SESSION OF 2014

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2509

As Amended by Senate Committee on Public Health and Welfare

Brief*

HB 2509, as amended, would make changes to the authorized activities of certain emergency medical services (EMS) certifications and to the composition, powers, and duties of the Emergency Medical Services Board (EMS Board). The bill also would create new law to require municipalities to pay premiums for continuation under Consolidated Omnibus Budget Reconciliation Act health benefit provisions (COBRA) to a surviving spouse and eligible dependent children in the event of a line of duty death of any emergency personnel.

Changes to EMS Board

Specifically, the following changes would be made regarding the EMS Board:

- Outdated language would be removed relating to the initial term designation of additional physicians as EMS Board members;
- References to "administrator" would be replaced with "executive director" throughout the bill;
- The number of EMS Board members required to call a special EMS Board meeting would change from six to seven; and

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

- Membership criteria for the EMS Board-appointed Medical Advisory Council would change to require all members to be physicians by:
    - Eliminating the non-physician EMS Board member position; and
    - Adding a fifth physician who is active and knowledgeable in the EMS field and is not an EMS Board member.

Authorized Activities

Under existing law, each classification of EMS attendant is authorized to perform the interventions of the lower levels of certified attendants. The bill would change authorized activities by Emergency Medical Technicians-Intermediate (EMT-I) transitioning to Advanced Emergency Medical Technicians (AEMT), current basic level Emergency Medical Technicians (EMT), current basic level EMTs transitioning to the new EMT certification, and First Responders transitioning to Emergency Medical Responders (EMR), as described below.

EMT-I Transition to AEMT

The bill would change interventions that may be performed by an EMT-I who transitions to an AEMT as follows:

- Remove the use of continuous positive airway pressure devices and move the intervention to a separate list of EMT authorized activities as "non-invasive positive air pressure ventilation";
- Remove cardioversion capability;
- Add the monitoring of a nasogastric tube; and

- Remove references to types of medications and methods of administering medications and replace them with language allowing for specification by rules and regulations of the EMS Board.

EMT (Current Basic Level)

Current basic level EMTs would be unable to perform the following activities:

- Use of esophageal obturator airways with or without gastric suction device or using oxygen demand valves for airway maintenance; and

- Application of pneumatic anti-shock garment.

EMT (Current Basic Level) Transition to New EMT Certification

The bill would change interventions that may be performed by an EMT (current basic level) upon transitioning to the new EMT certification as follows:

- Add the use of non-invasive positive pressure ventilation to maintain the airway and the application of a traction splint; and

- Remove assistance with childbirth (moved to EMR activities), cardiac monitoring, and application of pneumatic anti-shock garment.

First Responder Transition to EMR

The bill would add the following to the list of interventions a First Responder who transitions to an EMR would be authorized to perform:

- Utilizing equipment for the purposes of acquiring an EKG rhythm strip;

- Assisting with childbirth; and
- Non-invasive monitoring of hemoglobin derivatives.

Training Officer Certificate

The bill would remove the specific listing of those who may apply for a training officer's certificate (EMT, EMT-I, EMT-Defibrillator, Mobile Intensive Care Technician [MICT], AEMT and paramedic) and replace the list with a reference to an attendant certified under the statutes applicable to the listed categories.

Attendant Certificate

A provision addressing when the EMS Board may deny, revoke, limit, modify, or suspend a certificate or when the EMS Board may refuse the renewal of a certificate (presently applicable to attendants, instructor-coordinators, and training officers) would be amended to apply only to attendants. Instructor-coordinators and training officers have independent statutes addressing EMS Board action that may be taken with regard to their certificates.

Persons Providing Ambulance Service Care

The bill would remove EMT, EMT-I, EMT-Defibrillator, MICT, EMT-I/Defibrillator, AEMT, and paramedic from the list of those individuals at least one of which must be on each vehicle providing emergency medical services and would replace the list with a reference to an attendant certified under statutes applicable to those listed categories.

Continuation of COBRA Coverage—Emergency Personnel

Additionally, the bill would enact new law to require municipalities to pay premiums for continuation of coverage under COBRA for the surviving spouse and eligible dependent children under the age of 26 of any emergency personnel who dies in the line of duty.

