

SESSION OF 2011

SUPPLEMENTAL NOTE ON SENATE BILL NO. 216

As Amended by Senate Committee on
Public Health and Welfare

Brief*

SB 216, as amended, would make changes to current law regarding emergency medical services provided by individuals regulated by the Board of Emergency Medical Services (BEMS). 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

*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>

(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 would expand the Emergency Medical Services Board (Board) membership to provide include two additional members who are physicians and are actively involved in emergency medical services. 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.

EMS Board Membership (Section 1)

- The bill would increase the Board membership from thirteen to fifteen members with the Governor appointing two physicians who are actively involved in emergency medical services, bringing the total number of physicians on the Board to three. The two new physician members would serve staggered terms which begin after July 1, 2011.

EMS Board Authority (Section 2)

- The rules and regulation authority of the Board would be expanded to include the adoption of rules and regulations for: fees for licensure, temporary licensure, and renewal of licensure for ambulances and rescue vehicles; requirements for a quality assurance and improvement program for ambulance services; and

staffing requirements for attendant or medical services personnel for ambulance services and vehicles.

Definition Changes (Section 3)

- The term “medical adviser” would change to “medical director” when referring to a physician.
- A “training officer” would mean a person who is certified under this act to teach, coordinate or both, initial courses of instruction for first responders or emergency medical responders and continuing education as prescribed by the Board.

TRANSITIONS

Emergency Medical Technician-Intermediate (EMT-I) and Both EMT-I and EMT-Defibrillator (EMT-D) (Section 4)

The bill would provide that an EMT-I, or an individual holding a valid certificate as both an EMT-I and an EMT-D, may transition to an Advanced EMT under the following conditions:

- By application, upon successful completion of the Board prescribed transition course and validation of cognitive and psychomotor competency as determined by rules and regulations of the Board; or
- Upon application for renewal, an EMT-I or holder of both an EMT-I and EMT-D certificate, would be deemed to hold an Advanced EMT certificate, provided the individual has completed all continuing education hour requirements including successful completion of a transition course. The filing of an original application for certification as an Advance EMT would not be required.

Renewal would refer to the first or second opportunity after December 31, 2011, that an EMT-I, or a holder of both and EMT-I and EMT-D certificate, has to apply for renewal of a certificate after the effective date of this Act.

The bill would provide that if an EMT-I, or the holder of both and EMT-I and EMT-D certificate, fails to meet the transition requirements to an Advanced EMT, the individual may complete either the Board prescribed EMT transition course or EMR transition course, provide validation of cognitive and psychomotor competency and complete all continuing education requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the Board. Upon satisfaction of these requirements, the EMT-I, or holder of both the EMT-I and EMT-D certificate, may do the following:

- Apply to transition to an EMT or an EMR, depending on which course was successfully completed; or
- Upon application for renewal of an EMT-I certificate, or both the EMT-I and the EMT-D certificates, the individual would be renewed as an EMT or EMR depending on which course was completed successfully, without being required to file an original application as an EMT or an EMR.

Failure to complete either the Advanced EMT, EMT or EMR transition course would result in a loss of certification.

***Emergency Medical Technician At Current Basic Level
(Section 5)***

The bill would provide that an individual holding an EMT certificate at the current basic level may transition to an EMT under the following conditions:

- By application, upon successful completion of the Board prescribed transition course and validation of cognitive and psychomotor competency as determined by rules and regulations of the Board; or
- Upon application for renewal, an EMT at current basic level would be deemed to hold an EMT certificate, provided the individual has completed all continuing education hour requirements including successful completion of a transition course. The filing of an original application for certification as an EMT would not be required.

Renewal would refer to the first opportunity after December 31, 2011, that an EMT has to apply for renewal of a certificate after the effective date of this Act.

The bill would provide that if an EMT fails to meet the transition requirements, the individual may complete the Board prescribed EMR transition course, provide validation of cognitive and psychomotor competency and complete all continuing education requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the Board. Upon satisfaction of these requirements, the EMT, upon application for renewal of an EMT certificate, would be deemed to hold a certificate as an EMR, without being required to file an original application as an EMR.

Failure to complete either the EMT transition course or EMR transition course would result in a loss of certification.

