

SESSION OF 2011

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2119

As Amended by Senate Committee of the Whole

Brief*

HB 2119, as amended, would limit the accident response fees charged by municipalities to those fees for actual costs of providing emergency services, would amend Emergency Medical Services (EMS) statutes governing the professionals regulated by the Board of EMS, and would make members of Regional Trauma Centers and the Advisory Council on Trauma, when acting in their official capacity, peer review officers.

Accident Response Service Fees (Sections 1-2)

The bill would prohibit a municipality from charging an accident response fee to persons receiving emergency services inside or outside the municipality, except for the actual costs of providing emergency service in response to a motor vehicle accident. In the bill, the following terms are defined:

- “Accident response service fee” would mean any fee imposed for the response to or investigation of a motor vehicle accident, not including the usual and customary charges for providing ambulance and emergency services when immediate action is required.
- “Emergency services” would include the actual costs of police, fire technical rescue situations, including but not limited to, vehicle extrication, trench rescue, high-angle

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

rescue, confined-space rescue and swift-water rescue and emergency medical service personnel and equipment the municipality deems appropriate to address reasonably anticipated needs. An unknown number of injured persons and possible environmental and health threats involving hazardous material would be included among these needs.

- “Municipality” would mean a city, county, township, fire district or any other political and taxing subdivision.

The bill also would amend an existing statute requiring motor vehicles owned or leased by Kansas political subdivisions to bear the subdivision's name, by adding exemptions for county or district attorney investigators to the statute's current list of exemptions.

Emergency Medical Services – Amendments (Sections 3-13)

The bill also would make changes to current law regarding emergency medical services provided by individuals regulated by the Board of Emergency Medical Services. Changes made in 2010 law allowed Emergency Medical Services (EMS) attendants to transition from authorized activities to scope of practice, changed the names of some attendant levels to reflect national nomenclature, and allowed for enhancement of skills set to create the ability to provide a higher level of care.

The bill would make changes to support the transition and to provide options for those required to meet the transition requirements. The bill would allow EMS attendants:

- The option to transition to a lower level of certification, if they so choose;
- Change the initiation date for transition from January 1, 2011, to December 31, 2011, to allow attendants

complete certification cycles to accomplish the transition requirements;

- Allow transitioning upon application and completion of requirements, in addition to renewal times provided in current law; and
- Permit an emergency medical technician-intermediate (EMT-I), an advanced emergency medical technician (Advanced EMT), an emergency medical technician (EMT), an emergency medical technician-defibrillator (EMT-D) and an emergency medical responder (EMR) to provide medical services within their scope of practice when authorized by medical protocols or upon order when direct voice communication is maintained and monitored by specific authorized medical personnel.

The bill also would expand the Emergency Medical Services Board (Board) membership from thirteen to fifteen members to include two additional members who are physicians and are actively involved in emergency medical services. The bill also changes the term “medical adviser” to “medical director” when referring to a physician and defines “training officer.” The bill outlines new duties for the medical director that would include the implementation of medical protocols and monitoring the education of attendants. The rules and regulation authority of the Board in specific areas, among which are licensure fees and requirements for a quality assurance and improvement program for ambulance services, also would be expanded. Further, the bill would expand the grounds for disciplinary action against an operator, an attendant, an instructor-coordinator, and a training officer.

Peer Review Officers (Sections 14-15)

The bill would amend the law governing the membership of the Regional Trauma Centers (RTCs) and the Advisory Committee on Trauma (ACT) to make members of the ACT

and of the RTCs “peer review officers” who would be granted peer review protection, while acting in an official capacity under this act. The bill also would make technical amendments to the current law.

A “peer review officer or committee” is defined in current law (KSA 65-4915) as:

- An individual employed, designated or appointed by, or a committee of or employed, designated or appointed by, a health care provider group and authorized to perform peer review; or
- A health care provider monitoring the delivery of health care at correctional institutions under the jurisdiction of the Secretary of Corrections.

Background

HB 2119, as introduced, dealt only with prohibiting accident response fees in townships and fire districts. The House Committee on Local Government amended the bill to expand the prohibition to other municipalities as well.

Testifying in support of the original bill (HB 2119) were representatives of three insurance companies, the Kansas Association of Insurance Agents, the National Association of Mutual Insurance Companies, and the Kansas Association of Property and Casualty Insurance Companies. The conferees indicated concern about shifting the burden of these costs from taxpayers to insured drivers. Concern about dual taxation (for municipality residents who may be charged these fees) also was mentioned. No opponents testified at the House Committee hearing.

The House Committee on Local Government amended the bill to expand its applicability beyond only townships and fire districts.

The House Committee of the Whole amended the bill to add exemptions for county or district attorney investigators' vehicles from the statute requiring political subdivision-owned or -leased vehicles to bear the subdivision's name.

The Senate Committee on Financial Institutions and Insurance amendments clarify the term "emergency services" by limiting the definition to the actual costs of the services outlined in the definition, specifying the fire services and rescue situations provided as emergency services, and clarifying possible environmental and health threats involving hazardous material. The amendments were presented by a representative of the State Farm Insurance Companies, in consultation with the Fire Chief for the City of Salina, who had appeared in opposition to the bill at the Senate Committee hearing.

The Senate Committee of the Whole amendments clarify the allowance for an accident response service fee charged by a municipality, insert provisions that amend the laws regulating EMS professionals (SB 216, as amended by the Senate Committee on Public Health and Welfare) and insert provisions authorizing members of Regional Trauma Centers and the Advisory Council on Trauma to be peer review officers (SB 139, as recommended by Senate Committee on Public Health and Welfare).

The fiscal note on the bill indicates passage of the original bill would result in no fiscal effect on the operations of the Board of Emergency Medical Services. The fiscal note also states there would be no fiscal effect on cities; however, the original bill did not affect cities.

The fiscal note for SB 216 (as introduced) states that the EMS Board does not have current statutory authority to collect an applicant's fee for certification. The Board indicates the language was removed in a technicality [2010 law]. The Board indicates if an applicant seeking certification is not required to pay a fee by the rules and regulations adopted by the Board, it would cost the agency approximately \$65,000

annually. To implement the rest of the bill, the Board indicates any fiscal effect would be negligible and could be absorbed within existing resources. Any fiscal effect associated with the bill is not reflected in The *FY 2012 Governor's Budget Report*.

The fiscal note for SB 139 states that the Kansas Department of Health and Environment currently provides financial and staff support to the ACT and the RTC and the bill would not affect that support. The Division of the Budget indicated the bill would not have a fiscal effect on the Kansas Board of Emergency Medical Services.