The payment of premiums for COBRA continuation coverage would be paid for 18 months and would be required only if the deceased emergency personnel was enrolled in a health benefit plan for which a municipality was paying premiums. A municipality would not be required to pay the premiums for a surviving spouse:

- On or after the end of the 18th calendar month after the date of the deceased emergency personnel's death;
- Upon the remarriage of the deceased emergency personnel's surviving spouse; or
- Upon the deceased emergency personnel's surviving spouse reaching the age of 65.

Under the bill, "emergency personnel" would be assigned the definition of "attendant" as specified in KSA 65-6112:

> A first responder, an emergency medical responder, emergency medical technician, emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate/ defibrillator, advanced emergency medical technician, mobile intensive care technician or paramedic certified pursuant to this act.

Background

HB 2509 was introduced by the House Committee on Vision 2020. At the hearing before the House Committee on Health and Human Services, an EMS Board representative presented proponent testimony indicating the bill represents clean-up of language and terminology addressing continuing changes as EMS continues through the transition of EMS attendants from authorized activities to a scope of practice. As an example, the EMS Board representative stated the changes do not expand a paramedic's scope of practice, but clarify that a paramedic must have advance approval via protocols or voice contact before performing authorized activities, regardless of whether it is an emergency or non-emergency situation. The EMS Board representative also noted the bill would not change the fundamental nature of how a hospital operates, and medics still would be able to perform tasks in the emergency room when so directed.

Testimony in opposition to the bill, as introduced, was presented by representatives of the Kansas State Board of Nursing, the Mid-America Regional Council Emergency Rescue Sub-committee (MARCER), and the Wichita-Sedgwick County Emergency Medical Services System. The Board of Nursing representative stated the bill would broaden the scope of practice for paramedics and allow them to work in areas for which they are not trained, including hospital emergency rooms, intensive care units, or work as community paramedics. The MARCER representative expressed concern over the removal of the phrase "during an emergency" when referring to activities a paramedic is specifically authorized to perform by medical protocols and the continued inclusion in state law of certain clinical devices and procedures that are out of date and constitute poor clinical practice. Concern over the continued inclusion of certain clinical devices and procedures in state law also was expressed by a representative of the Wichita-Sedgwick County EMS System.

No neutral testimony was provided.

The House Committee on Health and Human Services amended the bill by removing the definition section, references to a "sponsoring organization," and the section addressing MICT and paramedic authorized activities from the bill (which would result in maintaining existing statutory language), by deleting certain outdated activities that could be performed by an EMT (current basic level) or current basic level EMTs transitioning to the new EMT certification, and by making technical amendments.

The Senate Committee on Public Health and Welfare amendment inserted provisions relating to the continuation of COBRA coverage for the surviving spouse and eligible dependent children of any emergency personnel who dies in the line of duty (SB 388, as introduced).

According to the fiscal note prepared by the Division of the Budget, the EMS Board indicates passage of HB 2509, as introduced, would have no fiscal effect upon agency operations.

SB 388 fiscal information. The fiscal note prepared by the Division of the Budget states the League of Kansas Municipalities and the Kansas Association of Counties indicate a fiscal effect for SB 388 cannot be estimated because it is not known how many emergency personnel would die in the line of duty during a year and the number of potential beneficiaries.

At the Senate Committee on Financial Institutions and Insurance hearing on SB 388, the Kansas Emergency Medical Services Association (KEMSA) President provided information on the incidence of line of duty death in Kansas for EMS providers. The conferee indicated to the Senate Committee that, in the past 35 years, there have been 17 line of duty deaths and only 9 of those deaths were personnel who were employed by governmental entities. Of the 9 individuals, KEMSA was able to determine the status at the time of the death for 8 of the individuals who had a total 16 dependents. The KEMSA also provided an estimate for the

number of municipal agencies subject to the requirements of the bill, stating 124 municipal EMS agencies are not part of any existing fire department in the state. Of those agencies, 102 agencies have full-time employees, and those agencies account for an estimated 1,070 EMS personnel who would be eligible for continuation of coverage.