Landon State Office Building
900 SW Jackson Street, Room 1031
Topeka, KS 66612-1228

Board of
Emergency Medical Services

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Dr. Joel E Hornung, Chair
Joseph House, Executive Director

Laura Kelly, Governor

# Board Meeting

Dr. Joel Hornung - Chair

## AGENDA
## Friday, February 1, 2019 – 9:00 AM

Landon State Office Building
900 SW Jackson, Room 509; Topeka, Kansas

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## I. CALL TO ORDER

## II. APPROVAL OF MINUTES – DECEMBER 7, 2018

## III. COMMITTEE REPORTS

a. Planning and Operations

b. Education, Examination, Training, and Certification
   i. Potential Action Items
      1. Adoption of K.A.R. 109-5-1
      2. Adoption of K.A.R. 109-8-1
      3. Adoption of K.A.R. 109-8-2
      4. Adoption of K.A.R. 109-11-6a

c. Executive

d. Investigations

## IV. OFFICE UPDATE

## V. NEW BUSINESS

a. Review of the Medical Advisory Council Roles
b. Election of Chair and Vice-Chair

## VI. PUBLIC COMMENT

a. Public comment time on the agenda is limited to no more than 5 minutes by any one speaker. If an individual wishes to comment on an agenda item after board discussion but before a vote, the individual should notify the Chair prior to the start of the meeting.

## VII. ADJOURNMENT

**NOTES:** Please remember to turn off all cell phones or place them on silent mode during the Board meeting. If it is necessary to accept the call, please step outside of the meeting room to continue your phone call. Additionally, the use of tobacco is not permitted inside this building.

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Dr. Joel E Hornung, Chair
Joseph House, Executive Director

# Board Meeting Minutes

**December 7, 2018**

Draft
12/27/2018

| Board Members Present | Guests | Representing | Staff Present |
|---|---|---|---|
| Dr. Gregory Faimon | Charles Foat | JCCC | Joseph House-Exec Dir |
| Rep. Henderson | Jason White | MARC | James Kennedy |
| Dr. Joel Hornung | Con Olson | TECHS EMS | Terry Lower |
| Comm. Ricky James | Ron Marshall | KHA | Suzette Smith |
| Director Deb Kaufman | Colin Fitzgerald | Leawood FD | Amanda Walton |
| Chief Shane Pearson | Kent Vosburg | Junction City FD | Chrystine Hannon |
| Director Chad Pore | Galen Anderson | AMR | Jim Reed |
| Director John Ralston | Craig Isom | EagleMed/Lifestar | Carmen Allen |
| Comm. Bob Saueressig | Robin Welch | Med-Trans | |
| Dr. Martin Sellberg | Dan Hudson | KU Hospital | |
| Director Jeri Smith | Kerry McCue | Region 1 | |
| Rep. Susie Swanson | John Hultgren | Dickinson Co EMS | |
| Sen.Faust-Goudeau-phone | Dave Johnston | KEMSA/Sedgwick | |
| | David Adams | Riley Co EMS | |
| | Brent Rouse | FICO EMS | |
| Attorney General Staff | Skylar Swords | Finney Co EMS | |
| Kurtis Wiard | Jason Deters | Nemaha Co EMS | |

Board Members Absent
Sen. Vicki Schmidt
Dennis Shelby

## Call to Order

Vice-Chairman Pore called the Board Meeting to order on Friday**,** December 7th at 9:05 a.m. Vice-Chairman Pore called for a motion to approve the October 5, 2018 minutes.

***Director Ralston made a motion to approve the October 5, 2018 minutes. Chief Pearson seconded the motion. No discussion. No opposition. The motion carried.***

Vice-Chairman Pore announced no meetings were held for the Medical Advisory Council.

## Planning and Operations Committee

Vice-Chairman Pore called upon Chief Pearson to provide the Planning and Operations Committee Report. Chief Pearson reported to the Board:

