

NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS

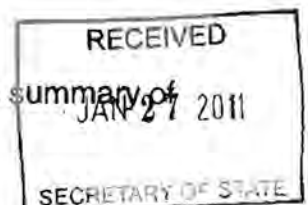
**K.A.R. 109-1-1a, K.A.R. 109-5-1, K.A.R. 109-5-1a, K.A.R. 109-5-1b, K.A.R. 109-5-1d,
K.A.R. 109-5-1e, K.A.R. 109-5-1f, K.A.R. 109-5-7a, K.A.R. 109-5-7b, K.A.R. 109-5-7d,
K.A.R. 109-8-1, K.A.R. 109-10-1a, K.A.R. 109-10-1b, K.A.R. 109-10-1d, K.A.R. 109-10-1e,
K.A.R. 109-10-1f, K.A.R. 109-10-1g, K.A.R. 109-10-6, K.A.R. 109-11-1a, K.A.R. 109-11-3a,
and K.A.R. 109-11-6a**

A public hearing will be conducted at 10:00 a.m., Wednesday, April 13, 2011, in Room 106, of the Landon State Office Building, 900 SW Jackson, to consider the adoption of proposed changes in existing rules and regulations.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to manager of technician services, Room 1031, 900 SW Jackson, Topeka, Kansas 66612. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentations to five minutes.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Ann Stevenson, at (785) 296-7296. Handicapped parking is located in front of and to the north of the Landon State Office Building.

These regulations are proposed for adoption on a permanent basis. A summary of proposed regulations and their economic impact follows.



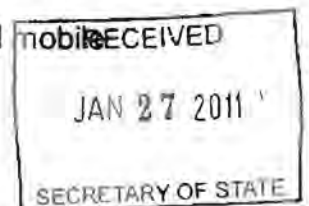
K.A.R. 109-1-1a. Definitions: This regulation is a new regulation comprised of the definitions for “sponsoring organization” and “teach” that are not currently included as part of K.A.R. 109-1-1 and are necessary to support the language included in newly developed regulations or revised regulations that are being submitted at this time.

K.A.R. 109-5-1. Continuing education: This regulation contains the core requirements for approval of continuing education. All regulatory language relative to specific certification levels has been separated into other regulations. This will allow future regulatory changes to be made specific to core requirements or a certification level without impacting other levels.

K.A.R. 109-5-1a. First responder and emergency medical responder (EMR) continuing education is a new regulation that is comprised of language originally contained in K.A.R. 109-5-1 specific to first responder continuing education and the new language necessary to support emergency medical responder continuing education. First responder language will be removed following transition of all currently certified first responders to the emergency medical responder criteria.

K.A.R. 109-5-1b. Emergency medical technician (EMT) continuing education is a new regulation that is comprised of language originally contained in K.A.R. 109-5-1 specific to emergency medical technician continuing education and the new language necessary to support the new emergency medical continuing education. Transition language will be removed following transition of all currently certified emergency medical technicians to the new emergency medical technician criteria.

K.A.R. 109-5-1d. Mobile intensive care technician (MICT) and paramedic continuing education is a new regulation that is comprised of language originally contained in K.A.R. 109-5-1 specific to mobile intensive care technician continuing education and the new language necessary to support paramedic continuing education. Mobile intensive care technician language will be removed following transition of all currently certified intensive care technicians to the paramedic criteria.



K.A.R. 109-5-1e. Instructor-coordinator (I-C) continuing education is a new regulation that is comprised of language originally contained in K.A.R. 109-5-1 specific to instructor-coordinator continuing education.

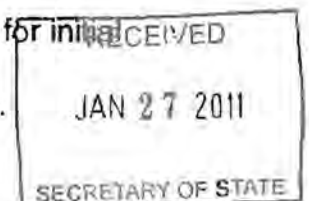
K.A.R. 109-5-1f. Training officer continuing education is a new regulation that is comprised of language originally contained in K.A.R. 109-5-1 specific to training officer continuing education.

K.A.R. 109-5-7a. Emergency medical responder (EMR) transition course approval is a new regulation to support the requirement of completion of a transition course for first responders certified under the old scope of practice to transition to emergency medical responder certification under the new scope of practice.

K.A.R. 109-5-7b. Emergency medical technician (EMT) transition course approval is a new regulation to support the requirement of completion of a transition course for emergency medical technicians certified under the old scope of practice to transition to emergency medical technician certification under the new scope of practice.

K.A.R. 109-5-7d. EMR and EMT train the trainer transition course approval is a new regulation to support the requirement of completion of a train the trainer course for those training officers and instructor-coordinators that will be providing transition courses to EMRs and EMTs.

K.A.R. 109-8-1. Examination is a revision of the current regulation. This regulatory revision is necessary to include the levels of certification that are being implemented under the new scopes of practice identified in K.S.A. 65-6112, K.S.A. 65-6119, K.S.A. 65-6120, K.S.A. 65-6121, K.S.A. 65-6123, and K.S.A. 65-6144. Regulatory changes also include changing the examination for certification for instructor-coordinators and training officers to the final course examination and identifying the national registry of emergency medical technicians: "advanced emergency medical technician" examination process as the process to be used for initial certification of advanced emergency medical technicians in the State of Kansas.



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K.A.R. 109-10-1a. Approved emergency medical responder education standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to first responder curricula and the new language necessary to support emergency medical responder education standards.

K.A.R. 109-10-1b. Approved emergency medical technician education standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to emergency medical technician curricula and the new language necessary to support emergency medical technician education standards.

K.A.R. 109-10-1d. Approved paramedic education standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to mobile intensive care technician curricula and the new language necessary to support paramedic education standards.

K.A.R. 109-10-1e. Approved instructor-coordinator standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to instructor-coordinator curricula and the new language necessary to support new instructor-coordinator education standards.

K.A.R. 109-10-1f. Approved training officer I education standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to training officer I.

K.A.R. 109-10-1g. Approved training officer II education standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to training officer II and new language necessary to support training officer II education standards.

K.A.R. 109-10-6. Required training equipment and supplies is a revision of the current regulation. This regulation contains language that identifies the equipment and supply requirement to facilitate the teaching of all psychomotor skills for conducting initial courses of

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instruction. These changes move the requirement from a prescriptive list of required equipment and supplies to a generic description of equipment and supplies that must be available.

K.A.R. 109-11-1a. Emergency medical responder course approval is a new regulation that is comprised of language contained in K.A.R. 109-11-1 with the title changed to emergency medical responder. K.A.R. 109-11-1 will be revoked after completion of the transition.

K.A.R. 109-11-3a. Emergency medical technician course approval is a new regulation that is comprised of language contained in K.A.R. 109-11-3 for the old scope of practice certification level with the language necessary to implement the new scope of practice. K.A.R. 109-11-3 will be revoked after completion of the transition.

K.A.R. 109-11-6a. Paramedic course approval is a new regulation that is comprised of language contained in K.A.R. 109-11-6 with the title changed to paramedic. K.A.R. 109-11-6 will be revoked after completion of the transition.

Copies of the regulations and the economic impact statements may be obtained from the Kansas Board of Emergency Medical Services, 10th Floor, Landon State Office Building, 900 SW Jackson, Topeka, Kansas 66612, (785) 296-7296 or can be accessed at www.ksbems.org



**Economic Impact Statement
K.A.R. 109-1-1a**

I. Summary of Proposed Regulation, Including its purpose.

K.A.R. 109-1-1a. Definitions is a new regulation that is comprised of the definitions for "sponsoring organization" and "teach" that are not currently included as part of K.A.R. 109-1-1 and are necessary to support the language included in newly developed regulations or revised regulations that are being submitted at this time. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation is Required, Including Whether or Not the Regulation is Mandated by Federal Law.

