

SESSION OF 2025

**SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2280**

As Recommended by House Committee on  
Health and Human Services

**Brief\***

HB 2280 would 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; reduce operational service requirements for non-emergency ambulance services; and require entities placing automated external defibrillators for use within the state to register with the Emergency Medical Services Board.

The bill would also make technical and conforming amendments.

***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

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\*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

physician, an advanced practice registered nurse, or a professional nurse when authorized by a physician.

### ***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 also add a registered nurse holding a multi-state license to the list of providers who would satisfy the staffing requirement for each vehicle providing emergency medical services.

### ***Registration of Automated External Defibrillators***

Continuing law requires persons or entities that purchase or otherwise acquire an automated external defibrillator (AED) to notify the EMS service operating in the geographic area of the location of the AED. The bill would add persons or entities that lease, possess, or otherwise control an AED to the list and require all to register the AED with the Emergency Medical Services Board.

The bill would clarify that only persons or entities that have a registered AED would have civil liability protection.

### **Background**

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 Emergency Medical Services Board (Board) and the Kansas Emergency Medical Services Association, who generally stated the bill is the result of a collaborative, multi-year 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 and TECHS EMS.

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

No other testimony was provided.

### **Fiscal Information**

According to the fiscal note prepared by the Division of the Budget on the bill, 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.

Health; emergency medical services; paramedics; emergency medical technicians; ambulance services; automated external defibrillators; Emergency Medical Services Board