Emergency Medical Technician-Defibrillator (EMT-D)
(Section 6)

The bill would provide that an EMT-D may transition to an Advanced EMT under the following conditions:

- By application, upon successful completion of an EMT-I initial course of instruction and the completion of the Board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the Board; or
- Upon application for renewal, an EMT-D would be deemed to hold an Advanced EMT certificate, provided the individual has completed all continuing education hour requirements including successful completion of a transition course. The filing of an original application for certification as an Advance EMT would not be required.

Renewal would refer to the second opportunity after December 31, 2011, that an EMT-D has to apply for renewal of a certificate after the effective date of this act.

The bill would provide that if an EMT-D fails to meet the transition requirements to an Advanced EMT, the individual may complete either the Board prescribed EMT transition course or EMR transition course, provide validation of cognitive and psychomotor competency and complete all continuing education requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the Board. Upon satisfaction of these requirements, the EMT-D may do the following:

- Apply to transition to an EMT or an EMR, depending on which course was successfully completed; or
- Upon application for renewal of an EMT-D certificate, the individual would be renewed as an EMT or EMR depending on which course was successfully completed, without being required to file an original application as an EMT or an EMR.

Failure to complete either the Advanced EMT, the EMT or the EMR transition course would result in a loss of certification.

First Responder (Section 11)

The bill would provide that a First Responder may transition to an Emergency Medical Responder under the following conditions:

- By application, upon successful completion of the Board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the Board; or
- Upon application for renewal, a First Responder would be deemed to hold an Emergency Medical Responder certificate, provided the individual has completed all continuing education hour requirements including successful completion of a transition course. The filing of an original application for certification as an Emergency Medical Responder would not be required.

Renewal would refer to the first opportunity after December 31, 2011, that a First Responder has to apply for renewal of a certificate after the effective date of this Act.

Under current law, First Responder attendants who fail to meet the transition requirements forfeit their certification.

SCOPES OF PRACTICE

Emergency Medical Technician-Intermediate (Section 4)

The bill would provide that an individual holding a valid certificate as an Emergency Medical Technician-Intermediate (EMT-I) may:

- Perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions

and ringers lactate IV solutions, endotracheal intubation and administration of nebulized albuterol when :

- Approved by medical protocols; or
- Ordered by voice contact by radio or telephone monitored by a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician, and direct communication is maintained.

Advanced Emergency Medical Technician (Section 4)

The bill would provide that an Advanced Emergency Medical Technician who has successfully completed an approved course of instruction, local specialized device training and competency validation may perform any of the listed interventions, by the use of the devices, medications and equipment, or any combination of such, as specifically identified in rules and regulations, when:

- Authorized by medical protocols; or
- Upon order when direct communication is maintained by radio, telephone or video conference with a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician.

The bill would allow electrocardiogram (ECG) interpretation and clarify that both generic or trade name medications could be administered by one or more of the listed methods when authorized by medical protocols or upon order when direct communication is maintained, as described previously.

Emergency Medical Technician (EMT) (Section 5)

The bill would eliminate the monitoring of a peripheral intravenous line delivering intravenous fluids during interfacility transport from the scope of practice of an EMT.

Upon transition, current law provides that an EMT who has successfully completed an approved course of instruction, local specialized device training and competency validation may perform any activities identified in KSA 65-6144, and any of the listed interventions, by the use of the devices, medications and equipment, or any combination of such, as specifically identified in rules and regulations, when:

- Authorized by medical protocols; or
- Upon order when direct communication is maintained by radio, telephone or video conference with a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician.

Emergency Medical Technician-Defibrillator (EMT-D) (Section 6)

The bill would provide that an individual holding a valid certificate as an EMT-D may perform any of the activities identified in KSA 65-6121, electrocardiographic monitoring and defibrillation when:

- Approved by medical protocols; or
- Ordered by radio or telephone voice contact monitored by a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician, and when direct communication is maintained.

Emergency Medical Responder (Section 11)

The bill would provide that, upon transition, an Emergency Medical Responder who has successfully completed an approved course of instruction, local specialized device training and competency validation may perform any of the listed interventions, by the use of the devices, medications and equipment, or any combination of such, as specifically identified in rules and regulations, when:

- Authorized by medical protocols; or
- Upon order when direct communication is maintained by radio, telephone or video conference and is monitored by a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician.