This regulation is necessary to support the changes to K.A.R. 109-5-7a, K.A.R. 109-5-7b, K.A.R. 109-10-6, K.A.R. 109-11-1a, K.A.R. 109-11-3a, and K.A.R. 109-11-6a. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-1-1a. Definitions. The following terms, as used in this agency's regulations, shall have the following meanings.


(a) "Sponsoring organization" means provider of training, as defined in K.S.A. 65-6112 and amendments thereto.

(b) "Teach" means instruct or coordinate training, or both. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-_____, _____; effective P-_____.)

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**Economic Impact Statement
K.A.R. 109-5-1**

Proposed

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-5-1. Continuing education is a revision of the current regulation. This regulation contains the core requirements for approval of continuing education. All regulatory language relative to specific certification levels has been separated into other regulations. This will allow future regulatory changes to be made specific to core requirements or a certification level without impacting other levels. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111, K.S.A. 65-6129, K.S.A. 65-6129b, and K.S.A. 65-6129c which takes effect January 15, 2011. These changes include removal of language that references a specific level of certification. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities. The Kansas Board of Emergency Medical Services does not currently assess a cost to attain continuing education and this policy will not change with the implementation of this regulation.



VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.

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~~109-5-1. Continuing education. (a) Each applicant for certification renewal as a first responder shall have earned at least 16 clock hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter.~~

~~(b) Each applicant for certification renewal as an EMT shall have earned at least 28 clock hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter.~~

~~(c) Each applicant for certification renewal as an EMT I shall have earned at least 36 clock hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter.~~

~~(d) Each applicant for certification renewal as an EMT D shall have earned at least 36 clock hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter.~~

~~(e) Each applicant for certification renewal who is certified as an EMT I and an EMT D shall have earned at least 44 clock hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter.~~

~~(f) Each applicant for certification renewal as an MICT shall have earned at least 60 clock hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter.~~

~~(g) Each applicant for certification renewal as an I C shall provide documentation of both of the following:~~

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~~(1) The applicant is certified as an attendant or is a physician or professional nurse as defined by K.S.A. 65-6112 and amendments thereto.~~

~~(2) The applicant attended, during the biennial period immediately preceding the date of application for renewal, an educator conference approved by the board.~~

~~(h) Each applicant for certification renewal as a training officer shall provide documentation of the following:~~

~~(1) The applicant is certified as an attendant or is a physician or professional nurse as defined by K.S.A. 65-6112 and amendments thereto.~~

~~(2) The applicant attended, during the biennial period immediately preceding the date of application for renewal, an educator conference approved by the board.~~

~~(i) One clock-hour of continuing education credit shall mean at least 50 minutes of instruction.~~

~~(j) (b) One academic credit hour shall be equivalent to 15 clock-hours for the purpose of continuing education credit. Credit for auditing an academic course shall be for actual clock-hours attended during which instruction was given and shall not exceed the academic credit allowed.~~

~~(k) (c) Acceptable forms of prior approved continuing education programs shall include the following:~~

- ~~(1) Academic medical courses, whether taken for credit or audited;~~
- ~~(2) seminars, workshops, or minicourses oriented to the enhancement of EMS practice, values, skills, and knowledge;~~

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(3) programs presented by a provider of continuing education as defined in K.A.R. 109-1-1;

(4) medical or nursing continuing education programs approved by the appropriate licensing agency of this or another jurisdiction;

(5) programs approved by the CECBEMS;

(6) clinical training that meets the requirements of subsection ~~(f)~~ (d);

(7) distance learning courses that meet the criteria established in paragraph ~~(m)~~ (e)(2) and K.A.R. 109-10-7; and

(8) for instructor-coordinators and training officers, an educator conference approved by the board.

~~(f)~~ (d) All clinical training submitted for approval shall be in the form of prescheduled clinical training sessions. The training coordinator shall provide, to the student and the clinical training faculty, the clinical training objectives to be met during the training session. The clinical training faculty shall complete a clinical training evaluation form for each student.

~~(m)~~ (e)(1) Any student may be awarded one clock-hour of continuing education credit for each clock-hour of distance learning as verified by the certificate of completion, which shall not exceed the amount of credit awarded by CECBEMS or the provider of distance learning. The number of clock-hours received for continuing education credit during one calendar day shall not exceed 12.

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(2) Each distance learning course shall include an examination over the material presented. The provider of the distance learning course shall provide each student with the results of the examination and a certificate of completion.

(3) Each student using one or more distance learning courses for the purpose of certification renewal shall keep a copy of the certificate of completion for at least three years.

(~~h~~) (f) Any attendant may apply for retroactive approval of continuing education programs that did not receive prior approval by the board. The request shall include an application approved by the ~~administrator~~ executive director and the other documentation specified in K.A.R. 109-5-5. The request shall be received in the board office within 90 days following the end of the program. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8, K.S.A. 65-6129b, and K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-88-122, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Feb. 3, 1992; amended Aug. 16, 1993; amended Dec. 19, 1994; amended Nov. 1, 1996; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Aug. 30, 2002; amended Sept. 10, 2010; amended, T-_____ ; amended P-_____.)

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**Economic Impact Statement
K.A.R. 109-5-1a**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-5-1a. First responder and emergency medical responder (EMR) continuing education is a new regulation that is comprised of language originally contained in K.A.R. 109-5-1 specific to first responder continuing education and the new language necessary to support emergency medical responder continuing education. First responder language will be removed following transition of all currently certified first responders to the emergency medical responder criteria. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111, and K.S.A. 65-6129 which takes effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

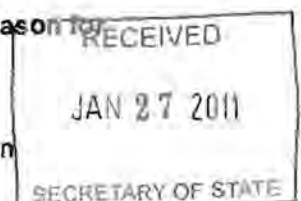
The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities. The Kansas Board of Emergency Medical Services does not currently assess a cost to attain continuing education and this policy will not change with the implementation of this regulation.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation



109-5-1a. First responder and emergency medical responder (EMR) continuing

education. (a) Each applicant for certification renewal as a first responder who is scheduled for renewal on or before December 31, 2012 shall have completed the board-approved transition course to transition to the emergency medical responder (EMR) certification as specified in K.S.A. 65-6144, and amendments thereto.

(b) Each applicant for certification renewal as an EMR shall have earned at least 16 clock-hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective,

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**Kansas Board of Emergency Medical Services
Economic Impact Statement
K.A.R. 109-5-1b**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-5-1b. Emergency medical technician (EMT) continuing education is a new regulation that is comprised of language originally contained in K.A.R. 109-5-1 specific to emergency medical technician continuing education and the new language necessary to support the new emergency medical continuing education. Transition language will be removed following transition of all currently certified emergency medical technicians to the new emergency medical technician criteria. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111, and K.S.A. 65-6129 which takes effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

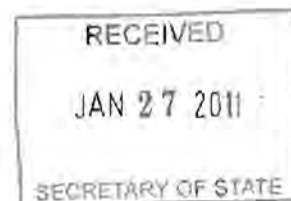
There will be no economic impact on EMS attendants, services or other EMS related entities. The Kansas Board of Emergency Medical Services does not currently assess a cost to attain continuing education and this policy will not change with the implementation of this regulation.



VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.

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109-5-1b. Emergency medical technician (EMT) continuing education. (a) Each applicant for certification renewal as an EMT who is scheduled for renewal on or before December 31, 2012 shall have completed the board-approved transition course to transition to the EMT level of certification as specified in K.S.A. 65-6121, and amendments thereto.

(b) After January 1, 2013, each applicant for EMT shall have earned at least 28 clock-hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective,

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Economic Impact Statement K.A.R. 109-5-1d

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-5-1d. Mobile intensive care technician (MICT) and paramedic continuing education is a new regulation that is comprised of language originally contained in K.A.R. 109-5-1 specific to mobile intensive care technician continuing education and the new language necessary to support paramedic continuing education. Mobile intensive care technician language will be removed following transition of all currently certified mobile intensive care technicians to the paramedic criteria. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation is Required, Including Whether or Not the Regulation is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111, K.S.A. 65-6119, and K.S.A. 65-6129 which takes effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities. The Kansas Board of Emergency Medical Services does not currently assess a cost to attain continuing education and this policy will not change with the implementation of this regulation.



VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation. **Proposed**

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109-5-1d. Mobile intensive care technician (MICT) and paramedic continuing education. (a) Each applicant for certification renewal as an MICT shall have earned at least 60 clock-hours of documented and approved continuing education during the preceding biennial period to transition to paramedic.

(b) Each applicant for certification renewal as a paramedic shall have earned at least 60 clock-hours of documented and approved continuing education during the initial certification period and during each biennial period thereafter. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, and K.S.A. 65-6119, as amended by L. 2010, ch. 119, sec. 3; implementing K.S.A. 2009 Supp. 65-6119, as amended by L. 2010, ch. 119, sec. 3, and K.S.A. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective, T-_____, _____; effective P-_____.)

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Dennis Allin, M.D., Chair
Steven Sutton, Executive Director

Board of
Emergency Medical Services

Sam Brownback, Governor

Proposed

Economic Impact Statement K.A.R. 109-5-1e

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-5-1e. Instructor-coordinator (I-C) continuing education is a new regulation that is comprised of language originally contained in K.A.R. 109-5-1 specific to instructor-coordinator continuing education. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111 and K.S.A. 65-6129b which took effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities. The Kansas Board of Emergency Medical Services does not currently assess a cost to attain continuing education and this policy will not change with the implementation of this regulation.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-5-1e. Instructor-coordinator (I-C) continuing education. Each applicant for certification renewal as an I-C shall provide documentation of both of the following:

(a) The applicant is certified as an attendant at or above the level of EMT or is licensed as a physician or professional nurse, as defined by K.S.A. 65-1113 and amendments thereto.

(b) The applicant attended, during the biennial period immediately preceding the date of application for renewal, an educator conference approved by the board.

(Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129b; effective, T-_____;

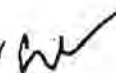
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**Economic Impact Statement
K.A.R. 109-5-1f**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-5-1f. Training officer continuing education is a new regulation that is comprised of language originally contained in K.A.R. 109-5-1 specific to training officer continuing education. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111, and K.S.A. 65-6129c which took effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities. The Kansas Board of Emergency Medical Services does not currently assess a cost to attain continuing education and this policy will not change with the implementation of this regulation.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-5-1f. Training officer continuing education. Each applicant for certification renewal as a training officer shall provide documentation of the following:

(a) The applicant is certified as an attendant at or above the level of EMT or is licensed as a physician, physician's assistant, advance registered nurse practitioner, or professional nurse as defined by K.S.A. 65-1113, and amendments thereto.

(b) The applicant attended, during the biennial period immediately preceding the date of application for renewal, an educator conference approved by the board.

(Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective,

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**Economic Impact Statement
K.A.R. 109-5-7a**

Proposed

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-5-7a. Emergency medical responder (EMR) transition course approval is a new regulation to support the requirement of completion of a transition course for first responders certified under the old scope of practice to transition to emergency medical responder certification under the new scope of practice. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111, K.S.A. 65-6144, which took effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

The Kansas Board of Emergency Medical Services paid \$48,000 for the development of these train the trainer courses, as well as others.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There is potential economic impact on EMS attendants, services or other EMS related entities. Local ambulance services may have the expense of employee compensation to attend the transition training, training coordinator training to develop and provide the training, equipment rental fees and supplies necessary to facilitate training. Ambulance services may charge those not affiliated with their service to attend transition training.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

These are the least costly and least intrusive methods identified to implement this regulation.



109-5-7a. Emergency medical responder (EMR) transition course approval. (a)

The transition course curriculum for the emergency medical responder shall be the document titled "EMR lesson plan" in the "emergency medical responder transition course," dated July 11, 2010, which is hereby adopted by reference.

(b) The train the trainer course curriculum for the EMR and EMT train the trainer courses shall be the "EMR/EMT train the trainer course," dated August 6, 2010, which is hereby adopted by reference.

(c) Each sponsoring organization shall submit a single-program continuing education application to the executive director to conduct, through teaching, coordinating, or both, a transition module or an entire transition course.

(d) Each sponsoring organization shall meet the following requirements:

(1) Ensure that the curriculum adheres to the requirements specified in subsection (a);

(2) submit a complete application for single-program approval to the executive director at least 30 days before the requested transition course. A complete application shall include the following:

(A) The signature of the instructor-coordinator or training officer who meets the requirements of K.A.R. 109-5-7d and is responsible for the coordination of the transition course;

(B) the signature of the identified sponsoring organization's medical advisor;

(C) a course schedule that includes the date and time of each transition course module or session, the title of each transition course topic, and the instructor for each transition course module or session; and



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(D) assurance of use of the cognitive examination and psychomotor skills competency evaluation tools provided as part of the instructor manual for the transition course at the level of course to be taught;

(3) provide each student with a certificate of completion that includes the following:

- (A) The name of the sponsoring organization;
- (B) a statement that the transition course has been approved by the board;
- (C) the title of the transition course module or entire transition course;
- (D) the date and location of the transition course module or session;
- (E) the amount of continuing education credit completed by the attendant for the transition course module or entire transition course;
- (F) the board-assigned course identification number;
- (G) the printed name and signature of the instructor-coordinator or training officer who meets the requirements specified in subsection (b) and is responsible for the coordination of the transition course; and
- (H) the names of the primary instructor-coordinator (I-C), training officer (TO), and any person who provides teaching assistance including subject matter experts, lab assistants, clinical or field preceptors, and guest lecturers;

(4) provide a copy of all transition course rosters to the board office; and

(5) maintain the following records for at least five years:

(A) A copy of all documents required to be submitted with the application for single-program approval;

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(B) a list of all persons used in the teaching of the course. The list shall include the name and credentials of the primary I-C, training officer, and any person who provides teaching assistance including subject matter experts, lab assistants, preceptors, and guest lecturers;

(C) student attendance records; and

(D) completed copies of student evaluations for each of the transition course modules or entire transition course.

(e) A subject matter expert may apply content taught by the subject matter expert during a transition course as content needed to complete the subject matter expert's transition course.

(f) Upon request by the executive director, each sponsoring organization shall provide a copy of all transition course records. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, and K.S.A. 65-6144, as amended by L. 2010, ch. 119, sec. 11; effective,

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effective P-_____.)

