

**CONFERENCE COMMITTEE REPORT BRIEF  
HOUSE BILL NO. 2039**

As Agreed to March 25, 2025

**Brief\***

HB 2039 would amend statutes relating to home health agencies to clarify the definition of “home health agency” for the purposes of credentialing; amend law regarding emergency medical services (EMS) and EMS providers to clarify authorized activities of paramedics, advanced emergency medical technicians (advanced EMTs), emergency medical technicians (EMTs), and emergency medical responders; and amend the Health Care Provider Insurance Availability Act to add certain maternity centers to the definition of “health care provider.”

***Exemptions from the Definition of “Home Health Agency”***

The bill would exempt from the definition of “home health agency” entities that are not reimbursed by Medicare Part A and only provide services of persons licensed or certified under the Physical Therapy Practice Act and Occupational Therapy Practice Act and persons licensed as speech-language pathologists.

***Changes to Emergency Medical Services Statutes***

***Definitions***

The bill would amend definitions in law regarding EMS as follows:

- Update the definition of “advance practice registered nurse” to refer to individuals licensed and with the authority to prescribe drugs as provided in the definition within the Kansas Nurse Practice Act; and
- Create a definition of “qualified healthcare provider,” which would mean a physician, a physician assistant when authorized by a physician, an advanced practice registered nurse, or a professional nurse when authorized by a physician.

The bill would define “public place” as any areas open to the public or used by the general public, including, but not limited to, banks, bars, food service establishments, retail service

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\*Conference committee report briefs are prepared by the Legislative Research Department and do not express legislative intent. No summary is prepared when the report is an agreement to disagree. Conference committee report briefs may be accessed on the Internet at <https://klrd.gov/>

establishments, retail stores, public means of mass transportation, passenger elevators, health care institutions or any other place where health care services are provided to the public, medical care facilities, educational facilities, libraries, courtrooms, public buildings, restrooms, grocery stores, school buses, museums, theaters, auditoriums, arenas, and recreational facilities. A private residence would not be considered a “public place” unless such residence is used as a day care home, as defined in KSA 65-530.

### *Authorized Activities*

The bill would amend language regarding the authorized activities of paramedics, advanced EMTs, and EMTs to specify that such activities would be authorized after successfully completing an approved course of instruction, local specialized device training, and competency validation, and when ordered by medical protocols or upon the order of a qualified health care provider.

The bill would clarify the authorized activities of each level of EMT and make technical revisions to align with current standards of practice for EMTs.

The bill would add maintenance of intraosseous infusion to the list of authorized activities for advanced EMTs.

The bill would add capillary blood sampling for purposes other than blood glucose monitoring, monitoring a saline lock, and monitoring of a nasogastric tube to the list of authorized activities for EMTs. The bill would also allow EMTs to monitor, maintain, or discontinue flow of an intravenous (IV) line without the approval of a physician for transfer by an EMT.

The bill would also add, upon the order of a qualified health care provider, the ability for emergency medical responders to utilize equipment for the purposes of transmitting electrocardiogram (EKG) rhythm strips.

### *Supervision for Students or EMS Providers in Training*

The bill would amend language regarding the supervision of students or EMS providers in training to specify that such individuals would be required to be under the supervision of a physician, a physician assistant, an advanced practice registered nurse, a respiratory therapist, a professional nurse, or an EMS provider who is, at a minimum, certified to provide the level of care for which the student is seeking certification.

### *Ambulance Services*

The bill would exempt ambulance services providing only non-emergency transportation from the requirement that ambulance services be offered 24 hours per day, every day of the year.

For operators required to have a permit, the bill would require at least one person to be in the patient compartment during patient transport who is EMS certified or authorized, a

physician, a physician assistant, an advanced practice registered nurse, a professional nurse, or a registered nurse holding a multistate license.

Current law allows any county with a population of 30,000 or less to operate a ground vehicle providing interfacility transfers with one person who is a qualified health care provider if the driver of the vehicle is certified in cardiopulmonary resuscitation. The bill would allow for this exception to extend to ground vehicles providing EMS in such counties. The bill would require EMS choosing to adopt this policy to notify the Emergency Medical Services Board (Board) within 30 days of its adoption.