Medical Director (Section 7)

The bill would require each emergency medical service to have a medical director (currently called a medical adviser) whose duties would include the implementation of medical protocols and to approve and monitor the education of the attendants.

Requirements for Attendant's Certificate (Section 8)

The bill would add payment of a fee as required by rules and regulations adopted by the Board to the requirements to be met before the Board would grant an attendant's certificate.

DISCIPLINARY ACTION

Operator (Section 9)

The bill would add engaging in unprofessional conduct, as defined by rules and regulations of the Board, as a new ground for disciplinary action against an operator.

Attendant, Instructor-Coordinator, or Training Officer (Section 10)

The bill creates a new ground for disciplinary action against an attendant, instructor-coordinator, or training officer when disciplinary action has been taken by a licensing or other regulatory authority of another state, agency of the government, U.S. territory or other country. A certified copy of such disciplinary record or order, or other disciplinary action, by any of these entities would be prima facie evidence of such fact.

Background

The bill was introduced by the Senate Committee on Ways and Means.

Representatives of the Kansas Board of Emergency Medical Services (KBEMS) and the Kansas State Firefighters Association testified in favor of the bill before the Senate Committee on Public Health and Welfare. Written testimony in favor of the bill was provided by representatives of the Burrton Consolidated Fire District #5, Fort Hays State Department of Health and Human Performance, Hutchinson Community College EMS Education, Johnson County Community College Department of Emergency Medical Science, Kansas Emergency Medical Services Association (KEMSA), Kearny County EMS, Medical Advisory Council to the State Board of Emergency Medical Services, Miami

County Emergency Medical Services, Region I Emergency Medical Services Council, Region V Northeast Kansas Emergency Medical Services Council, Inc., Sabetha EMS, and Seneca EMS; and an EMS provider and educator. The proponents stated that changes were needed to correct some inadvertent consequences created with the passing of SB 262 during the 2010 Legislative Session which allowed for enhancement of skills set to create the ability for EMS attendants to provide a higher level of care to Kansas residents. The concerns stated by the proponents included the need to: allow attendants the option to transition to a lower level of certification which is unavailable under current law; extend the initiation date from January 1, 2011 to December 31, 2011 for transitioning to a new level of attendant to allow all attendants complete certification cycles and provide sufficient time to meet the transition requirements; allow for transitioning outside the renewal process to provide attendants the option of applying for a new transition level upon meeting the requirements, instead of only at renewal; establish authority to assess fees for certification; provide for disciplinary action with regard to training officers and to consider disciplinary actions taken against EMS attendants from other jurisdictions who are seeking EMS certification in Kansas; and change the term of "medical adviser" to "medical director" to reflect the role of that individual. Proponents also stated that the number of EMS attendants in the state could be negatively impacted unless changes are made to allow for transitioning to a lower level, to extend the initiation date, and to provide for a complete certification cycle to complete transition requirements.

No opponents provided testimony at the Senate hearing.

Neutral testimony was presented by a representative of the Kansas Medical Society and the EMS Medical Directors of Kansas. The representative stated that the concern was not for the mechanics of the bill, but rather an issue with the underlying statute. The representative proposed an amendment to the statutory duties of the Medical Advisory

Council to allow the Council to advise and assist the Board in medical standards and practices as determined by the Board. In supporting the amendment, the representative stated that only one individual of the thirteen member EMS Board is required to be a physician, and given the scope of the Board's responsibilities in making medical policies which are most properly made by licensed physicians with experience in emergency medical care, requiring the involvement of the Medical Advisory Council when such policies are decided is appropriate.

The Senate Committee on Public Health and Welfare amended the bill to: increase the current membership of the EMS Board by two additional physicians who are actively involved in emergency medical services and provide for staggered terms for the two newly appointed physicians; allow some emergency medical attendants to perform medical services approved by medical protocols or where voice contact by radio or telephone (or video for some attendants) is monitored with a physician, physician assistant authorized by a physician, advanced registered nurse authorized by a physician, or licensed professional nurse authorized by a physician, and direct communication is maintained (instead of requiring both protocol and voice contact); authorize a medical director to implement medical protocols; and make technical amendments.

The fiscal note on the original bill prepared by the Division of the Budget states that the Emergency Medical Services Board does not have current statutory authority to collect and applicant's fee for certification. The Board indicates the language was removed in a technicality. The Board further states that 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*.