual;

~~(b)~~ (2) cardiopulmonary resuscitation and airway management;

~~(c)~~ (3) control of bleeding;

~~(d)~~ (4) extremity splinting excluding traction splinting;

~~(e)~~ (5) stabilization of the condition of the individual in need of emergency care;

~~(f)~~ (6) oxygen therapy;

~~(g)~~ (7) use of oropharyngeal airways;

~~(h)~~ (8) use of bag valve masks;

~~(i)~~ (9) use automated external defibrillators; and

~~(j)~~ (10) other techniques of preliminary care a first responder is trained to provide as approved by the board.

(b) An individual who holds a valid certificate as a first responder, once completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, upon application for renewal, shall be deemed to hold a certificate as an emergency medical responder under this act, and such individual shall not

be required to file an original application for certification as an emergency medical responder under this act.

(c) "Renewal" as used in subsection (b), refers to the first opportunity that an attendant has to apply for renewal of a certificate following the effective date of this act.

(d) First responder attendants who fail to meet the transition requirements as specified will forfeit their certification.

(e) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical responder may perform any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, as specifically identified in rules and regulations after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician assistant when authorized by a physician, an advanced registered nurse practitioner when authorized by a physician or a licensed professional nurse when authorized by a physician, upon order of such person: (1) Emergency vehicle operations; (2) initial scene management; (3) patient assessment and stabilization; (4) cardiopulmonary resuscitation and airway management; (5) control of bleeding; (6) extremity splinting; (7) spinal immobilization; (8) oxygen therapy; (9) use of bag-valve-mask; (10) use of automated external defibrillator; (11) nebulizer therapy; (12) intramuscular injections with auto-injector; (13) administration of oral glucose; (14) administration of aspirin; (15) recognize and comply with advanced directives; (16) insertion and maintenance of oral and nasal pharyngeal airways; (17) use of blood glucose monitoring; and (18) other techniques and devices of preliminary care an emergency medical responder is trained to

provide as approved by the board.

(f) Rules and regulations adopted by the board under this section which define activities which may be performed by an emergency medical responder shall be consistent with the education, training and qualifications of emergency medical responders authorized to perform such activities and shall be consistent with activities generally recognized in the performance of emergency medical services as capable of being performed, in a manner consistent with the public health and safety, by persons holding an emergency medical responder certificate and are specifically authorized to perform such activities by medical protocols.

Sec. 12. K.S.A. 65-6145 is hereby amended to read as follows: 65-6145. Nothing in this act shall be construed: (a) To preclude any municipality from licensing or otherwise regulating first responders operating within its jurisdiction, but any licensing requirements or regulations imposed by a municipality shall be in addition to and not in lieu of the provisions of this act and the rules and regulations adopted pursuant to this act;

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

(c) to preclude any individual who is not a certified ~~first responder~~ attendant as defined by K.S.A. 65-6112, and amendments thereto, from providing assistance during an emergency so long as such individual does not represent oneself to be ~~a certified first responder~~ an attendant as defined by K.S.A. 65-6112, and amendments thereto.

Sec. 13. K.S.A. 2009 Supp. 8-1001 is hereby amended to read as follows: 8-1001. (a) Any person who operates or attempts to operate a vehicle within this state is deemed to have given consent, subject to the provisions of this act, to submit to one or more tests of the person's blood,

breath, urine or other bodily substance to determine the presence of alcohol or drugs. The testing deemed consented to herein shall include all quantitative and qualitative tests for alcohol and drugs. A person who is dead or unconscious shall be deemed not to have withdrawn the person's consent to such test or tests, which shall be administered in the manner provided by this section.

(b) A law enforcement officer shall request a person to submit to a test or tests deemed consented to under subsection (a): (1) If the officer has reasonable grounds to believe the person was operating or attempting to operate a vehicle while under the influence of alcohol or drugs, or both, or to believe that the person was driving a commercial motor vehicle, as defined in K.S.A. 8-2,128, and amendments thereto, while having alcohol or other drugs in such person's system, or was under the age of 21 years while having alcohol or other drugs in such person's system; and one of the following conditions exists: (A) The person has been arrested or otherwise taken into custody for any offense involving operation or attempted operation of a vehicle while under the influence of alcohol or drugs, or both, or for a violation of K.S.A. 8-1567a, and amendments thereto, or involving driving a commercial motor vehicle, as defined in K.S.A. 8-2,128, and amendments thereto, while having alcohol or other drugs in such person's system, in violation of a state statute or a city ordinance; or (B) the person has been involved in a vehicle accident or collision resulting in property damage or personal injury other than serious injury; or (2) if the person was operating or attempting to operate a vehicle and such vehicle has been involved in an accident or collision resulting in serious injury or death of any person and the operator could be cited for any traffic offense, as defined in K.S.A. 8-2117, and amendments thereto. The traffic offense violation shall constitute probable cause for purposes of paragraph (2). The test or tests under paragraph (2) shall not be required if a law enforcement officer has reasonable grounds to believe the actions of the operator did not contribute

to the accident or collision. The law enforcement officer directing administration of the test or tests may act on personal knowledge or on the basis of the collective information available to law enforcement officers involved in the accident investigation or arrest.

(c) If a law enforcement officer requests a person to submit to a test of blood under this section, the withdrawal of blood at the direction of the officer may be performed only by: (1) A person licensed to practice medicine and surgery, licensed as a physician's assistant, or a person acting under the direction of any such licensed person; (2) a registered nurse or a licensed practical nurse; (3) any qualified medical technician, including, but not limited to, an emergency medical technician-intermediate ~~or~~, mobile intensive care technician, an emergency medical technician-intermediate defibrillator, an advanced emergency medical technician or a paramedic, as those terms are defined in K.S.A. 65-6112, and amendments thereto, authorized by medical protocol or (4) a phlebotomist.

(d) A law enforcement officer may direct a medical professional described in this section to draw a sample of blood from a person:

(1) If the person has given consent and meets the requirements of subsection (b);

(2) if medically unable to consent, if the person meets the requirements of paragraph (2) of subsection (b); or

(3) if the person refuses to submit to and complete a test, if the person meets the requirements of paragraph (2) of subsection (b).

(e) When so directed by a law enforcement officer through a written statement, the medical professional shall withdraw the sample as soon as practical and shall deliver the sample to the law enforcement officer or another law enforcement officer as directed by the requesting law

enforcement officer as soon as practical, provided the collection of the sample does not jeopardize the person's life, cause serious injury to the person or seriously impede the person's medical assessment, care or treatment. The medical professional authorized herein to withdraw the blood and the medical care facility where the blood is drawn may act on good faith that the requirements have been met for directing the withdrawing of blood once presented with the written statement provided for under this subsection. The medical professional shall not require the person to sign any additional consent or waiver form. In such a case, the person authorized to withdraw blood and the medical care facility shall not be liable in any action alleging lack of consent or lack of informed consent.

(f) Such sample or samples shall be an independent sample and not be a portion of a sample collected for medical purposes. The person collecting the blood sample shall complete the collection portion of a document provided by law enforcement.

(g) If a person must be restrained to collect the sample pursuant to this section, law enforcement shall be responsible for applying any such restraint utilizing acceptable law enforcement restraint practices. The restraint shall be effective in controlling the person in a manner not to jeopardize the person's safety or that of the medical professional or attending medical or health care staff during the drawing of the sample and without interfering with medical treatment.

(h) A law enforcement officer may request a urine sample upon meeting the requirements of paragraph (1) of subsection (b) and shall request a urine sample upon meeting the requirements of paragraph (2) of subsection (b).

(i) If a law enforcement officer requests a person to submit to a test of urine under this section, the collection of the urine sample shall be supervised by persons of the same sex as the person being tested and shall be conducted out of the view of any person other than the persons

supervising the collection of the sample and the person being tested, unless the right to privacy is waived by the person being tested. When possible, the supervising person shall be a law enforcement officer. The results of qualitative testing for drug presence shall be admissible in evidence and questions of accuracy or reliability shall go to the weight rather than the admissibility of the evidence. If the person is medically unable to provide a urine sample in such manner due to the injuries or treatment of the injuries, the same authorization and procedure as used for the collection of blood in subsections (d) and (e) shall apply to the collection of a urine sample.

(j) No law enforcement officer who is acting in accordance with this section shall be liable in any civil or criminal proceeding involving the action.