#### *Registration of Automated External Defibrillators*

The bill would amend current law that requires persons or entities that purchase or otherwise acquire an AED to notify the EMS service operating in the geographic area of the location of the AED to instead require registration of the AED with the Board when an AED is placed in the state in a public place. The bill would add persons or entities that lease, possess, or otherwise control an AED placed within the state in a public place to the list of those required to register the AED with the Board.

#### ***Adding Maternity Centers to the Definition of “Health Care Provider”***

The bill would require a maternity center participating in the Health Care Stabilization Fund (HCSF) (professional liability coverage) to have accreditation by the Commission for the Accreditation of Birth Centers and meet the licensure definition for maternity center (KSA 65-503). [Note: Under this licensure definition, a “maternity center” is a facility that provides delivery services for normal, uncomplicated pregnancies but does not include a medical care facility, as defined by KSA 65-425.]

The bill would also make technical amendments to reorganize provisions listing professionals and facilities subject to the requirement of participation in the HCSF.

#### **Conference Committee Action**

The Conference Committee agreed to amend HB 2280 to modify the definition of “public place” and specify that at least one person in the patient compartment of a vehicle providing emergency medical service must be EMS provider certified or authorized, a physician, a physician assistant, an advanced practice registered nurse, a professional nurse, or a registered nurse. The bill would provide for counties with a population of 30,000 or less to operate ground vehicle EMS with one physician, physician assistant, advanced practice registered nurse, professional nurse, registered nurse holding a multistate license, or certified or authorized EMS provider; the amendment would require EMS that choose to adopt this policy to notify the Board within 30 days of adoption.

The Conference Committee agreed to add the contents of HB 2280, as amended, and HB 2335, as amended by the Senate Committee on Public Health and Welfare, to HB 2039, as amended by the Senate Committee on Public Health and Welfare, and retain the contents of HB 2039. The Conference Committee agreed to change the enactment date for all provisions to upon publication in the statute book.

## **Background**

The Conference Committee amended HB 2280 and added its contents and the provisions of HB 2335, as amended by the Senate Committee on Public Health and Welfare, to HB 2039, as amended by the Senate Committee on Public Health and Welfare, and agreed to change the enactment date to upon publication in the statute book.

### ***HB 2039 (Exemptions from the Definition of “Home Health Agency”)***

The bill was introduced by the House Committee on Health and Human Services at the request of Representative Buehler on behalf of Fox Rehabilitation.

#### *House Committee on Health and Human Services*

In the House Committee hearing, **proponent** testimony was provided by representatives of Fox Rehabilitation and the Kansas Hospital Association. The proponents generally stated that the requirements of credentialing for home health agencies can pose a significant barrier to physical therapists, occupational therapists, and speech-language pathologists working in residential homes in Kansas. An agency providing these services to a patient who is not home health-service eligible can provide them under Medicare Part B, but are currently still included under Kansas’ definition of “home health agency” and are subject to home health licensing and credentialing.

Written-only proponent testimony was provided by a representative of Phoenix Home Care and Hospice.

No other testimony was provided.

#### *Senate Committee on Public Health and Welfare*

In the Senate Committee hearing, **proponent** testimony was provided by a representative of Fox Rehabilitation, who stated the bill would clarify the definition of a “home health agency” to exclude entities not reimbursed by Medicare Part A and only provide services licensed under the physical or occupational therapy acts or licensed as a speech-language pathologists. The proponent stated the current definition could subject the agency to home health licensing and require the agency to provide services that meet the home health requirements. As a Medicare Part B provider of outpatient physical, occupational, and speech therapy services in the home, the agency is required to credential its clinicians directly with Medicare. The agency bills for services on behalf of the Medicare-credentialed clinicians, who are subject to oversight by their respective licensing agencies.

Written-only proponent testimony was provided by a representative of Phoenix Home Care and Hospice.

No other testimony was provided.

The Senate Committee amended the bill to change the effective date to upon publication in the *Kansas Register*. [Note: The Conference Committee did not retain this amendment.]

## ***HB 2280 (Changes to Emergency Medical Services Statutes)***

The bill was introduced by the House Committee on Federal and State Affairs at the request of a representative of Sunflower Consulting.

### *House Committee on Health and Human Services*

In the House Committee hearing, **proponent** testimony was provided by representatives of the Board and the Kansas Emergency Medical Services Association (Association), who generally stated the bill is the result of a collaborative, multiyear effort to modernize the EMS statutes to reflect current practices and allow EMS providers to better utilize available technology.