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**Economic Impact Statement
K.A.R. 109-5-7b**

Proposed

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-5-7b. Emergency medical technician (EMT) transition course approval is a new regulation to support the requirement of completion of a transition course for emergency medical technicians certified under the old scope of practice to transition to emergency medical technician certification under the new scope of practice. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111 and K.S.A. 65-6121 which took effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

The Kansas Board of Emergency Medical Services paid \$48,000 for the development of these train the trainer courses, as well as others.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

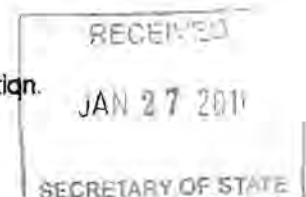
The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There is potential economic impact on EMS attendants, services or other EMS related entities. Local ambulance services may have the expense of employee compensation to attend the transition training, training coordinator training to develop and provide the training, equipment rental fees and supplies necessary to facilitate training. Ambulance services may charge those not affiliated with their service to attend transition training.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

These are the least costly and least intrusive methods identified to implement this regulation.



109-5-7b. Emergency medical technician (EMT) transition course approval. (a)

The transition course curriculum for the emergency medical technician shall be the document titled "EMT lesson plan" in the "emergency medical technician transition course," dated July 11, 2010, which is hereby adopted by reference.

(b) The train the trainer course curriculum for EMR and EMT train the trainer courses shall be the "EMR/EMT train the trainer course" adopted by reference in K.A.R. 109-5-7a.

(c) Each sponsoring organization shall submit a single-program continuing education application to the executive director to conduct, through teaching, coordinating, or both, a transition module or an entire transition course.

(d) Each sponsoring organization shall meet the following requirements:

(1) Ensure that the curriculum meets the requirements specified in subsection (a);

(2) submit a complete application for single-program approval to the executive director at least 30 days before the requested transition course. A complete application shall include the following:

(A) The signature of the instructor-coordinator or training officer who meets the requirements of K.A.R. 109-5-7d and is responsible for the coordination of the transition course;

(B) the signature of the identified sponsoring organization's medical advisor;

(C) a course schedule that includes the date and time of each transition course module or session, the title of each transition course topic, and the instructor for each transition course module or session; and



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(D) assurance of use of the cognitive examination and psychomotor skills competency evaluation tools provided as part of the instructor manual for the transition course at the level of course to be taught;

(3) provide each student with a certificate of completion that includes the following:

- (A) The name of the sponsoring organization;
- (B) a statement that the transition course has been approved by the board;
- (C) the title of the transition course module or entire transition course;
- (D) the date and location of the transition course module or session;
- (E) the amount of continuing education credit completed by the attendant for the transition course module or entire transition course;

(F) the board-assigned course identification number;

(G) the printed name and signature of the instructor-coordinator or training officer who meets the requirements specified in subsection (b) and is responsible for the coordination of the transition course; and

(H) the names of the primary instructor-coordinator (I-C), training officer (TO), and any person who provides teaching assistance including subject matter experts, lab assistants, clinical or field preceptors, and guest lecturers;

(4) provide a copy of all transition course rosters to the board office; and

(5) maintain the following records for at least five years:

(A) A copy of all documents required to be submitted with the application for single-program approval;



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(B) a list of all persons used in the teaching of the course. The list shall include the names and credentials of the primary I-C, training officer, and any person who provides teaching assistance including subject matter experts, lab assistants, preceptors, and guest lecturers;

(C) student attendance records; and

(D) completed copies of student evaluations for each of the transition course modules or entire transition course.

(e) A subject matter expert may apply content taught by the subject matter expert during a transition course as content needed to complete the subject matter expert's transition course.

(f) Upon request by the executive director, each sponsoring organization shall provide a copy of all transition course records. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-_____, _____; effective P-_____.)

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Dennis Abin, M.D., Chair
Steven Sutton, Executive Director

Board of
Emergency Medical Services

Sam Brownback, Governor

**Economic Impact Statement
K.A.R. 109-5-7d**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-5-7d. EMR and EMT train the trainer transition course approval is a new regulation to support the requirement of completion of a train the trainer course for those training officers and instructor-coordinators that will be providing transition courses to EMRs and EMTs. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6110, and K.S.A. 65-6111 which take effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

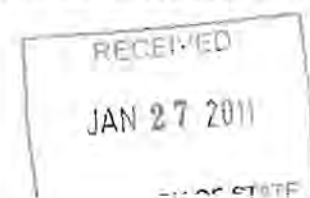
The Kansas Board of Emergency Medical Services paid \$48,000 for the development of these train the trainer courses, as well as another as part of a contractual agreement for the development of the Kansas EMS transition training courses for first responder to emergency medical responder, emergency medical technician-basic to emergency medical technician; and emergency medical technician-intermediate, emergency medical technician-defibrillator, and emergency medical technician-intermediate who is also certified as an emergency medical technician-defibrillator to advanced emergency medical technician.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There is potential economic impact on EMS attendants, services or other EMS related entities. Regional councils may charge training officers and instructor-coordinators to attend the train the trainer courses. There is



also an approximate \$60.00-\$75.00 expense per individual expense for printing, collation, and binding of the instructor and student manuals and examination CDs provided to each attendee.

Proposed

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

These are the least costly and least intrusive methods identified to implement this regulation.



109-5-7d. EMR and EMT train the trainer transition course approval. (a) The transition course curriculum for the EMR and EMT train the trainer shall be the "EMR/EMT train the trainer course" adopted by reference in K.A.R. 109-5-7a.

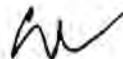
(b) Training officers and instructor-coordinators may coordinate transition courses after completion of the emergency medical responder and emergency medical technician transition train the trainer course.

(c) Upon request by the executive director, a training officer or instructor-coordinator shall provide a copy of all transition course records. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-_____, _____; effective P-_____.)

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Steven Sutton, Executive Director

Board of
Emergency Medical Services

Sam Brownback, Governor

**Economic Impact Statement
K.A.R. 109-8-1**

I. Summary of Proposed Regulation, Including its Purpose.

K.A.R. 109-8-1. Examination is a revision of the current regulation. This regulatory revision is necessary to include the levels of certification that are being implemented under the new scopes of practice identified in K.S.A. 65-6112, K.S.A. 65-6119, K.S.A. 65-6120, K.S.A. 65-6121, K.S.A. 65-6123, and K.S.A. 65-6144. Regulatory changes also include changing the examination for certification for instructor-coordinators and training officers to the final course examination and identifying the national registry of emergency medical technicians: "advanced emergency medical technician" examination process as the process to be used for initial certification of advanced emergency medical technicians in the State of Kansas. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation is Required, Including Whether or Not the Regulation is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6119, K.S.A. 65-6120, K.S.A. 65-6121, K.S.A. 65-6123 and K.S.A. 65-6144 which took effect January 15, 2011 changing the scopes of practice for the Kansas first responder, emergency medical technician, emergency medical technician-intermediate, emergency medical technician-defibrillator, and mobile intensive care technicians. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

The Kansas Board of Emergency Medical Services may realize a slight increase in examiner payroll expense associated with implementation of this regulation. Currently, approximately 350-375 individuals challenge the examination for certification at the emergency medical technician-intermediate level annually through the examination vendor. Changing to the national registry of emergency medical technicians examination process will require use of the same process currently used for mobile intensive care technician examination. Examiners and national registry of emergency medical technician representatives for this process are compensated by the Kansas Board of Emergency Medical Technicians.