(k) Before a test or tests are administered under this section, the person shall be given oral and written notice that: (1) Kansas law requires the person to submit to and complete one or more tests of breath, blood or urine to determine if the person is under the influence of alcohol or drugs, or both;

(2) the opportunity to consent to or refuse a test is not a constitutional right;

(3) there is no constitutional right to consult with an attorney regarding whether to submit to testing;

(4) if the person refuses to submit to and complete any test of breath, blood or urine hereafter requested by a law enforcement officer, the person's driving privileges will be suspended for one year for the first occurrence, two years for the second occurrence, three years for the third occurrence, 10 years for the fourth occurrence and permanently revoked for a fifth or subsequent occurrence;

(5) if the person submits to and completes the test or tests and the test results show for the first occurrence:

(A) An alcohol concentration of .08 or greater, the person's driving privileges will be suspended for 30 days for the first occurrence; or

(B) an alcohol concentration of .15 or greater, the person's driving privileges will be suspended for one year;

(6) if the person submits to and completes the test or tests and the test results show an alcohol concentration of .08 or greater, the person's driving privileges will be suspended for one year for the second, third or fourth occurrence and permanently revoked for a fifth or subsequent occurrence;

(7) if the person is less than 21 years of age at the time of the test request and submits to and completes the tests and the test results show an alcohol concentration of .08 or greater, the person's driving privileges will be suspended for one year except the person's driving privileges will be permanently revoked for a fifth or subsequent occurrence;

(8) refusal to submit to testing may be used against the person at any trial on a charge arising out of the operation or attempted operation of a vehicle while under the influence of alcohol or drugs, or both;

(9) the results of the testing may be used against the person at any trial on a charge arising out of the operation or attempted operation of a vehicle while under the influence of alcohol or drugs, or both; and

(10) after the completion of the testing, the person has the right to consult with an attorney and may secure additional testing, which, if desired, should be done as soon as possible and is customarily available from medical care facilities willing to conduct such testing.

(l) If a law enforcement officer has reasonable grounds to believe that the person has been

driving a commercial motor vehicle, as defined in K.S.A. 8-2,128, and amendments thereto, while having alcohol or other drugs in such person's system, the person shall also be provided the oral and written notice pursuant to K.S.A. 8-2,145 and amendments thereto. Any failure to give the notices required by K.S.A. 8-2,145 and amendments thereto shall not invalidate any action taken as a result of the requirements of this section. If a law enforcement officer has reasonable grounds to believe that the person has been driving or attempting to drive a vehicle while having alcohol or other drugs in such person's system and such person was under 21 years of age, the person also shall be given the notices required by K.S.A. 8-1567a, and amendments thereto. Any failure to give the notices required by K.S.A. 8-1567a, and amendments thereto, shall not invalidate any action taken as a result of the requirements of this section.

(m) After giving the foregoing information, a law enforcement officer shall request the person to submit to testing. The selection of the test or tests shall be made by the officer. If the test results show a blood or breath alcohol concentration of .08 or greater, the person's driving privileges shall be subject to suspension, or suspension and restriction, as provided in K.S.A. 8-1002 and 8-1014, and amendments thereto.

(n) The person's refusal shall be admissible in evidence against the person at any trial on a charge arising out of the alleged operation or attempted operation of a vehicle while under the influence of alcohol or drugs, or both.

(o) If a law enforcement officer had reasonable grounds to believe the person had been driving a commercial motor vehicle, as defined in K.S.A. 8-2,128, and amendments thereto, and the test results show a blood or breath alcohol concentration of .04 or greater, the person shall be disqualified from driving a commercial motor vehicle, pursuant to K.S.A. 8-2,142, and amendments

thereto. If a law enforcement officer had reasonable grounds to believe the person had been driving a commercial motor vehicle, as defined in K.S.A. 8-2,128, and amendments thereto, and the test results show a blood or breath alcohol concentration of .08 or greater, or the person refuses a test, the person's driving privileges shall be subject to suspension, or suspension and restriction, pursuant to this section, in addition to being disqualified from driving a commercial motor vehicle pursuant to K.S.A. 8-2,142, and amendments thereto.

(p) An officer shall have probable cause to believe that the person operated a vehicle while under the influence of alcohol or drugs, or both, if the vehicle was operated by such person in such a manner as to have caused the death of or serious injury to a person. In such event, such test or tests may be made pursuant to a search warrant issued under the authority of K.S.A. 22-2502, and amendments thereto, or without a search warrant under the authority of K.S.A. 22-2501, and amendments thereto.

(q) Failure of a person to provide an adequate breath sample or samples as directed shall constitute a refusal unless the person shows that the failure was due to physical inability caused by a medical condition unrelated to any ingested alcohol or drugs.

(r) It shall not be a defense that the person did not understand the written or oral notice required by this section.

(s) No test results shall be suppressed because of technical irregularities in the consent or notice required pursuant to this act.

(t) Nothing in this section shall be construed to limit the admissibility at any trial of alcohol or drug concentration testing results obtained pursuant to a search warrant.

(u) Upon the request of any person submitting to testing under this section, a report of the

results of the testing shall be made available to such person.

(v) This act is remedial law and shall be liberally construed to promote public health, safety and welfare.

(w) As used in this section, "serious injury" means a physical injury to a person, as determined by law enforcement, which has the effect of, prior to the request for testing:

(1) Disabling a person from the physical capacity to remove themselves from the scene;

(2) renders a person unconscious;

(3) the immediate loss of or absence of the normal use of at least one limb;

(4) an injury determined by a physician to require surgery; or

(5) otherwise indicates the person may die or be permanently disabled by the injury.

Sec. 14. K.S.A. 19-4608 is hereby amended to read as follows: 19-4608. (a) All hospital moneys, except moneys acquired through the issuance of revenue bonds, shall be paid to the treasurer of the board, shall be allocated to and accounted for in separate funds or accounts of the hospital, and shall be paid out only upon claims and warrants or warrant checks as provided in K.S.A. 10-801 to 10-806, inclusive, and K.S.A. 12-105a and 12-105b, and amendments to these statutes. The board may designate a person or persons to sign such claims and warrants or warrant checks.

(b) The board may accept any grants, donations, bequests or gifts to be used for hospital purposes and may accept federal and state aid. Such moneys shall be used in accordance with the terms of the grant, donation, bequest, gift or aid and if no terms are imposed in connection therewith such moneys may be used to provide additional funds for any improvement for which bonds have been issued or taxes levied.

(c) Hospital moneys shall be deemed public moneys and hospital moneys not immediately required for the purposes for which acquired may be invested in accordance with the provisions of K.S.A. 12-1675 and amendments thereto. Hospital moneys acquired through the receipt of grants, donations, bequests or gifts and deposited pursuant to the provisions of K.S.A. 12-1675 and amendments thereto need not be secured as required under K.S.A. 9-1402 and amendments thereto. In addition, hospital moneys may be invested in joint enterprises for the provision of health care services as permitted by subsection (c) of K.S.A. 19-4601 and amendments thereto.

(d) Hospital moneys which are deposited to the credit of funds and accounts which are not restricted to expenditure for specified purposes may be transferred to the general fund of the hospital and used for operation of the hospital or to a special fund for additional equipment and capital improvements for the hospital.

(e) The board shall keep and maintain complete financial records in a form consistent with generally accepted accounting principles, and such records shall be available for public inspection at any reasonable time.

(f) Notwithstanding subsections (a) to (e), inclusive, the board may transfer any moneys or property a hospital receives by donation, contribution, gift, devise or bequest to a Kansas not-for-profit corporation which meets each of the following requirements:

(1) The corporation is exempt from federal income taxation under the provisions of section 501(a) by reason of section 501(c)(3) of the internal revenue code of 1954, as amended;

(2) the corporation has been determined not to be a private foundation within the meaning of section 509(a)(1) of the internal revenue code of 1954, as amended; and

(3) the corporation has been organized for the purpose of the charitable support of health

care, hospital and related services, including the support of ambulance, emergency medical care, ~~first~~ emergency medical responder systems, medical and hospital staff recruitment, health education and training of the public and other related purposes.

(g) The board may transfer gifts under subsection (f) in such amounts and subject to such terms, conditions, restrictions and limitations as the board determines but only if the terms of the gift do not otherwise restrict the transfer. Before making any such transfer, the board shall determine that the amount of money or the property to be transferred is not required by the hospital to maintain its operations and meet its obligations. In addition, the board shall determine that the transfer is in the best interests of the hospital and the residents within the county the hospital has been organized to serve.