Written-only proponent testimony was provided by representatives of Mid-America Regional Council Emergency Rescue (MARCER) and TECHS EMS.

Written-only neutral testimony was provided by a representative of the Kansas Association of School Boards.

No other testimony was provided.

### *Senate Committee on Public Health and Welfare*

In the Senate Committee hearing, **proponent** testimony was provided by representatives of the Board and the Association, who generally stated the bill would align EMS statutes with the current standards of practice and future innovations in emergency medical services. The proponents stated the bill is the product of a multiyear, collaborative effort between the Board and the Association.

Written-only proponent testimony was provided by representatives of MARCER and TECHS EMS.

No other testimony was provided.

The Senate Committee amended the bill to:

- Add a definition of “public place” and limit the requirement to register AEDs to persons or entities placing AEDs in such public places [*Note*: The Conference Committee retained and further clarified this amendment.];
- Remove the requirement that an AED be registered for a person or entity that owns, leases, possesses, or otherwise controls such device to be afforded civil liability protection [*Note*: The Conference Committee retained this amendment.]; and
- Amend current law that allows any county with a population of 30,000 or less to operate a ground vehicle providing interfacility transfers with one person who is a qualified health care provider if the driver of the vehicle is certified in cardiopulmonary resuscitation to apply the provision to the operation of ground vehicles providing

ambulance services [Note: The Conference Committee did not retain this amendment.].

### ***HB 2335 (Adding Maternity Centers to the Definition of “Health Care Provider”)***

The bill was introduced by the House Committee on Insurance at the request of Representative Proctor.

#### *House Committee on Insurance*

In the House Committee hearing, **proponent** testimony was provided by a representative of the now-closed New Birth Company. The proponent indicated health care and hospitals are consolidating to fewer locations, causing communities to have fewer resources to deliver babies. The proponent explained maternity centers are a low-cost alternative for low-risk pregnancies. Additionally, the conferee spoke to the challenges in securing affordable malpractice insurance and indicated the bill would provide vital access to a birth-affirming facility service for KanCare members and Kansas families.

Written-only neutral testimony was provided by a representative of the HCSF Board of Governors, who indicated that current law allows maternity centers organized as professional corporations to be included as defined health care providers. The bill would provide an additional avenue for a maternity center that is not organized as a professional corporation.

No other testimony was provided.

#### *Senate Committee on Public Health and Welfare*

In the Senate Committee hearing, **proponent** testimony was provided by a representative of the now-closed New Birth Company that was substantially similar to the testimony provided in the House Committee hearing.

Written-only proponent testimony was provided by a representative of CUBE Consulting, LLC.

Written-only neutral testimony was provided by a representative of the HCSF Board of Governors that was substantially similar to the testimony provided in the House Committee hearing.

No other testimony was provided.

The Senate Committee amended the bill to change the effective date to upon publication in the *Kansas Register*. [Note: The Conference Committee did not retain this amendment.]

## **Fiscal Information**

### ***HB 2039 (Exemptions from the Definition of “Home Health Agency”)***

According to the fiscal note prepared by the Division of the Budget on HB 2039, as introduced, the Kansas Department of Health and Environment and the Kansas Department for Aging and Disability Services indicate that enactment of the bill would have no fiscal effect on either agency.

### ***HB 2280 (Changes to Emergency Medical Services Statutes)***

According to the fiscal note prepared by the Division of the Budget on HB 2280, as introduced, the Board reports that enactment of the bill would have negligible fiscal effect on its operations. The Board indicates that while the bill may increase the number of registered ambulance services in the state, any increases to agency revenues or expenditures would be offset by a reduction in the number of individuals seeking licensure from the Board.

### ***HB 2335 (Adding Maternity Centers to the Definition of “Health Care Provider”)***

According to the fiscal note prepared by the Division of the Budget on HB 2335, as introduced, the HCSF, Kansas Insurance Department, and Kansas Department of Health and Environment state that enactment of the bill would have no fiscal effect.

Health; Kansas Credentialing Act; physical therapy; occupational therapy; speech language pathology; home health agencies; credentialing; Health Care Provider Insurance Availability Act; defined health care providers; professional liability insurance; maternity centers; Health Care Stabilization Fund; emergency medical services; paramedics; emergency medical technicians; ambulance services; automated external defibrillators; Emergency Medical Services Board

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