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IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

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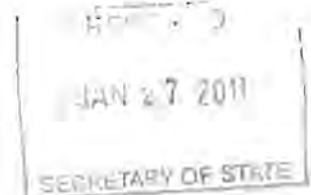
The Board of Emergency Medical Services does not anticipate an economic impact on other governmental agencies or individuals. There will be a slight impact to the vendor providing psychomotor skills examinations. Currently the vendor proctors the written examination for certification and provides the examination for certification of psychomotor skills for the emergency medical technician-intermediate level of certification, as well as the first responder and emergency medical technician psychomotor skills examinations. Changing the advanced emergency medical technician examination process will result in the vendor not providing examinations for one of the 3 levels of certification currently provided. This will result in an approximate 36,000.00 USD per year decrease in examination fees received, but will also result in a decrease in examiner expenses and examination supplies.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

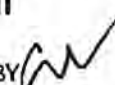
The alternative to the examination process change for advanced emergency medical technicians would require a contracted vendor to develop and validate an examination process for this level of certification that would uphold any potential legal challenges.



109-8-1. **Examination.** (a)(1) ~~On and after January 1, 1997,~~ The written cognitive certification examination for first responders trained under the 1995 national standard curriculum, ~~modified and adopted by the board,~~ for emergency medical responders, emergency medical technicians trained under the 1994 national standard curriculum, modified and adopted by the board, ~~and for~~ emergency medical technicians trained under the "2010 Kansas emergency medical services education standards: emergency medical technician," advanced emergency medical technicians, mobile intensive care technicians, and paramedics shall be the national registry examination.

(2) Any ~~candidate~~ applicant for ~~mobile intensive care technician~~ certification who fails the ~~emt-paramedic~~ national registry written cognitive examination may retake the examination the maximum allowable number of times pursuant to national registry policy during the period of eligibility as specified in K.S.A. 65-6129 and its amendments. ~~Any first-responder or emergency medical technician certification candidate who fails the first-responder or emergency medical technician national registry written examination may retake the examination a maximum of three times during the period of eligibility as specified in K.S.A. 65-6129 and its amendments.~~

(b) The written cognitive certification examination for ~~instructor/coordinator,~~ emergency medical technician-intermediate, ~~and emergency medical technician-defibrillator~~ shall be the examination approved by the board on October 4, 1991. Any ~~instructor/coordinator, emergency medical technician-intermediate, or emergency medical technician-defibrillator~~ certification candidate who fails the examination may ~~retake it a maximum of three times during the period of eligibility specified in K.S.A. 65-6129 and 65-6129b and their amendments.~~

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(c) ~~The examinations for instructor/coordinator endorsement for mobile intensive care technician, emergency medical technician intermediate, and emergency medical technician defibrillator shall be the examinations approved by the board on June 8, 1990.~~ The cognitive certification examination for instructor-coordinator shall be the final cognitive examination developed by the sponsoring organization and approved by the board.

(d) The cognitive certification examinations for training officer I and training officer II approval shall be the final cognitive examinations developed by the sponsoring organization and approved by the board on August 6, 1993.

(e) ~~The examination for interactive television endorsement of instructor/coordinator and training officers I and II shall be the examination approved by the board on August 5, 1995.~~ Any emergency medical technician-intermediate, instructor-coordinator, training officer I, or training officer II who fails the examination may retake it a maximum of three times. An applicant who has failed the examination three times shall not submit a new application for examination until documentation of successful completion of additional board-approved education has been received from the applicant's instructor and reviewed by the executive director.

(f) Each ~~certification candidate~~ emergency medical technician-intermediate applicant shall be required to obtain a ~~minimum~~ score of at least 70 percent on each ~~written~~ cognitive examination and shall be required to demonstrate competency in activities authorized by statute psychomotor skills as evaluated by the administrator

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~~or the administrator's designee executive director~~, using criteria approved by the board.

(g) Each first responder, emergency medical responder, or emergency medical technician applicant shall be required to successfully complete the national registry of emergency medical technicians' cognitive examination and shall be required to demonstrate competency in psychomotor skills as evaluated by the vendor contracted by the board, using criteria approved by the board.

(h) Each advanced emergency medical technician, mobile intensive care technician, or paramedic applicant shall successfully complete the national registry of emergency medical technicians' cognitive examination and psychomotor skills evaluation.

~~(g) (i) Any attendant candidate~~ first responder, emergency medical responder, or emergency medical technician applicant who is tested in such activities psychomotor skills and who fails any psychomotor skill station may retest each failed station a maximum of three times ~~during the period of eligibility prescribed in K.S.A. 65-6129 and 65-6129b and their amendments.~~

~~(h) (j) After January 1, 1997, each~~ Any advanced emergency medical technician, mobile intensive care technician candidate, or paramedic applicant who is tested on such activities psychomotor skills in accordance with national registry criteria and who fails any psychomotor skill station may retest each failed portion the maximum allowable

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~~times under national registry policies during the period of eligibility specified in K.S.A. 65-6129 and its amendments. Each first responder and emergency medical technician who is tested in such activities in accordance with national registry criteria and who fails any skill station may retest each failed portion three times during the period of eligibility as specified in K.S.A. 65-6129 and its amendments.~~

(i) (k) Any examination for certification may be modified by the board in order as a pilot project to field test evaluate proposed changes in either to the written or practical psychomotor skills examination. (Authorized by and implementing K.S.A. 65-6110; ~~65-6129~~ and ~~65-6129b~~ K.S.A. 65-6111, as amended L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6111, as amended L. 2010, ch. 119, sec. 1, K.S.A. 2009 Supp. 65-6129, as amended L. 2010, ch. 119, sec. 8, K.S.A. 65-6129b, and K.S.A. 65-6129c, as amended L. 2010, ch. 119, sec. 9; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Dec. 19, 1994; amended Jan. 5, 1996; amended Nov. 8, 1996; amended May 16, 1997; amended, T-_____;
amended P-_____.)

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**Board of
Emergency Medical Services**

Sam Brownback, Governor

**Economic Impact Statement
K.A.R. 109-10-1a**

Proposed

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-10-1a. Approved emergency medical responder education standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to first responder curricula and the new language necessary to support emergency medical responder education standards. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111 and K.S.A. 65-6144 which took effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-10-1a. Approved emergency medical responder education standards. (a) The document titled "Kansas emergency medical services education standards: emergency medical responder (EMR)," dated July 2010, is hereby adopted by reference to implement the new scope of practice pursuant to K.S.A. 65-6144, and amendments thereto, for emergency medical responder initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6144, as amended by L. 2010, ch. 119, sec. 11; effective, T-_____, _____; effective P-_____.)

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Steven Sutton, Executive Director

**Board of
Emergency Medical Services**

Sam Brownback, Governor

**Economic Impact Statement
K.A.R. 109-10-1b**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-10-1b. Approved emergency medical technician education standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to emergency medical technician curricula and the new language necessary to support emergency medical technician education standards. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111 and K.S.A. 65-6121 which took effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-10-1b. Approved emergency medical technician education standards. (a)

The document titled "Kansas emergency medical services education standards: emergency medical technician (EMT)," dated July 2010, is hereby adopted by reference to implement the new scope of practice pursuant to K.S.A. 65-6121, and amendments thereto, for emergency medical technician initial courses of instruction under the new emergency medical technician scope of practice.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6121, as amended by L. 2010, ch. 119, sec. 5; effective, T-_____, _____; effective P-_____.)