Sec. 15. K.S.A. 21-2511 is hereby amended to read as follows: 21-2511. (a) Any person convicted as an adult or adjudicated as a juvenile offender because of the commission of any felony; a violation of subsection (a)(1) of K.S.A. 21-3505; a violation of K.S.A. 21-3508; a violation of K.S.A. 21-4310; a violation of K.S.A. 21-3424, and amendments thereto when the victim is less than 18 years of age; a violation of K.S.A. 21-3507, and amendments thereto, when one of the parties involved is less than 18 years of age; a violation of subsection (b)(1) of K.S.A. 21-3513, and amendments thereto, when one of the parties involved is less than 18 years of age; a violation of K.S.A. 21-3515, and amendments thereto, when one of the parties involved is less than 18 years of age; or a violation of K.S.A. 21-3517, and amendments thereto; including an attempt, conspiracy or criminal solicitation, as defined in K.S.A. 21-3301, 21-3302 or 21-3303 and amendments thereto, of any such offenses provided in this subsection regardless of the sentence imposed, shall be required to submit specimens of blood or an oral or other biological sample authorized by the Kansas bureau

of investigation to the Kansas bureau of investigation in accordance with the provisions of this act, if such person is:

(1) Convicted as an adult or adjudicated as a juvenile offender because of the commission of a crime specified in subsection (a) on or after the effective date of this act;

(2) ordered institutionalized as a result of being convicted as an adult or adjudicated as a juvenile offender because of the commission of a crime specified in subsection (a) on or after the effective date of this act; or

(3) convicted as an adult or adjudicated as a juvenile offender because of the commission of a crime specified in this subsection before the effective date of this act and is presently confined as a result of such conviction or adjudication in any state correctional facility or county jail or is presently serving a sentence under K.S.A. 21-4603, 21-4603d, 22-3717 or K.S.A. 2007 Supp. 38-2361, and amendments thereto.

(b) Notwithstanding any other provision of law, the Kansas bureau of investigation is authorized to obtain fingerprints and other identifiers for all persons, whether juveniles or adults, covered by this act.

(c) Any person required by paragraphs (a)(1) and (a)(2) to provide such specimen or sample shall be ordered by the court to have such specimen or sample collected within 10 days after sentencing or adjudication:

(1) If placed directly on probation, that person must provide such specimen or sample, at a collection site designated by the Kansas bureau of investigation. Collection of specimens shall be conducted by qualified volunteers, contractual personnel or employees designated by the Kansas bureau of investigation. Failure to cooperate with the collection of the specimens and any deliberate

act by that person intended to impede, delay or stop the collection of the specimens shall be punishable as contempt of court and constitute grounds to revoke probation;

(2) if sentenced to the secretary of corrections, such specimen or sample will be obtained as soon as practical upon arrival at the correctional facility; or

(3) if a juvenile offender is placed in the custody of the commissioner of juvenile justice, in a youth residential facility or in a juvenile correctional facility, such specimen or sample will be obtained as soon as practical upon arrival.

(d) Any person required by paragraph (a)(3) to provide such specimen or sample shall be required to provide such samples prior to final discharge or conditional release at a collection site designated by the Kansas bureau of investigation. Collection of specimens shall be conducted by qualified volunteers, contractual personnel or employees designated by the Kansas bureau of investigation.

(e) (1) On and after January 1, 2007 through June 30, 2008, any adult arrested or charged or juvenile placed in custody for or charged with the commission or attempted commission of any person felony or drug severity level 1 or 2 felony shall be required to submit such specimen or sample at the same time such person is fingerprinted pursuant to the booking procedure.

(2) On and after July 1, 2008, except as provided further, any adult arrested or charged or juvenile placed in custody for or charged with the commission or attempted commission of any felony; a violation of subsection (a)(1) of K.S.A. 21-3505; a violation of K.S.A. 21-3508; a violation of K.S.A. 21-4310; a violation of K.S.A. 21-3424, and amendments thereto, when the victim is less than 18 years of age; a violation of K.S.A. 21-3507, and amendments thereto, when one of the parties involved is less than 18 years of age; a violation of subsection (b)(1) of K.S.A. 21-3513, and

amendments thereto, when one of the parties involved is less than 18 years of age; a violation of K.S.A. 21-3515, and amendments thereto, when one of the parties involved is less than 18 years of age; or a violation of K.S.A. 21-3517, and amendments thereto; shall be required to submit such specimen or sample at the same time such person is fingerprinted pursuant to the booking procedure.

(3) Prior to taking such samples, the arresting, charging or custodial law enforcement agency shall search the Kansas criminal history files through the Kansas criminal justice information system to determine if such person's sample is currently on file with the Kansas bureau of investigation. In the event that it cannot reasonably be established that a DNA sample for such person is on file at the Kansas bureau of investigation, the arresting, charging or custodial law enforcement agency shall cause a sample to be collected. If such person's sample is on file with the Kansas bureau of investigation, the law enforcement agency is not required to take the sample.

(4) If a court later determines that there was not probable cause for the arrest, charge or placement in custody or the charges are otherwise dismissed, and the case is not appealed, the Kansas bureau of investigation, upon petition by such person, shall expunge both the DNA sample and the profile record of such person.

(5) If a conviction against a person, who is required to submit such specimen or sample, is expunged or a verdict of acquittal with regard to such person is returned, the Kansas bureau of investigation shall, upon petition by such person, expunge both the DNA sample and the profile record of such person.

(f) All persons required to register as offenders pursuant to K.S.A. 22-4901 et seq., and amendments thereto, shall be required to submit specimens of blood or an oral or other biological sample authorized by the Kansas bureau of investigation to the Kansas bureau of investigation in

accordance with the provisions of this act.

(g) The Kansas bureau of investigation shall provide all specimen vials, mailing tubes, labels and instructions necessary for the collection of blood, oral or other biological samples. The collection of samples shall be performed in a medically approved manner. No person authorized by this section to withdraw blood, and no person assisting in the collection of these samples shall be liable in any civil or criminal action when the act is performed in a reasonable manner according to generally accepted medical practices. The withdrawal of blood for purposes of this act may be performed only by: (1) A person licensed to practice medicine and surgery or a person acting under the supervision of any such licensed person; (2) a registered nurse or a licensed practical nurse; or (3) any qualified medical technician including, but not limited to, an emergency medical technician-intermediate ~~or~~, mobile intensive care technician, advanced emergency medical technician or a paramedic, as those terms are defined in K.S.A. 65-6112, and amendments thereto, or a phlebotomist. The samples shall thereafter be forwarded to the Kansas bureau of investigation. The bureau shall analyze the samples to the extent allowed by funding available for this purpose.

(h) The DNA (deoxyribonucleic acid) records and DNA samples shall be maintained by the Kansas bureau of investigation. The Kansas bureau of investigation shall establish, implement and maintain a statewide automated DNA databank and DNA database capable of, but not limited to, searching, matching and storing DNA records. The DNA database as established by this act shall be compatible with the procedures specified by the federal bureau of investigation's combined DNA index system (CODIS). The Kansas bureau of investigation shall participate in the CODIS program by sharing data and utilizing compatible test procedures, laboratory equipment, supplies and computer software.

(i) The DNA records obtained pursuant to this act shall be confidential and shall be released only to authorized criminal justice agencies. The DNA records shall be used only for law enforcement identification purposes or to assist in the recovery or identification of human remains from disasters or for other humanitarian identification purposes, including identification of missing persons.

(j) (1) The Kansas bureau of investigation shall be the state central repository for all DNA records and DNA samples obtained pursuant to this act. The Kansas bureau of investigation shall promulgate rules and regulations for: (A) The form and manner of the collection and maintenance of DNA samples;

(B) a procedure which allows the defendant to petition to expunge and destroy the DNA samples and profile record in the event of a dismissal of charges, expungement or acquittal at trial; and

(C) other procedures for the operation of this act.

(2) These rules and regulations also shall require compliance with national quality assurance standards to ensure that the DNA records satisfy standards of acceptance of such records into the national DNA identification index.

(3) The provisions of the Kansas administrative procedure act shall apply to all actions taken under the rules and regulations so promulgated.

(k) The Kansas bureau of investigation is authorized to contract with third parties for the purposes of implementing this section. Any other party contracting to carry out the functions of this section shall be subject to the same restrictions and requirements of this section, insofar as applicable, as the bureau, as well as any additional restrictions imposed by the bureau.

(l) In the event that a person's DNA sample is lost or is not adequate for any reason, the person shall provide another sample for analysis.

(m) Any person who is subject to the requirements of this section, and who, after receiving notification of the requirement to provide a DNA specimen, knowingly refuses to provide such DNA specimen, shall be guilty of a class A nonperson misdemeanor.

Sec. 16. K.S.A. 44-1204 is hereby amended to read as follows: 44-1204. (a) On and after January 1, 1978, no employer shall employ any employee for a workweek longer than forty-six (46) hours, unless such employee receives compensation for employment in excess of forty-six (46) hours in a workweek at a rate of not less than one and one-half (1 1/2) times the hourly wage rate at which such employee is regularly employed.