- Director House provided a KEMSIS update on total call volume this year. There were 235,918 in Version 3 from 147 entities. Averages are 21,447 calls per month or 700 calls per day. 911 calls made up 77.8% of all calls in Version 3. Region V had 50% of the volume. The average Validity of the 8 outside vendors is between 79-99%. Response times for 911 with dispatch notified to unit on scene was a statewide average of 10.19 minutes. By region it is: Region I 15.57, Region II 12.97, Region III 10.55, Region IV 9.85, Region V 9.85, and Region VI 9.60.
- Director House would like to have a user group meeting in February. Vice-Chairman Pore wants to work with people on data sets. He found that in a Region III class they weren't using NEMSIS stroke data elements. They worked with an agency there to get accurate elements for Stroke assessment.
- Mr. Reed reported they completed inspections about 3 weeks ago along with education audits. Reports will be ready for the February meeting. They will be revamping the inspection process.
- The Non-Transport Agencies discussion has been kicking around for two years. The majority are non-transporting fire departments. Chief Pearson requested board staff draft a document of guidelines or regulations to review as a starting point of expectations and get it out.
- Permitting EMS Agencies was discussed and falls somewhat together with Non-Transport Agencies. Chief Pearson moved to draft a plan and to add the questions on capabilities on the service renewal application.
- New service license was issued for Guardian Flight DBA Airlink out of Nebraska.
- TransCare of Kansas is a service that is closing.
- Region and Associations gave updates.
- Darlene Whitlock spoke about the EMS Medical Director Grant. Her proposal is to have two regional meetings and an annual meeting. Half would like regional and half to annual. Clinical topics seem to be better received. They are looking to bring in someone from another state.

That concluded the Planning and Operations Committee report.

## Education, Examination, Training and Certification Committee

Vice-Chairman Pore called upon Director Kaufman to provide the EETC Committee Report. Director Kaufman reported:

- Ms. Allen, Education Manager, reported that there have been 6 exam sites to date. There are multiple large sites coming up in December and into next year. The Exam availability and Requesting Process is sporadically being followed which has been causing some issues. Hopefully these will be worked out as all become experienced with the process. The use of certified persons as patients is only a recommendation in the guidebook. Although not required, we need to stress that patients be EMS certified or at least have some healthcare related certification or license. This allows them to better understand the role they play as the patient in the scenarios. We also need to stress that all exam sites schedule additional personnel as back up in case there are cancellations of scheduled examiners, patients and assistants.

- The pass rate between July and last weekend has been 93%. The committee requested continuing reports of pass/fail rates and also a report on the number of pass/fail recommendations by examiners that are being overturned. The exam site documentation and process is still being evaluated and tweaked as necessary.
- Dr. Charles Foat, EDTF Chair, lead a discussion on the IC initial course curriculum. There is on-going evaluation of the program as we have found difficulty correlating the classroom performance with success once the instructor completes the course and is teaching classes.
- Ms. Allen reported that regulations K.A.R. 109-5-1, K.A.R. 109-8-1, K.A.R. 190-8-2 and K.A.R. 109-11-6a are still in the regulatory process. The public hearing is December 17th and we should see those regulations back to the committee in February.
- Dr. Foat presented on the many EDTF discussions of the initial course outcomes. We will explore the option of modifying the regulation describing sponsoring organizations offering initial courses to include a requirement to maintain a 3-year average of 70% pass rate on the national registry examination. In the event the sponsoring organization does not maintain that rate, an action plan would need to be developed.
- Discussion on the current requirements of the Kansas Continuing Education Plan subcategories. Letters from Region II and Region III were reviewed recommending that categories be maintained but remove subcategories due to inconsistency across the state on time requirements for subcategories.

***Director Kaufman motioned to open K.A.R. 109-5-1a and the "Kansas continuing education plan" for the purpose of removal of the subcategory requirements. Vice-Chairman Pore seconded the motion. There was discussion on a concern there is no category for pediatrics and a request to include a pediatric component. The motion carried.***

- Ms. Allen reported that 43% of the certification renewals are completed. She reminded everyone needing to recertify to do so as soon as possible.

That concluded the EETC Committee report.

## Executive Committee

Chairman Hornung gave the Executive Committee report:

- Director House explained that the clean-up bill touches 20 statutes for a change in terminology of "Attendant" to "Emergency medical services provider" and removes a reference to "drivers of an ambulance." Two statutes need EMT-D and TO removed. Seventeen other statutes need clean-up. Director House reported that all statutes have been submitted to the Revisor's office. He also reported the following EMS bills have been submitted as well: KRAF-Increase of 0.7%, Background Checks, and Inactive Certification. Assistant Attorney General Wiard contacted Director House to recommend the board add Class A Misdemeanors and second offense of DUI.