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**Economic Impact Statement
K.A.R. 109-10-1d**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-10-1d. Approved paramedic education standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to mobile intensive care technician curricula and the new language necessary to support paramedic education standards. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111 and K.S.A. 65-6119 which took effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-10-1d. Approved paramedic education standards. (a) The document titled "Kansas emergency medical services education standards: paramedic," dated July 2010, is hereby adopted by reference to implement the new scope of practice pursuant to K.S.A. 65-6119, and amendments thereto, for paramedic initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2009 Supp. 65-6119, as amended by L. 2010, ch. 119, sec. 3; effective, T-

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Sam Brownback, Governor

Proposed

**Economic Impact Statement
K.A.R. 109-10-1e**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-10-1e. Approved Instructor-coordinator standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to instructor-coordinator curricula and the new language necessary to support new instructor-coordinator education standards. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6129b. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-10-1e. Approved instructor-coordinator standards. (a) Modules 2 through 23 in the "national guidelines for educating EMS instructors," dated August 2002 and published by the United States department of transportation, national highway traffic safety administration, are hereby adopted by reference for instructor-coordinator (IC) initial courses of instruction. These courses shall include an evaluated assistant teaching experience for each student as specified in K.A.R. 109-9-1.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129b; effective, T- _____, _____; effective P- _____.)

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**Economic Impact Statement
K.A.R. 109-10-1f**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-10-1f. Approved training officer I education standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to training officer I. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the separation of multiple levels of education standards into individual regulations. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-10-1f. Approved training officer I education standards. (a) The document titled "Kansas board of EMS training officer I: initial course standards," dated January 3, 2011, is hereby adopted by reference for training officer I initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T- _____, _____; effective P- _____.)



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**Economic Impact Statement
K.A.R. 109-10-1g**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-10-1g. Approved training officer II education standards is a new regulation that is comprised of language originally contained in K.A.R. 109-10-1 specific to training officer II and new language necessary to support training officer II education standards. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the separation of multiple levels of education standards into individual regulations. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-10-1g. Approved training officer II education standards. (a) The document titled "Kansas board of EMS training officer II: initial course standards," dated August 2010, is hereby adopted by reference for training officer II initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-_____, _____; effective P-_____.)

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**Economic Impact Statement
K.A.R. 109-10-6**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-10-6. Required training equipment and supplies is a revision of the current regulation. This regulation contains language that identifies the equipment and supply requirement to facilitate the teaching of all psychomotor skills for conducting initial courses of instruction. These changes move the requirement from a prescriptive list of required equipment and supplies to a generic description of equipment and supplies that must be available. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the changes to K.S.A. 65-6111 which takes effect January 15, 2011. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

The economic impact on EMS attendants, services or other EMS related entities will be a potential decrease in the cost of providing initial training. The Kansas Board of Emergency Medical Services previous required a specific list of equipment to be available for conducting a course, even if the equipment was not used in the area. This caused an unnecessary expense to providers of initial courses of instruction.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-10-6. Required training equipment and supplies. ~~(a) Providers of training~~ Each sponsoring organization approved to conduct initial courses of instruction shall assure the provision of ensure that EMS training equipment and supplies necessary to facilitate the teaching of all psychomotor skills for each the level of course being provided are available for use with that course. The training equipment and supplies provided shall be functional, clean, serviceable, and in sufficient quantity to maintain a ratio of no more than six students practicing together on one piece of equipment. The pharmaceuticals necessary for training shall be either simulation models or actual empty pharmaceutical packages or containers, or both. Training equipment and supplies that are for the purpose of protecting the student from exposure to bloodborne and airborne pathogens shall be functional and clean and shall be provided in sufficient quantity to ~~assure~~ ensure that students have their own.

~~(b) Providers of training approved to conduct first responder initial courses of instruction shall provide, at a minimum, the following equipment and supplies:~~

- ~~(1) Latex surgical gloves. Students who are allergic to latex shall be provided nonallergenic surgical gloves;~~
- ~~(2) eye protection;~~
- ~~(3) masks;~~
- ~~(4) gowns;~~
- ~~(5) exposure reporting forms;~~
- ~~(6) penlights;~~



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~~(7) stethoscopes. Stethoscopes provided shall be both dual head and single head;~~

~~(8) adult, infant, and child sphygmomanometers;~~

~~(9) head immobilization devices;~~

~~(10) long spine boards;~~

~~(11) short spine boards;~~

~~(12) cervical collars of various sizes to fit adults and children;~~

~~(13) oropharyngeal airways of various sizes for adults, children, and infants;~~

~~(14) self protection resuscitation pocket mask with valve;~~

~~(15) bag valve mask resuscitators;~~

~~(16) tongue blades;~~

~~(17) ventilation mannequins;~~

~~(18) manual and battery powered portable suction units;~~

~~(19) suction tubing;~~

~~(20) rigid suction tips;~~

~~(21) suction catheters;~~

~~(22) portable oxygen cylinders;~~

~~(23) oxygen regulators;~~

~~(24) oxygen flow meters;~~

~~(25) oxygen administration extend tubing;~~

~~(26) oxygen administration nasal cannulas;~~

~~(27) non-rebreather oxygen administration masks;~~

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~~(28) adult cardiopulmonary resuscitation mannequins;~~

~~(29) child cardiopulmonary resuscitation mannequins;~~

~~(30) infant cardiopulmonary resuscitation mannequins;~~

~~(31) automated external defibrillator trainers;~~

~~(32) defibrillation mannequins if using actual automated external defibrillators instead of the training models;~~

~~(33) an arrhythmia generator if using actual automated external defibrillators instead of the training models;~~

~~(34) occlusive dressings;~~

~~(35) universal dressings;~~

~~(36) self-adherent bandages;~~

~~(37) sterile wound dressings;~~

~~(38) roller bandages;~~

~~(39) bandage scissors;~~

~~(40) porous tape;~~

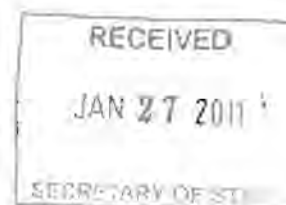
~~(41) nonporous tape;~~

~~(42) triangular bandages;~~

~~(43) a pillow;~~

~~(44) improvised splinting equipment such as a stick, rod, or magazine;~~

~~(45) emergency childbirth kits;~~



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~~(46) childbirth training mannequins;~~

~~(47) blankets;~~

~~(48) triage tags; and~~

~~(49) hazardous materials guidebooks.~~

~~(c) Providers of training approved to conduct emergency medical technician basic initial course of instruction shall provide, at a minimum, the following equipment:~~

~~(1) Latex surgical gloves. Students who are allergic to latex shall be provided nonallergenic surgical gloves;~~

~~(2) eye protection;~~

~~(3) masks;~~

~~(4) gowns;~~

~~(5) exposure reporting forms;~~

~~(6) penlights;~~

~~(7) stethoscopes. Stethoscopes provided shall be both dual head and single head;~~

~~(8) adult, infant, and child sphygmomanometers;~~

~~(9) head immobilization devices;~~

~~(10) long spine boards;~~

~~(11) short spine boards;~~

~~(12) cervical collars of various sizes to fit adults and children;~~

~~(13) oropharyngeal airways of various sizes for adults, children, and infants;~~