(b) No employer shall be deemed to have violated subsection (a) with respect to the employment of any employee who is covered by this section, who is engaged in the public or private delivery of emergency medical services as ~~a crash injury management technician, emergency medical technician or mobile intensive care technician~~ an attendant as defined by K.S.A. 65-6112, and amendments thereto, or who is engaged in fire protection or law enforcement activities, including any member of the security personnel in any correctional institution, and who is paid compensation at a rate of not less than ~~one and one-half (1 1/2)~~ 1 1/2 times the regular rate at which such employee is employed:

(1) In any work period of ~~twenty-eight (28)~~ 28 consecutive days in which such employee works for tours of duty which in the aggregate exceed ~~two hundred fifty-eight (258)~~ 258 hours; or

(2) in the case of any such employee to whom a work period of at least seven ~~(7)~~ but less than ~~twenty-eight (28)~~ 28 days applies, in any such work period in which such employee works for

tours of duty which in the aggregate exceed a number of hours which bears the same ratio to the number of consecutive days in such work period as ~~two hundred fifty-eight (258)~~ 258 hours bears to ~~twenty-eight (28)~~ 28 days.

(c) The provisions of this section shall not apply to the employment of:

(1) Any employee who is covered under the provisions of section 7 of the fair labor standards act of 1938 as amended (29 U.S.C.A. § 207), and as amended by the fair labor standards amendments of 1974 and any other acts amendatory thereof or supplemental thereto; or

(2) any employee who is primarily engaged in selling motor vehicles, as defined in subsection (b) of K.S.A. 8-126, for a nonmanufacturing employer primarily engaged in the business of selling such vehicles to ultimate purchasers;

(3) any person who is sentenced to the custody of the secretary of corrections and any person serving a sentence in a county jail.

(d) For the purposes of this section, the agreement or practice by employees engaged in fire protection or law enforcement activities of substituting for one another on regularly scheduled tours of duty, or a part thereof, shall be deemed to have no effect on hours of work if:

(1) The substituting is done voluntarily by the employees and not at the behest of the employer;

(2) The reason for substituting is due not to the employer's business practice but to the employee's desire or need to attend to a personal matter;

(3) A record is maintained by the employer of all time substituted by the employer's employees; and

(4) The period during which time is substituted and paid back does not exceed ~~twelve (12)~~

12 months.

Sec. 17. K.S.A. 2009 Supp. 65-6001 is hereby amended to read as follows: 65-6001. As used in K.S.A. 65-6001 to 65-6007, inclusive, and K.S.A. 65-6008, 65-6009 and 65-6010, and amendments thereto, unless the context clearly requires otherwise:

(a) "AIDS" means the disease acquired immune deficiency syndrome.

(b) "HIV" means the human immunodeficiency virus.

(c) "Laboratory confirmation of HIV infection" means positive test results from a confirmation test approved by the secretary.

(d) "Secretary" means the secretary of health and environment.

(e) "Physician" means any person licensed to practice medicine and surgery.

(f) "Laboratory director" means the person responsible for the professional, administrative, organizational and educational duties of a laboratory.

(g) "HIV infection" means the presence of HIV in the body.

(h) "Racial/ethnic group" shall be designated as either white, black, Hispanic, Asian/Pacific islander or American Indian/Alaskan Native.

(i) "Corrections officer" means an employee of the department of corrections as defined in subsections (f) and (g) of K.S.A. 75-5202, and amendments thereto.

(j) "Emergency services employee" means an attendant ~~or first responder~~ as defined under K.S.A. 65-6112, and amendments thereto, or a firefighter.

(k) "Law enforcement employee" means:

(1) Any police officer or law enforcement officer as defined under K.S.A. 74-5602, and amendments thereto;

(2) any person in the service of a city police department or county sheriff's office who performs law enforcement duties without pay and is considered a reserve officer;

(3) any person employed by a city or county who is in charge of a jail or section of jail, including jail guards and those who conduct searches of persons taken into custody; or

(4) any person employed by a city, county or the state of Kansas who works as a scientist or technician in a forensic laboratory.

(l) "Employing agency or entity" means the agency or entity employing a corrections officer, emergency services employee, law enforcement employee or jailer.

(m) "Infectious disease" means AIDS.

(n) "Infectious disease tests" means tests approved by the secretary for detection of infectious diseases.

(o) "Juvenile correctional facility staff" means an employee of the juvenile justice authority working in a juvenile correctional facility as defined in K.S.A. 2009 Supp. 38-2302, and amendments thereto.

Sec. 18. K.S.A. 66-1810 is hereby amended to read as follows: 66-1810. When any contact with or damage to any underground facility occurs, the operator shall be informed immediately by the excavator. Upon receiving such notice, the operator immediately shall dispatch personnel to the location to provide necessary temporary or permanent repair of the damage. If the protective covering of an electrical line is penetrated or dangerous gases or fluids are escaping from a broken line, the excavator immediately shall inform emergency personnel of the municipality in which such electrical short or broken line is located and take any other action as may be reasonably necessary to protect persons and property and to minimize hazards until arrival of the operator's personnel or

emergency ~~first~~ medical responders.

Sec. 19. K.S.A. 2009 Supp. 75-4364 is hereby amended to read as follows: 75-4364. (a) As used in this section:

(1) "Kansas educational institution" means and includes area vocational schools, area vocational-technical schools, community colleges, the municipal university, state educational institutions, and technical colleges.

(2) "Public safety officer" means a law enforcement officer or a firefighter or an emergency medical services attendant.

(3) "Law enforcement officer" means a person who by virtue of office or public employment is vested by law with a duty to maintain public order or to make arrests for violation of the laws of the state of Kansas or ordinances of any municipality thereof or with a duty to maintain or assert custody or supervision over persons accused or convicted of crime, and includes wardens, superintendents, directors, security personnel, officers and employees of adult and juvenile correctional institutions, jails or other institutions or facilities for the detention of persons accused or convicted of crime, while acting within the scope of their authority.

(4) "Firefighter" means a person who is: (1) Employed by any city, county, township or other political subdivision of the state and who is assigned to the fire department thereof and engaged in the fighting and extinguishment of fires and the protection of life and property therefrom; or (2) a volunteer member of a fire district, fire department or fire company.

(5) "Emergency medical services attendant" means ~~a first responder, emergency medical technician, emergency medical technician-intermediate, emergency medical technician-defibrillator or a mobile intensive care technician certified by the emergency medical services board pursuant to~~

~~the statutory provisions contained in article 61 of chapter 65 of Kansas Statutes Annotated~~ an attendant as defined by K.S.A. 65-6112, and amendments thereto.

(6) "Dependent" means (A) a birth child, adopted child or stepchild or (B) any child other than the foregoing who is actually dependent in whole or in part on the individual and who is related to such individual by marriage or consanguinity.

(7) "State board" means the state board of regents.

(8) "Military service" means any active service in any armed service of the United States and any active state or federal service in the Kansas army or air national guard.

(9) "Prisoner of war" means any person who was a resident of Kansas at the time the person entered service of the United States armed forces and who, while serving in the United States armed forces, has been declared to be a prisoner of war, as established by the United States secretary of defense, after January 1, 1960.

(10) "Resident of Kansas" means a person who is a domiciliary resident as defined by K.S.A. 76-729, and amendments thereto.

(11) "Spouse" means the spouse of a deceased public safety officer or deceased member of the military service who has not remarried.

(b) Every Kansas educational institution shall provide for enrollment without charge of tuition or fees for: (1) Any dependent or spouse of a public safety officer who died as the result of injury sustained while performing duties as a public safety officer so long as such dependent or spouse is eligible; (2) any dependent or spouse of any resident of Kansas who died on or after September 11, 2001, while, and as a result of, serving in military service; and (3) any prisoner of war. Any such dependent or spouse and any prisoner of war shall be eligible for enrollment at a

Kansas educational institution without charge of tuition or fees for not to exceed 10 semesters of undergraduate instruction, or the equivalent thereof, at all such institutions.

