

SESSION OF 2016

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2387

As Amended by Senate Committee on Federal
and State Affairs

Brief*

HB 2387 would make changes to the authorized activities of certain emergency medical services (EMS) certifications; make changes to the composition, powers, and duties of the Emergency Medical Services Board (EMS Board); amend certain definitions; and make technical amendments to reflect current law. Specific changes that would be made by the bill are described below.

Changes to the EMS Board

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- Outdated language would be removed relating to the initial term designation of additional physicians as EMS Board members;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;
- The bill would clarify the authority of the EMS Board to deny instructor-coordinator, attendant, and training officer certification in accordance with

*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>

the provisions of the Kansas Administrative Procedure Act; and

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

Definition Changes

The following changes would be made to definitions within the bill:

- “Mobile intensive care technician” (MICT) would be deleted from the definition section and from the “attendant” definition where it is referenced;
- “Physician assistant” would be amended to reference the definition found within the Physician Assistant Licensure Act;
- “Provider of training” would be replaced with “sponsoring organization” throughout the bill, which would be defined as any professional association, accredited postsecondary educational institution, ambulance service which holds a permit to operate in this state, fire department, other officially organized public safety agency, hospital, corporation, governmental entity, or emergency medical services regional council, as approved by the executive director, to offer initial courses of instruction or continuing education programs; and

- “Instructor-coordinator” and “training officer” would be amended to clarify the specific roles within the bill.

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) and would update and change authorized activities by Emergency Medical Technicians (EMT) and 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 the 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 with language allowing for specification by rules and regulations of the EMS Board.

EMT

The bill would remove a line item list for activities and outdated language related to basic level EMTs (which have been transitioned to current EMTs) and would change interventions that may be performed by an EMT 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.

EMR

The bill would remove a line item list for activities and outdated language related to First Responders (which have been transitioned to current EMRs) and would change interventions that may be performed by an EMR as follows:

- Specify the use of cardiopulmonary resuscitation is for cardiac arrest management;
- Add the utilization of equipment for the purposes of acquiring an EKG rhythm strip;
- Add assisting with childbirth (moved from EMT activities);
- Add non-invasive monitoring of hemoglobin derivatives;
- Remove insertion and maintenance of oral and nasal pharyngeal airways; and
- Remove administration of oral glucose and aspirin and replace with administration of medications as approved by the EMS Board by appropriate routes.

Other Changes

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

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.

Background

HB 2387 was introduced by the House Committee on Federal and State Affairs. The Executive Director for the EMS Board testified as a proponent at the hearings in the House Committee on Health and Human Services during the 2015 Legislative Session and the Senate Committee on Federal and State Affairs during the 2016 Legislative Session, stating the bill would make amendments to the EMS Act to reflect changes in terminology, better reference defined terms, unify process, provide clarification to EMS personnel, and remove inapplicable sections. At both hearings, written-only testimony in favor of the bill was provided by a representative of the Kansas EMS Association. No neutral or opponent testimony was provided.

The Senate Committee on Federal and State Affairs amended the bill to reflect the current version of the statutes being amended.

According to the fiscal note prepared by the Division of the Budget during the 2015 Legislative Session, the EMS Board indicates enactment of the bill would have no fiscal effect upon agency operations.