~~(14) self-protection resuscitation pocket mask with valve;~~

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- ~~(15) bag valve mask resuscitators;~~
- ~~(16) tongue blades;~~
- ~~(17) airway trainer mannequins;~~
- ~~(18) manual and battery powered portable suction units;~~
- ~~(19) suction tubing;~~
- ~~(20) rigid suction tips;~~
- ~~(21) suction catheters;~~
- ~~(22) portable oxygen cylinders;~~
- ~~(23) oxygen regulators;~~
- ~~(24) oxygen flow meters;~~
- ~~(25) oxygen administration extend tubing;~~
- ~~(26) oxygen administration nasal cannulas;~~
- ~~(27) non-rebreather oxygen administration masks;~~
- ~~(28) adult cardiopulmonary resuscitation mannequins;~~
- ~~(29) child cardiopulmonary resuscitation mannequins;~~
- ~~(30) infant cardiopulmonary resuscitation mannequins;~~
- ~~(31) automated external defibrillator trainers;~~
- ~~(32) defibrillation mannequins if using actual automated external defibrillators instead of the training models;~~
- ~~(33) an arrhythmia generator if using actual automated external defibrillators instead of the training models;~~
- ~~(34) occlusive dressings;~~

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- ~~(35) universal dressings;~~
- ~~(36) self-adherent bandages;~~
- ~~(37) sterile wound dressings;~~
- ~~(38) roller bandages;~~
- ~~(39) bandage scissors;~~
- ~~(40) porous tape;~~
- ~~(41) nonporous tape;~~
- ~~(42) triangular bandages;~~
- ~~(43) a pillow;~~
- ~~(44) improvised splinting equipment such as a stick, rod, or magazine;~~
- ~~(45) emergency childbirth kits;~~
- ~~(46) childbirth training mannequins;~~
- ~~(47) blankets;~~
- ~~(48) triage tags;~~
- ~~(49) hazardous materials guidebooks;~~
- ~~(50) helmets;~~
- ~~(51) ladder splints;~~
- ~~(52) cardboard splints;~~
- ~~(53) traction splints;~~
- ~~(54) air splints;~~
- ~~(55) padded arm and leg splints;~~
- ~~(56) sterile water or saline;~~



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- ~~(57) burn sheets;~~
- ~~(58) anti shock garments;~~
- ~~(59) restraints;~~
- ~~(60) nitroglycerine training bottles;~~
- ~~(61) epi pen trainers or actual epi pens;~~
- ~~(62) synthetic skin mannequins for injection if using actual epi pens;~~
- ~~(63) metered dose inhaler trainers with placebo;~~
- ~~(64) inhaler spacer devices;~~
- ~~(65) glucose or a suitable glucose substitute;~~
- ~~(66) multi lumen airways;~~
- ~~(67) an airway trainer protective lubricant;~~
- ~~(68) 35 cubic centimeter syringes;~~
- ~~(69) 100 cubic centimeter syringes;~~
- ~~(70) 20 cubic centimeter syringes;~~
- ~~(71) flow restricted, oxygen powered ventilation devices;~~
- ~~(72) assorted sizes of nasopharyngeal airways;~~
- ~~(73) a wheeled gurney;~~
- ~~(74) a stair chair stretcher;~~
- ~~(75) a scoop stretcher;~~
- ~~(76) a flexible stretcher, and~~
- ~~(77) anatomy models.~~



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~~(d) Providers of training approved to conduct MICT initial courses of instruction shall provide, in addition to the EMT basic equipment, the following equipment:~~

- ~~(1) Electrocardiogram monitor/defibrillator/external pacer, complete with batteries, electrodes, cables, and tracing paper;~~
- ~~(2) pediatric and adult laryngoscope handles, complete with batteries, blades, and light bulbs;~~
- ~~(3) infant, child, and adult endotracheal tubes;~~
- ~~(4) endotracheal tube stylettes;~~
- ~~(5) infant intubation training mannequins;~~
- ~~(6) adult, child, and infant Magill forceps;~~
- ~~(7) cricothyrotomy training mannequins;~~
- ~~(8) cricothyrotomy kits;~~
- ~~(9) tracheal suction kits;~~
- ~~(10) DeLee suction kits;~~
- ~~(11) chest decompression mannequins;~~
- ~~(12) chest decompression needles;~~
- ~~(13) portable ventilators;~~
- ~~(14) pulse oximeters;~~



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- ~~(15) small volume nebulizers, complete with hookups for bag-mask resuscitators;~~
- ~~(16) t tubes and tubing for administration of oxygen and respiratory medications via blow-by;~~
- ~~(17) intraosseous infusion mannequins;~~
- ~~(18) intraosseous needles;~~
- ~~(19) assorted sizes of vacutainers, complete with collection barrels, needles, and needle holders;~~
- ~~(20) blood glucometers;~~
- ~~(21) intravenous infusion training arm;~~
- ~~(22) sterile normal saline intravenous infusion solutions;~~
- ~~(23) intravenous infusion administration tubing;~~
- ~~(24) intravenous infusion piggyback administration kits;~~
- ~~(25) medication labels;~~
- ~~(26) intravenous infusion buretrols;~~
- ~~(27) restricting bands;~~
- ~~(28) alcohol and betadine preptics;~~
- ~~(29) assorted sizes of intravenous infusion needles and catheters;~~
- ~~(30) assorted sizes of syringes with luer lock;~~
- ~~(31) infant intravenous infusion training heads;~~
- ~~(32) intravenous infusion standards;~~
- ~~(33) sharps disposal containers; and~~

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~~(34) simulated drug kits.~~

~~(e) Equipment used during training shall be functional, clean, and serviceable.~~

(Authorized by and implementing K.S.A. ~~1998 Supp.~~ 65-6110 and K.S.A. 2009 Supp.
65-6111, as amended by L. 2010, ch. 119, sec. 1; effective Nov. 12, 1999; amended, T-

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**Economic Impact Statement
K.A.R. 109-11-1a**

I. Summary of Proposed Regulation, including its purpose.

K.A.R. 109-11-1a. Emergency medical responder course approval is a new regulation that is comprised of language contained in K.A.R. 109-11-1 with the title changed to emergency medical responder. K.A.R. 109-11-1 will be revoked after completion of the transition. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation is Required, including Whether or Not the Regulation is Mandated by Federal Law.

This regulatory change is necessary to support the language in K.S.A. 65-6144. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.

109-11-1a. Emergency medical responder course approval. (a) Emergency medical responder initial courses of instruction pursuant to K.S.A. 65-6144, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct initial courses of instruction shall submit a complete application packet to the executive director, including all required signatures, and the following documents:


- (1) A course syllabus that includes at least the following information:
 - (A) A summary of the course goals and objectives;
 - (B) student prerequisites, if any, for admission into the course;
 - (C) instructional and any other materials required to be purchased by the student;
 - (D) student attendance policies;
 - (E) student requirements for successful course completion;
 - (F) a description of the clinical and field training requirements, if applicable;
 - (G) student discipline policies; and
 - (H) instructor information, which shall include the following:
 - (i) Instructor name;
 - (ii) office hours or hours available for consultation; and
 - (iii) instructor electronic mail address;
- (2) course policies that include at least the following information:
 - (A) Student evaluation of program policies;
 - (B) student and participant safety policies;
 - (C) Kansas requirements for certification;



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- (D) student dress and hygiene policies;
- (E) student progress conferences;
- (F) equipment use policies; and
- (G) a statement that the course provides a sufficient number of lab instructors to maintain a 6:1 student-to-instructor ratio during lab sessions;

(3) a course schedule that identifies the following:

- (A) The date and time of each class session, unless stated in the syllabus;
- (B) the title of the subject matter of each class session;
- (C) the instructor of each class session; and
- (D) the number of psychomotor skills laboratory hours for each session; and

(4) letters from the initial course of instruction medical advisor, the ambulance service director of the ambulance service that will provide field training to the students, if applicable, and the administrator of the medical facility in which the clinical rotation is provided, if applicable, indicating their commitment to provide the support as defined in the curriculum.