(c) Subject to appropriations therefor, any Kansas educational institution, at which enrollment, without charge of tuition or fees, of a prisoner of war or a dependent or spouse is provided for under subsection (b), may file a claim with the state board for reimbursement of the amount of such tuition and fees. The state board shall include in its budget estimates pursuant to K.S.A. 75-3717, and amendments thereto, a request for appropriations to cover tuition and fee claims pursuant to this section. The state board shall be responsible for payment of reimbursements to Kansas educational institutions upon certification by each such institution of the amount of reimbursement to which entitled. Payments to Kansas educational institutions shall be made upon vouchers approved by the state board and upon warrants of the director of accounts and reports. Payments may be made by issuance of a single warrant to each Kansas educational institution at which one or more eligible dependents or spouses or prisoners of war are enrolled for the total amount of tuition and fees not charged for enrollment at that institution. The director of accounts and reports shall cause such warrant to be delivered to the Kansas educational institution at which any such eligible dependents or spouses or prisoners of war are enrolled. If an eligible dependent or spouse or prisoner of war discontinues attendance before the end of any semester, after the Kansas educational institution has received payment under this subsection, the institution shall pay to the state the entire amount which such eligible dependent or spouse or prisoner of war would otherwise qualify to have refunded, not to exceed the amount of the payment made by the state in behalf of such dependent or spouse or prisoner of war for the semester. All amounts paid to the state by Kansas educational institutions under this subsection shall be deposited in the state treasury and

credited to the state general fund.

(d) The state board shall adopt rules and regulations for administration of the provisions of this section and shall determine the qualification of persons as dependents and spouses of public safety officers or United States military personnel and the eligibility of such persons for the benefits provided for under this section.

Sec. 20. K.S.A. 2009 Supp. 80-2518 is hereby amended to read as follows: 80-2518. (a) All hospital moneys, except moneys acquired through the issuance of revenue bonds, shall be paid to the treasurer of the board, shall be allocated to and accounted for in separate funds or accounts of the hospital, and shall be paid out only upon claims and warrants or warrant checks as provided in K.S.A. 10-801 to 10-806, inclusive, and K.S.A. 12-105a and 12-105b, and amendments to these statutes. The board may designate a person or persons to sign such claims and warrants or warrant checks.

(b) The board may accept any grants, donations, bequests or gifts to be used for hospital purposes and may accept federal and state aid. Such moneys shall be used in accordance with the terms of the grant, donation, bequest, gift or aid and if no terms are imposed in connection therewith such moneys may be used to provide additional funds for any improvement for which bonds have been issued or taxes levied.

(c) Hospital moneys shall be deemed public moneys and hospital moneys not immediately required for the purposes for which acquired may be invested in accordance with the provisions of K.S.A. 12-1675 and amendments thereto. Hospital moneys acquired through the receipt of grants, donations, bequests or gifts and deposited pursuant to the provisions of K.S.A. 12-1675 and amendments thereto need not be secured as required under K.S.A. 9-1402 and amendments thereto.

In addition, hospital moneys may be invested in joint enterprises for the provision of health care services as permitted by subsection (b) of K.S.A. 80-2501 and amendments thereto.

(d) Hospital moneys which are deposited to the credit of funds and accounts which are not restricted to expenditure for specified purposes may be transferred to the general fund of the hospital and used for operation of the hospital or to a special fund for additional equipment and capital improvements for the hospital.

(e) The board shall keep and maintain complete financial records in a form consistent with generally accepted accounting principles, and such records shall be available for public inspection at any reasonable time.

(f) Notwithstanding subsections (a) to (e), inclusive, the board may transfer any moneys or property a hospital receives by donation, contribution, gift, devise or bequest to a Kansas not-for-profit corporation which meets each of the following requirements:

(1) The corporation is exempt from federal income taxation under the provisions of section 501(a) by reason of section 501(c)(3) of the internal revenue code of 1954, as amended;

(2) the corporation has been determined not to be a private foundation within the meaning of section 509(a)(1) of the internal revenue code of 1954, as amended; and

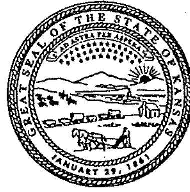
(3) the corporation has been organized for the purpose of the charitable support of health care, hospital and related services, including the support of ambulance, emergency medical care, ~~first~~ medical responder systems, medical and hospital staff recruitment, health education and training of the public and other related purposes.

(g) The board may transfer gifts under subsection (f) in such amounts and subject to such terms, conditions, restrictions and limitations as the board determines but only if the terms of the gift

do not otherwise restrict such transfer. Before making any such transfer, the board shall determine that the amount of money or the property to be transferred is not required by the hospital to maintain its operations and meet its obligations. In addition, the board shall determine that the transfer is in the best interests of the hospital and the residents within the district the hospital has been organized to serve.

Sec. 21. K.S.A. 19-4608, 21-2511, 44-1204, 65-6121, 65-6129c, 65-6135, 65-6144, 65-6145 and 66-1810 and K.S.A. 2009 Supp. 8-1001, 65-6001, 65-6111, 65-6112, 65-6119, 65-6120, 65-6123, 65-6124, 65-6129, 75-4364 and 80-2518 are hereby repealed.

Sec. 22. This act shall take effect and be in force from and after January 15, 2011, and its publication in the statute book.



KANSAS

DENNIS ALLIN, M.D., CHAIR
STEVEN SUTTON, INTERIM EXEC. DIRECTOR

MARK PARKINSON, GOVERNOR

BOARD OF EMERGENCY MEDICAL SERVICES

MEMORANDUM

Date: March 5, 2010

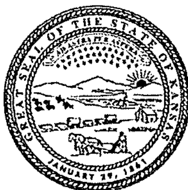
To: House Health and Human Services

From: Steven M. Sutton, Interim Executive Director

RE: Summary of SB 262 Changes

1. Re-instate old attendant titles with the new attendant titles for a more encompassing definition of "Attendant" to facilitate the transition.
2. Re-instated old attendant titles and authorized activities to facilitate the transition phase.
3. Included transition language for each attendant level, to identify the general process to get from the old technician titles and activities to the new. Specific requirements will be addressed in Regulations.
4. With the addition of the transition language, doubled the length of time to transition from and EMT-Intermediate, EMT-Defibrillator and EMT-Intermediate/Defibrillator from one renewal cycle (2+ years) to two renewal cycles (4+ years) based on the EMS communities concerns for transitioning at this level.
5. Refined the composition of the Medical Advisory Council, based on language provided by KMS and the Board.
6. Redefined options for medical protocols approval based on language provided from KMS and the Board.
7. Added a definition for a county medical society (provided by KMS).
8. Added advanced registered nurse practitioner definition and included ARNP in the potential position of providing medical direction, based on the Nursing Board comments.
9. Added advanced nurse practitioner in the attendant definition.

LANDON STATE OFFICE BUILDING, 900 SW JACKSON STREET, ROOM 1031, TOPE
Voice 785-296-7296 Fax 785-296-6212 www.ksbems.org



KANSAS

DENNIS ALLIN, M.D., CHAIR
STEVEN SUTTON, INTERIM EXEC. DIRECTOR

MARK PARKINSON, GOVERNOR

BOARD OF EMERGENCY MEDICAL SERVICES

Testimony

Date: March 8, 2010

To: House Health and Human Services

From: Steven Sutton, Interim Executive Director

RE: 2009 Senate Bill 262

Madam Chairman Landwehr and members of the House Health and Human Services Committee, my name is Steven Sutton. I am the Interim Executive Director for the Kansas Board of Emergency Medical Services (KBEMS). I would like to provide comments on 2009 Senate Bill 262.

2009 Senate Bill 262, as introduced, revises the Scope of Practice for the four (4) levels of attendants the Kansas Board of Emergency Medical Services regulates.

History

In 1996, the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA) published the national consensus document titled *EMS Agenda for the Future (Agenda).* The intent of the *Agenda* was to create a common vision for the future of EMS and designed for use by government and private organizations at the national, state and local levels to help guide EMS planning, decision making, and policy including EMS education. In 2000, the *Agenda* was followed by the *EMS Education Agenda for the Future: A Systems Approach (Education Agenda)*. The purpose of the *Education Agenda* was to establish a system of EMS education that more closely paralleled that of other allied health care professions. This vision has been 12 years in the making. The *EMS Agenda for the Future* was the first to describe the outcomes and goals for EMS Education. Kansas believed that as the other States and territories began the process of revising their scope of practice based on these documents, that Kansas must also take the time and effort to review the practice of EMS in Kansas and determine the importance of the *Agenda*, how do develop the Kansas scope, implementation of the scope, and its impact on Kansas EMS.

Importance of Scope of Practice Revision

As the *Agenda* and the *Education Agenda* were developed, the core basis of those documents were to create, establish, and promote the following:

- Establish a national EMS education system that would align EMS with other health professions and enhance the professional credibility of EMS practitioners.

- Create a *National EMS Education Standard (Education Standards)* that replace the National Standard Curricula (NSC) in order to increase instructor flexibility and provide a greater ability to adapt to local needs and resources. Those standards would permit the introduction of new technologies and evidence-based medicine without requiring a full revision of the entire program of education.