***Chairman Hornung moved to add Class A Misdemeanor to our statutes. Director Ralston seconded the motion. The motion carried.***

- Director House provided requested information regarding the Education Incentive Grant Program for the issue of whether to change policy on For Profit services receiving funding. Vice-Chairman Pore said EIG was not setup for people but for agencies as a recruitment and retention tool to get staffing. He said the single biggest user of EIG funding is a For Profit company. He doesn't feel like using EIG funding for For Profit services. The committee did recommend 50% funding for For Profits. Vice-Chairman Pore would like to know where those staff are working now that received funding through a For Profit to see if they are taking calls at that service. He wants to know how many individuals got EIG but now do VA transfers. That is not what the funds are for. Mr. Con Olson provided public comment on this topic. He had sent an email to the board with his concerns. He felt any cut to funding would hurt the individual. They host their own EMT courses that are taught by their staff that keep the funding. Commissioner Saueressig expressed his concern with taking funding away from small communities. He said we could hold back money to For Profits to get everyone else money. He doesn't like the idea of supporting a For Profit, but recognized that an EMT is an EMT. Director Kaufman said they could reduce any award to 75%, or only award for EMRs and EMTs. The board would like more discussion in February. A language change recommended by Assistant Attorney General Wiard will better define the service obligation requirement for 20 hours per month for one year and 20 hours per month for two years for a paramedic.
- The Medication Lists for EMR & EMT were reviewed and questions arose to send back to the MAC for further clarification. Five points to review: Making Antidote listed with different injectors; specific Anti-emetics with administration route; IM injections-clarify on draw up and administration of meds vs injection; reference or guidance on medication training; and is current education adequate.
- Every year when the legislative session starts, procedurally, the Board needs the ability for immediate representation upon legislative matters. The Executive Committee requested the Board to consider reaffirmation of delegation of concurrent authority for 2019 legislative matters to Director House.

***Chairman Hornung motioned to delegate authority for Director House to speak for the board on legislative matters. Director Ralston seconded the motion. No opposition. The motion carried.***

Dr. Hornung provided a public comment on a perceived concern that the Board is bypassing the MAC on the medication lists. He restated that he believed the AEMT Excellence Committee was a good idea and alternative and that it was done to address the myriad of other issues surrounding the AEMT scope. He stated a continued desire to work with the MAC to improve communication to prevent further perceived concerns.

That completed the Executive Committee report.

## Investigation Committee

Chairman Hornung called upon Vice-Chairman Pore to provide the Investigation Committee report.

- Cases presented included:
  - Self-report of staffing violation of a first responder in a community in which they transported with only 1 attendant. Agency was fined $250.00.
  - Self-report of a paramedic with a patient that needed the hospital but didn't want to be billed and gave Zofran then falsified the report. A paramedic student was on board at the time. The EMS provider was fired by the agency. The Committee fined the person $250.
  - Clearwater has had staffing issues. They submitted a plan and are working with 3 agencies to cover short term. They will add EMT's that are in class now and plan to hire more.
  - There were a number of failed drug tests. One stopped communicating with Mr. Grayson so moved forward with 180-day suspension and no reinstatement until board action.
  - There was a discrepancy with the EMS provider and the agency. The individual did not admit to being under the influence of medications. He has some amnesia incidents. He has agreed to not renew. He has been on an emergency suspension since July. He will not be reinstated for a year. He would then need to get a medical clearance before being reinstated.
  - There was one case of falsification of patient care reporting. One attendant was transporting, but the backup attendant drove in a police car to the hospital. The patient care report didn't match. Local action was accepted.
  - A previous consent agreement with a 90 day suspension will be reinstated.
  - An EMS provider failed a drug screen and was terminated. Local action was accepted.
  - At the last meeting we had a violation of a consent agreement. The attendant stopped communicating with our office and so they have until next Friday to respond or we will revoke their certification.

That concluded the Investigation Committee report.

## Office Update

Chairman Hornung called upon Director House to provide the Office Update. Director House provided the following information:

- Mobile testing is coming up.
- A focused review of the MAC including identification of their role and how to address potential conflicting views.

***Director Smith moved to appoint the two new MAC members and review MAC roles and discuss at the next meeting. Vice-Chairman Pore seconded motion. No discussion. Motion carried.***

- Director House asked if we hit the mark on the planning summary along with the meeting summary and he requested ratification of the document.

***Dr. Sellberg moved to adopt the Planning Meeting Summary. Vice-Chairman Pore seconded motion. No discussion. Motion carried.***

Dr. Hornung recognized Representative Swanson for her time on the board as this is her last meeting. He said it was an honor to serve with her. Representative Swanson said the board has a gem in Director House and they should continue keeping this a job he wants to do.

Dr. Hornung thanked Region IV for the refreshments.