(c) Each application shall be received in the board office not later than 30 calendar days before the first scheduled course session.

(d) Each approved initial course shall meet the following conditions:

(1) Meet or exceed the course requirements described in the regulations of the Kansas board of EMS; and

(2) maintain course records for at least three years. The following records shall be maintained:



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(A) A copy of all documents required to be submitted with the application for course approval;

(B) student attendance;

(C) student grades;

(D) student conferences;

(E) course curriculum;

(F) lesson plans for all lessons;

(G) clinical training objectives, if applicable;

(H) field training objectives, if applicable;

(I) completed clinical and field training preceptor evaluations for each student;

(J) master copies and completed copies of the outcome assessment and outcome analyses tools used for the course that address at least the following:

(i) Each student's ability to perform competently in a simulated or actual field situation, or both; and

(ii) each student's ability to integrate cognitive and psychomotor skills to appropriately care for sick and injured patients;

(K) a copy of each student's psychomotor skills evaluations as specified in the course syllabus;

(L) completed copies of each student's evaluations of each course, all instructors for the course, and all lab instructors for the course; and

(M) a copy of the course syllabus.

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(e) Each primary instructor shall provide the executive director with an application for certification form from each student within 20 days of the date of the first class session.

(f) Each sponsoring organization shall ensure that the sponsoring organization's instructor-coordinators and training officers provide any course documentation requested by the executive director.

(g) Any approved course may be monitored by the executive director.

(h) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations.

(Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, and K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8;

effective, T-_____;

effective P-_____.)

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Dennis Allin, M.D., Chair
Steven Sutton, Executive Director

**Board of
Emergency Medical Services**

Sam Brownback, Governor

**Economic Impact Statement
K.A.R. 109-11-3a**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-11-3a. Emergency medical technician course approval is a new regulation that is comprised of language contained in K.A.R. 109-11-3 for the old scope of practice certification level with the language necessary to implement the new scope of practice. K.A.R. 109-11-3 will be revoked after completion of the transition. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the language in K.S.A. 65-6121. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-11-3a. Emergency medical technician (EMT) course approval. (a) Emergency medical technician (EMT) initial courses of instruction pursuant to K.S.A. 65-6121, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct initial courses of instruction shall meet the following requirements:

(1) Meet the course requirements specified in K.A.R. 109-11-1(b)-(f); and

(2) in each initial course of instruction, include hospital clinical training and ambulance field training that provide the following:

(A) An orientation to the hospital and to the ambulance service; and

(B) supervised participation in patient care and assessment, including the performance of a complete patient assessment on at least one patient in compliance with K.S.A. 65-6129a and amendments thereto. In the absence of participatory clinical or field training, contrived experiences may be substituted.

(c) Each sponsoring organization shall ensure that the sponsoring organization's instructor-coordinators and training officers provide any course documentation requested by the executive director.

(d) Any approved course may be monitored by the executive director.

(e) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch.



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119, sec. 1, K.S.A. 65-6121, as amended by L. 2010, ch. 119, sec. 5, K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8, and K.S.A. 65-6129a; effective,

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**Economic Impact Statement
K.A.R. 109-11-6a**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-11-6a. Paramedic course approval is a new regulation that is comprised of language contained in K.A.R. 109-11-6 with the title changed to paramedic. K.A.R. 109-11-6 will be revoked after completion of the transition. This regulation is proposed on both a temporary and permanent basis.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is necessary to support the language in K.S.A. 65-6119. These changes are not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

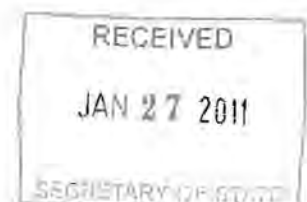
The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



109-11-6a. Paramedic course approval. (a) Paramedic initial courses of instruction pursuant to K.S.A. 65-6119, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations that are accredited postsecondary educational institutions.

(b) Each sponsoring organization requesting approval to conduct paramedic initial courses of instruction shall meet the following requirements:

(1) Meet the requirements in K.A.R. 109-11-1(b)-(f);

(2) provide letters from the director of each ambulance service that will provide field training to the students and the administrator or the administrator's designee of each hospital in which the clinical training is provided, indicating their commitment to provide the support as defined in the curriculum;

(3) require that, on or before completion of the required paramedic course, each student provide confirmation of eligibility to be conferred, at a minimum, an associate degree in applied science by the postsecondary institution; and

(4) (A) Provide verification that the sponsoring organization has applied for accreditation to the committee on accreditation of allied health education programs' joint review committee for emergency medical technician-paramedic; or

(B) provide evidence of accreditation from the committee on accreditation of allied health education programs' joint review committee for emergency medical technician-paramedic before the commencement of the third course.



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(c) Each application shall be received in the board office not later than 30 calendar days before the first scheduled class. Only a complete application packet shall be processed.

(d) Each approved paramedic course shall meet the following requirements:

(1) Meet or exceed the curriculum requirements in K.A.R. 109-10-1;

(2) consist of at least 1,200 hours of training, including at least the following:

(A) 400 hours of didactic and psychomotor skills laboratory instruction by qualified instructors;

(B) 232 hours of clinical training at a hospital by qualified instructors; and

(C) 400 hours of field internship training with a type I ambulance service by qualified instructors; and

(3) ensure, and establish in writing, how each student is provided with experiences, which shall include at least the following:

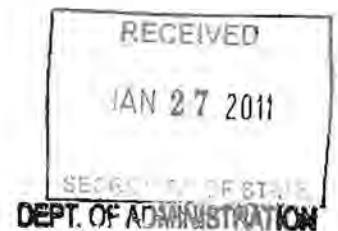
(A) The performance of 20 successful venipunctures, of which at least 10 shall be for the purpose of initiating intravenous infusions;

(B) successful performance of three endotracheal intubations on live patients, with written verification by a physician or certified registered nurse anesthetist

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competent in the procedure that the student is competent in performing the procedure;

(C) successful performance of five intraosseous infusions;

(D) administration of one nebulized breathing treatment during clinical training;

(E) performance of a complete patient assessment on 50 patients, of which at least 25 shall be accomplished during field internship training;

(F) participation in, as an observer or as an assistant, three vaginal-delivered childbirths during clinical training;

(G) in increasing positions of responsibility, being a part of a type I service crew responding to 30 ambulance calls;

(H) performance of 10 intramuscular or subcutaneous injections;

(I) completion of 30 patient charts or patient care reports, or both; and

(J) performance of monitoring and interpreting the electrocardiogram on 30 patients during clinical training and field internship training.

(e) The primary instructor shall provide the executive director with an application for certification form from each student within 20 days after the first class session.

(f) Any approved class may be monitored by the executive director.



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(g) Each sponsoring organization shall ensure that the sponsoring organization's instructor-coordinators and training officers provide any program documentation requested by the executive director.

(h) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, K.S.A. 2009 Supp. 65-6119, as amended by L. 2010, ch. 119, sec. 3, and K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective,

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