- The *Education Agenda* would assist states in standardizing provider levels across the Nation affording ease of reciprocity and greater opportunities for career growth in EMS.

- The National EMS Certification exams at all levels would be consistent with the *Scope of Practice Model.*

- The public would come to expect that persons who carry the specific title of Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT (AEMT) or Paramedic have the scope of practice associated with that title.

- States that receive attendants from another state could expect that those who transfer licensure or certification based on a particular EMS level to have at least been prepared on that level's *Scope of Practice Model* content. The model then is used to facilitate reciprocity when attendants are called upon to participate in interstate mutual aid activities that support a wide area disaster response under the National Incident Management System (NIMS.)

Options

As Kansas undertook the task of reviewing the Kansas Scope, there were several options to consider. The Board considered implementing none, some, or ALL components of the *Agenda*, *National Scope of Practice*, and *Education Agenda.* Implementing none of the Scope would commit the Board to education methods that may not match publisher texts and curriculum materials, force the Board to develop and defend a Kansas certification test, institute a reduced opportunity for reciprocity among states, and damaging the consistency of the EMS educational structure and thus the professionalism of the industry. To implement the *Scope* as written, would have an adverse affect on Kansas EMS and reduce activities currently being performed, affect the ability for some services to obtain attendants, and place Kansas EMS in a position which current standards and care could be reduced or eliminated. In reviewing the above, the Kansas Board of Emergency Medical Services believed that the importance of a baseline scope of practice between States was important in not only enabling EMS services to be able to recruit and retain, but establishing an educational standard that relies on evidence based practice researched by a myriad of allied health professionals coming together to evaluation medical care in Kansas and how that medical care is provided. However, the Board could not ignore current Kansas practices and cause unintentional consequences by adopting a scope that reduces activities and standards already provided by certified Kansas attendants. Therefore, the Board determined that the Kansas Scope must retain the baseline *National Scope of Practice* while not eliminating those specific activities that are currently being practice and necessary to effective patient care within the State.

Development

To accomplish this task, the Board commissioned the Kansas Emergency Medical Services Systems Approach for the Future (KEMSSAF) Committee. The Committee was charged with identifying and recommending to the 13 member Board of Emergency Medical Service the effects, impact, and implementation of the National Scope of Practice and the *Education Agenda*, *Rural Health Agenda for the Future*, and the *Agenda for the Future* in Kansas. The Committee was made up of the following:

- 4 members of the Board of EMS
- 1 Member of each of the Kansas EMS Regional Councils
- 1 Member of the following Associations:
  - Kansas Emergency Medical Technicians Association (KEMTA)
  - Kansas Emergency Medical Services Association (KEMSA)
  - Kansas Air Medical Services (KanAMS)
  - Kansas State Fire Fighters Association
- 1 Member of each of the Community Colleges
  - Butler County, Cloud County, Hutchinson, Dodge City, Cowley County, Barton County, Flint Hills Technical, Seward County, Coffeyville, Colby, Johnson County, Highland, Garden City, and Kansas City
- Member selected by the Executive Director
- 4 Members At Large

To accomplish the commissioned goal, the Committee met from January 2008 through June 2008 to discuss and recommend to the Board the language contained within 2009 SB 262. The Board approved the language during its regular December 2008 Board meeting. The bill has five components:

1. Changes the names of the 3 attendant levels;
   - First Responder to Emergency Medical Responder (EMR)
   - Emergency Medical Technician (name) remains the same
   - Emergency Medical Technician – Intermediate (I) and Defibrillator (D) to Advanced EMT (AEMT)
   - Mobile Intensive Care Technician to Paramedic

2. Mandates that attendants must practice under medical protocols;

3. Sets a Scope of Practice "ceiling" for the levels of EMR, EMT, and AEMT:

4. Creates a Medical Advisory Council under the KBEMS Board composed of physicians serving as EMS Medical Directors to continuously review medical trends and changes in the profession.

5. The scope of practices, as outlined by law, would be outlined (specifically) in rules and regulations.

Once the Committee completed its task, the Kansas Emergency Medical Services System Approach to the Future (KEMSSAF) report was developed and sent out to the Regional Councils for distribution and comment. The document details, by level, current law, the *National Scope of Practice* as written, and those activities that would be added. Those details are outlined within the report.

Implementation

The magnitude of Scope of Practice was far too complicated and arduous to be taken on by KBEMS staff. Therefore, the KBEMS Board issued a request for proposal (RFP) to develop the transition course which would move Kansas EMS from the old scope of practice to the new scope of practice. The Friesen Group (based in Wichita, Kansas) was contracted and hired by the State of Kansas to develop and distribute to educators (both instructor coordinators (ICs) and training officers (TOs) the transition curriculum that moves first responders to *Emergency Medical Responder*, EMT-Basics to *EMT*, and EMT-Intermediates to *Advanced EMT*. As the transition courses continue to be developed, the KBEMS Board has maintained a "Transition Course Task Force" to manage the project and report to the Board. The Task Force is comprised of Kansas EMS educators and attendants to assist in creating a smooth transition.

Transition Process

The transition would be provided and maintained locally by each service or by an EMS training program in the State. The local level (directors and educators) would hold the responsibility to schedule and conduct classes. In addition to local service classes, the community colleges and technical schools could hold transition courses to meet demand. As the Transition Group has maintained from the initiation of the transition plan, continuing education modules must be obtained by every certified first responder, EMT, EMT-D, and EMT-I. The individual attendant must choose a transition path.

- First responders must transition to the EMR level
- EMT's and EMT-D's may choose between transitioning to the new EMT level or down to the EMR level
- EMT-I's may choose between transiting to the new AEMT level or down to the EMT or EMR levels

An attendant would only lose their certification if that attendant chose not to participate in a transition program.

Impact on Kansas EMS

As the original KEMSSAF Committee met, the composition of the Committee was considered specifically to ensure that those on the Committee could represent and provide the group with a level of expertise in their respective areas. Whether representing an association, rural or urban EMS, educators, attendants, or educational institutions, all ideas were accepted. The Board convened the group of individuals to assist in addressing the concerns of all facets, locations, operations, and financial level of services. As the Committee made its final recommendation, the basis of the decisions centered around not only enhancing and maintaining the current level of EMS care in the State, but having the ability through education, medical direction, research, and collaboration to continue to sustain a heightened range of pre-hospital care in the State. As discussed previously, the *National Scope of Practice* is the baseline of pre-hospital care. It was established to provide the "floor" of the scope, and the individual States would determine and decide whether to enhance the continuum of care necessary within that State. Kansas EMS, in reviewing the entire Scope, understood there were some aspects of the *National Scope of Practice* that should not be implemented, could be implemented, and must be changed or amended to fit into current operations and not adversely affect frontier, rural, and urban EMS. The Committee determined that in implementing and enhancing the scope for Kansas, that positive impact could be made and pre-hospital care heightened. Those specific impacts relate to the following:

- *Medical intervention*. Adding medical pharmaceutical interventions to the Advanced EMT enable a greater level of pre-hospital treatment for those areas employing the AEMT. Allowing the AEMT access the pharmaceutical interventions provides advanced level care to areas in which a medical director desires advanced interventions in route, but currently does not have the personnel to provide that care. The *National Scope of Practice* is intended to be updated periodically and was created in a way that it can adapt to the introduction of new technologies and evidence-based medicine. Kansas recognized such adaptation, and looked to the AEMT to demonstrate and employ that level of activity. The *Scope of Practice* for Kansas can and will be reviewed frequently as pre-hospital care changes. It is not statistic, and therefore is managed by patient care and the needs of patients, as opposed to an attempt to continue with current trends.

- *Transport times*. Longer transport times could be managed through a level of care that can focus on patient needs in stabilizing and maintaining a high level of care. An enhanced, medically supported, and robust educationally based scope of practice will provide frontier and rural services a greater ability to care for and sustain patients that normally may not survive without an advanced level of care being

provided on scene. The STEMI and Stroke initiatives currently being researched and implemented by the Board through the American Heart Association, for example, could then be managed and sustained by that higher level of care. Rural and frontier EMS services benefit greatly from a greater level of care due to those longer transport times. The ability to provide a greater level of care over a longer period of times due to the location of the patient or service cannot be underestimated. The scope of practice, as presented, directly impacts and assists those services. The bill allows services the ability to maintain and enhance the advance life support protocols already employed by not only sustaining current activities but adding additional interventions. Many areas of western Kansas do not or cannot afford paramedics to provide advance life support to their communities. The bill maintains that care, and does so through a coordinated and accessible transition course.

- *Availability*. The Board, in preparing for the implementation of the bill, will make the transition course available at the local level. The course will be placed in the hands of educators and institutions that already provide attendants and students with continuing education hours (CEU). The services should be able to provide those modules to attendants at a minimum cost, with minimum effort, due to the development of the classes into modules. Attendants would have from January 1, 2011 through December 31, 2015 to obtain the transition course dependent upon the date of expiration of certificate. The Board will also review the possibility of an online course to further ease the burden placed on those who would find it difficult to schedule a class due to the their volunteer status or location of the available courses. The Board has always been concerned about the availability and access of the course. With the current plan in place, the Board believes that no matter the location of the student the time to cover the module and the location of the course will not overly burden or hamper current attendants' ability to locate and attend the course.

- *Education*. "A mind once stretched by a new idea never regains its original dimensions." EMS has now reached that dimension. The Board understands the concerns many have with a change in educational standards and access to that education. However, the Board realizes that emergency medical services as they functioned in the 1970's are not the same as they are now. Educational standards should always be reviewed, managed, and amended as the needs of the citizenry, technology, research, and best practices present themselves. Over the last 14 years since the *Agenda* and *National Scope of Practice* were developed, Kansas EMS has now reached the point where we must once again review how we provide care and not simply continue to maintain what is most comfortable. "Education is not the answer to the question. Education is the means to the answer to all questions." (William Allin). The Board is in no way oblivious to the needs to Kansas EMS, and in particular, frontier and rural EMS. Thus, the Board has developed the overall scope implementation plan and transition courses to enable all attendants, educators, and services to manage this time of transition in the most efficient, economical, and less evasive way possible. From the beginning, the Board has always had the smaller, frontier and rural, volunteer services in mind and their needs as the plan was developed. The Board understands how new education standards will affect them, but the methods of delivery, access, and the opportunity of both better and increase education and thus a greater level of care both benefits the attendants and the community as a whole.

- *Kansas needs v. the baseline National Scope of Practice (NSC).* As the Board reviewed the *National Scope of Practice*, it understood that the document could not simply be implemented in Kansas without injuring the level of care already provided. The EMR for example, under the *NSC*, does not "count" (or function) as an attendant. To remove the EMR as an attendant, places many services in a position that removes a great number of individuals from working for the service. The Board reviewed and compared the *NSC* versus Kansas standards to determine Kansas' unique needs with a view of care, scope, and operational

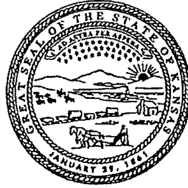
plementation. In comparison, the Board agreed with the removal of intubation from the Kansas ne because of medical research in maintaining that activity within the AEMT level. The amount of ...e, review, and effort made to compare and contrast Kansas needs and the *National Scope of Practice* is clearly demonstrated by the provided documentation and testimony. Kansas EMS, medical directors, attendants, and educators completed that task, and that effort should not be discounted nor dismissed.

- *Hours to Transition.* Finally, the Task Force continues to discuss and review the number of hours necessary to transition all three levels. However, since the transition plan has not been finalized, the Task Force and the Board cannot determine the number of hours necessary to transition. The final curriculum develop plan will be available and set in August 2010. Once the transition is complete the goal of the new *Education Standards* is to focus on OUTCOMES, not the time spent achieving them. The *Education Agenda* supports participation of students by creating an opportunity for efficiency in the delivery of essential content. Although hours of transition may be greater than the current hours necessary to maintain certification presently, the evaluation of competency (i.e. the ability to demonstrate whether an attendant can perform what they've learned) cannot be undervalued. The AEMT, in particular, has a great deal more responsibility and the hours and education necessary to obtain that certification must reflect that change. However, the Board will ensure that the education standards and hours necessary are not so burdensome that attendants (no matter their level or location) cannot obtain and maintain their desired certification.

Conclusion

So what should adapt and change? Our day-to-day practices adapt and change . . . sometimes by decade and sometimes by the hour. As EMS began, the local funeral home director provided transportation to the hospital in a vehicle that doubled as an ambulance and a hearse. This vehicle was the only one in town where a person could be loaded up in the back and rushed to the hospital with a whirling light atop. In the late 1970's, the show "Emergency" demonstrated the need for emergency medical services and the expertise of those who provided that care. Then, in the mid-1990's the full-time, 365/7/24, paramedic service appeared on the scene . . . big and significant changes. Now in 2010, the scope of practice for Kansas EMS is changing and adapting to the circumstances across the state and nation, through current research, to better align with the *National Scope of Practice*. However, in this transition of day-to-day practices, the core values and principles of Kansas EMS will remain constant, strong, and evident.

Thank you for allowing me to provide testimony on 2009 SB 262. The Board would like to thank all that assisted in revising the scope of practice for Kansas EMS attendants and would request favorable passage of the 2009 SB 262.



KANSAS

DENNIS ALLIN, M.D., CHAIR
STEVEN SUTTON, INTERIM EXEC. DIRECTOR

MARK PARKINSON, GOVERNOR

BOARD OF EMERGENCY MEDICAL SERVICES

MEMORANDUM

Date: March 5, 2010

To: House Health and Human Services

From: Steven M. Sutton, Interim Executive Director

RE: Summary of SB 262 Changes

1. Re-instate old attendant titles with the new attendant titles for a more encompassing definition of "Attendant" to facilitate the transition.
2. Re-instated old attendant titles and authorized activities to facilitate the transition phase.
3. Included transition language for each attendant level, to identify the general process to get from the old technician titles and activities to the new. Specific requirements will be addressed in Regulations.
4. With the addition of the transition language, doubled the length of time to transition from and EMT-Intermediate, EMT-Defibrillator and EMT-Intermediate/Defibrillator from one renewal cycle (2+ years) to two renewal cycles (4+ years) based on the EMS communities concerns for transitioning at this level.
5. Refined the composition of the Medical Advisory Council, based on language provided by KMS and the Board.
6. Redefined options for medical protocols approval based on language provided from KMS and the Board.
7. Added a definition for a county medical society (provided by KMS).
8. Added advanced registered nurse practitioner definition and included ARNP in the potential position of providing medical direction, based on the Nursing Board comments.
9. Added advanced nurse practitioner in the attendant definition.

LANDON STATE OFFICE BUILDING, 900 SW JACKSON STREET, ROOM 1031, TOPEKA, KANSAS 66612-1228
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HOUSE Substitute for SENATE BILL NO. 262
By Committee on Health and Human Services

Sec. 3. K.S.A. 2009 Supp. 65-6119 is hereby amended to read as follows: 65-6119.................

(d) Upon transition notwithstanding any other provision of law, a paramedic may:

(1) Perform all the authorized activities identified in K.S.A. 65-6120, 65-6121, 65-6144 [~~and in rules and regulations adopted by the board under these statutes~~], and amendments thereto;

(2) when voice contact or a telemetered electrocardiogram is monitored by a physician, physician assistant where authorized by a physician or an advanced registered nurse practitioner where authorized by a physician or licensed professional nurse where authorized by a physician and direct communication is maintained, and upon order of such person, may administer such medications or procedures as may be deemed necessary by a person identified in subsection (d)(2);

(3) perform, during an emergency, those activities specified in subsection (d)(2) before contacting a person identified in subsection (d)(2) when specifically authorized to perform such activities by medical protocols; and

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

Sec. 4. K.S.A. 2009 Supp. 65-6120 is hereby amended to read as follows: 65-6120...................

(e) Upon transition, notwithstanding any other provision of law to the contrary, an advanced emergency medical technician may:

(1) Perform any of the activities identified by K.S.A. 65-6121, and amendments thereto; and

(2) any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, [~~as specifically identified in rules and regulations,~~] after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, upon order when direct communication is maintained by radio, telephone or video conference with a physician, physician assistant where authorized by a physician, an advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician upon order of such a person: (A) Continuous positive airway pressure devices; (B) advanced airway management; (C) referral of patient of alternate medical care site based on assessment; (D) transportation of a patient with a capped arterial line; (E) veni-puncture for obtaining blood sample; (F) initiation and maintenance of intravenous infusion or saline lock; (G) initiation of intraosseous infusion; (H) nebulized therapy; (I) manual defibrillation and cardioversion; (J) cardiac monitoring; (K) medication administration via: (i) Aerosolization; (ii) nebulization; (iii) intravenous; (iv) intranasal; (v) rectal; (vi) subcutaneous; (vii) intraosseous; (viii) intramuscular; or (ix) sublingual.

[~~(f) Rules and regulations adopted by the board under this section which identify activities~~

~~to be performed by advanced emergency medical technicians shall be consistent with the education, training and qualifications of advanced emergency medical technicians authorized to perform such activities and shall be consistent with activities generally recognized in the performance of emergency medical services as capable of being performed, in a manner consistent with public health and safety, by persons holding an advanced emergency medical technician certificate and are specifically authorized to perform such activities by medical protocols.]~~

Sec. 5. K.S.A. 65-6121 is hereby amended to read as follows: 65-6121..........................

(e) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any activities identified in K.S.A. 65-6144, and amendments thereto, and any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, [~~as specifically identified in rules and regulations~~] after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician assistant when authorized by a physician, an advanced registered nurse practitioner when authorized by a physician or a licensed professional nurse when authorized by a physician, upon order of such person:

(1) Airway maintenance including use of:
(A) Single lumen airways as approved by the board;
(B) multilumen airways;
(C) ventilator devices;
(D) forceps removal of airway obstruction;
(E) CO2 monitoring;
(F) airway suctioning;
(2) apply pneumatic anti-shock garment;
(3) assist with childbirth;
(4) monitoring urinary catheter;
(5) capillary blood sampling;
(6) cardiac monitoring;
(7) administration of patient assisted medications as approved by the board;
(8) administration of medications as approved by the board by appropriate routes; and
(9) monitor, maintain or discontinue flow of IV line if a physician approves transfer by an emergency medical technician.

[~~(f) Rules and regulations adopted by the board under this section which define activities which may be performed by emergency medical technicians shall be consistent with the education, training and qualifications of emergency medical technicians authorized to perform such activities and shall be consistent with activities generally recognized in the performance of emergency medical services as capable of being performed, in a manner consistent with the public health and safety, by persons holding an emergency medical technician certificate and are specifically authorized to perform such activities by medical protocols.~~]

Sec. 11. K.S.A. 65-6144 is hereby amended to read as follows: 65-6144.......................

(e) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical responder may perform any of the following interventions, by use of the devices, medications and equipment, or any combination thereof[~~, as specifically identified in rules and regulations~~] after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician assistant when authorized by a physician, an advanced registered nurse practitioner when authorized by a physician or a licensed professional nurse when authorized by a physician, upon order of such person: (1) Emergency vehicle operations; (2) initial scene management; (3) patient assessment and stabilization; (4) cardiopulmonary resuscitation and airway management; (5) control of bleeding; (6) extremity splinting; (7) spinal immobilization; (8) oxygen therapy; (9) use of bag-valve-mask; (10) use of automated external defibrillator; (11) nebulizer therapy; (12) intramuscular injections with auto-injector; (13) administration of oral glucose; (14) administration of aspirin; (15) recognize and comply with advanced directives; (16) insertion and maintenance of oral and nasal pharyngeal airways; (17) use of blood glucose monitoring; and (18) other techniques and devices of preliminary care an emergency medical responder is trained to provide as approved by the board.

[~~(f) Rules and regulations adopted by the board under this section which define activities which may be performed by an emergency medical responder shall be consistent with the education, training and qualifications of emergency medical responders authorized to perform such activities and shall be consistent with activities generally recognized in the performance of emergency medical services as capable of being performed, in a manner consistent with the public health and safety, by persons holding an emergency medical responder certificate and are specifically authorized to perform such activities by medical protocols.~~]

Debbie Bartuccio

From: Norman Furse
Sent: Thursday, March 11, 2010 8:27 AM
To: Debbie Bartuccio
Subject: SB 500 Proposed Amendments
Attachments: SB 500 Healing Arts Titles.wpd

Debbie, Attached for distribution to the committee is SB 500 with the amendments suggested by Jerry Slaughter, Kansas Medical Society, in testimony before the committee.

Norm

PROPOSED AMENDMENTS TO SB 500
[deleted material is in brackets with strike type; new material in boldface in larger print]

SENATE BILL NO. 500

By Committee on Public Health and Welfare

AN ACT concerning the healing arts act; regarding an exception to prohibited acts; amending K.S.A. 65-2867 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 65-2867 is hereby amended to read as follows: 65-2867. (a) It shall be unlawful for any person who is not licensed under the Kansas healing arts act or whose license has been revoked or suspended to open or maintain an office for the practice of the healing arts as defined in this act or to announce or hold out to the public the intention, authority or skill to practice the healing arts as defined in the Kansas healing arts act by the use of any professional degree or designation, sign, card, circular, device, advertisement or representation.

(b) This section shall not apply to any person licensed by the board whose license was expired or lapsed and reinstated within a six month period pursuant to K.S.A. 65-2809 and amendments thereto.

(c) This section shall not apply to any health care provider who in good faith renders emergency care or assistance at the scene of an emergency or accident as authorized by K.S.A. 65-2891 and amendments thereto.

(d) It shall not be considered a violation of [~~this act~~] **the Kansas healting arts act** if an unlicensed person appends to such person's name the word "doctor" or the letters "M.D.", "D.O." or "D.C.", if such person has earned such professional degree from an accredited healing arts school or college, and if the use of such word or initials is

not misleading the public, patients or other health care providers that such person (1) is engaged in the practice of the healing arts within this state; or (2) is licensed to practice the healing arts in this state. **The provisions of this subsection shall apply to any proceeding pending before the board that has not reached a final order or disposition by the board prior to the effective date of this act and to any proceeding commenced before the board on or after the effective date of this act.**

(e) Violation of this section is a class C misdemeanor.

Sec. 2. K.S.A. 65-2867 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the [~~statute book~~] **Kansas register**.

Debbie Bartuccio

From: Norman Furse
Sent: Thursday, March 11, 2010 9:18 AM
To: Debbie Bartuccio
Subject: HR 6017
Attachments: HR 6017 Obesity.wpd

Debbie, I have attached a proposed amendment to HR 6017 for distribution to the committee. See the change in the last resolving clause.

Norm

HEALTH AND HUMAN SERVICES
DATE: 3-11-10
ATTACHMENT: 6-1

PROPOSED AMENDMENT TO HR 6017
[see last resolving clause for amendment]

HOUSE RESOLUTION NO. 6017

By Committee on Appropriations

A RESOLUTION recognizing the prevalence of excess weight and obesity within the African American, Hispanic/Latino American and Native American communities, its impact on diabetes and cardiovascular disease, urging advocacy for access to innovative and improved treatment options and improved provider reimbursement rates to address the issue.

WHEREAS, The prevalence of excess body weight and obesity poses a significant public health challenge and is a major contributor to preventable death in the United States. Sixty-three percent of adults in the United States are overweight or obese, with 26.7% considered obese. Obesity produces medical costs in the United States of an estimated 147 billion dollars annually, representing nearly 9.1% of annual medical spending; and

WHEREAS, The Body Mass Index (BMI), a standard method of measuring body weight, measures height and weight in kilograms per meter squared, with excess or overweight defined as a BMI of 25 to 29, and obese defined as a BMI greater than 30; and

WHEREAS, A significant health threat, obesity should be treated as a chronic condition. Overweight and obese individuals are at increased risk for many diseases and health conditions, including type 2 diabetes, hypertension, stroke, cardiovascular disease, high blood cholesterol, osteoarthritis, sleep apnea and other breathing problems, gallbladder disease and some forms of cancer. By treating individuals with excess weight and obesity, the long-term interests of the community as well as employers are served by reducing a major contributor to diseases, such as diabetes, which disproportionately impact the African American, Hispanic/Latino American and Native American communities; and

WHEREAS, Obesity is a major medical risk factor for diabetes in African Americans, Hispanic/Latino Americans and Native Americans. Studies have shown substantially higher rates

of obesity in adult African, Hispanic/Latino and Native Americans who had diabetes, compared to those who did not have diabetes; and

WHEREAS, Promoting regular physical activity and healthy eating and creating environments that support these behaviors are essential to addressing the problem of excess weight across the population. Studies show that if a person is overweight or obese, reducing body weight by just 5 to 10% can improve one's health. African Americans, Hispanic/Latino Americans and Native Americans are more likely to be concentrated in areas with poor socio-environmental conditions that provide few physical activity and healthy eating options; and

WHEREAS, There is a need to improve physician and patient knowledge, attitudes and practices in the treatment of excess weight and obesity in the African American, Hispanic/Latino American and Native American communities, including working holistically to generate effective obesity interventions in these communities: Now, therefore,

Be it resolved by the House of Representatives of the State of Kansas: That we do hereby recognize the importance of addressing excess weight and obesity as a means of supporting overall health within our community; and

Be it further resolved: That we urge our members to advocate for both public and private health insurers to provide access to innovative and improved treatment options[~~, as well as improved health care provider reimbursement rates to address this critical issue~~] within the African American, Hispanic/Latino American and Native American populations.