***Chairman Hornung adjourned the meeting at 10:27 a.m.***

**109-5-1. Continuing education.** (a) ~~One clock-hour of~~ Continuing education credit shall ~~mean at least 50 minutes of~~ be awarded in quarter-hour increments for instruction for which an individual meets the requirements in subsection (b) and shall not be issued for more than one hour of credit for a 60-minute period.

(b) Each individual seeking continuing education credit for a course shall submit either of the following:

(1) The individual's certificate of attendance; or

(2) the individual's certificate of completion.

(c) Each acceptable certificate of attendance or certificate of completion shall include the following:

(1) The name of the provider of the continuing education course;

(2) the name of the attendant being issued the certificate;

(3) the title of the course;

(4) the date or dates on which the course was conducted;

(5) the location where the course was conducted;

(6) the amount of approved continuing education credit issued to the individual for attending the course;

(7) the course identification number issued by the board, ~~or~~ by CAPCE, or by another state's emergency medical services regulatory or accrediting body; and

(8) the name of the person or entity authorized by the provider to issue the certificate.

(d)(1) Acceptable continuing education programs shall include the following:

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(A) ~~Programs presented by a sponsoring organization that has single-program provider approval or long-term provider approval, as defined in K.A.R. 109-1-1;~~

~~(B)~~ Initial courses of instruction and continuing education provided by a sponsoring organization and approved by the board; ~~and~~

~~(C)~~(B) programs approved or accredited by CAPCE, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirements; and

(C) programs or courses approved by another state's emergency medical services regulatory or accrediting body, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirements.

(2) Any program not addressed in this subsection may be submitted for approval by the attendant as specified in K.A.R. 109-5-5.

(e) The number of clock-hours received for continuing education credit during one calendar day shall not exceed 12.

(f) Each attendant and sponsoring organization shall keep documentation of completion of approved continuing education for at least three years and shall provide this documentation to the board upon request by the executive director. (Authorized by K.S.A. ~~2016 Supp.~~ 65-6110 and 65-6111; implementing K.S.A. ~~2016 Supp.~~ 65-6129 ~~and 65-6129b~~; effective, T-88-122, May 18, 1987; amended, T-88-24, July 15, 1987;

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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-109-2-7-11, Feb. 7, 2011; amended June 3, 2011; amended Jan. 4, 2016; amended Dec. 29, 2017; amended P-_____.)

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**109-8-1. Examination.** (a) The cognitive certification examination for emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics shall be the national registry of emergency medical technicians' cognitive examination.

(b) The cognitive certification examination for instructor-coordinator shall be the final cognitive examination developed by the sponsoring organization and approved by the board.

(c) Any instructor-coordinator 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 a new initial course has been received and reviewed by the executive director.

(d) Each 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~~ psychomotor skills examination prescribed by the board~~, using criteria approved by the board~~.

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

(f) Any emergency medical responder or emergency medical technician applicant who is tested in psychomotor skills and who fails any psychomotor skill station may retest each failed station a maximum of three times.

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(g) Each emergency medical responder, emergency medical technician, advanced emergency medical technician, and paramedic shall successfully complete both the cognitive examination and the psychomotor skills examination no later than 24 months after the last date of that individual's initial course of instruction.

Each individual specified in this subsection shall be required to successfully complete both the cognitive examination and the psychomotor skills examination within a 12-month period.

(h) Any examination for certification may be modified by the board as a pilot project to evaluate proposed changes to the psychomotor skills examination.

(Authorized by K.S.A. ~~2016 Supp.~~ 65-6110 and 65-6111; implementing K.S.A. ~~2016 Supp.~~ 65-6111, 65-6129, 65-6129b; 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-109-2-7-11, Feb. 7, 2011; amended June 3, 2011; amended Jan. 4, 2016; amended Dec. 29, 2017; amended P-_____.)

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**109-8-2. Scheduling examinations for certification.** (a) Each provider of initial courses of instruction for attendants shall ensure the provision of certification examinations for those students successfully completing the course.

(b) This subsection shall apply to the cognitive knowledge examination.

(1) For emergency medical responder, emergency medical technician, advanced emergency medical technician, and paramedic, the following requirements shall apply:

(A) Each candidate shall register with the national registry of emergency medical technicians.

(B) Each candidate shall schedule examinations with the computer-adaptive testing vendor specified by the national registry of emergency medical technicians.

(2) Each sponsoring organization shall validate each candidate's successful course completion.

(c) The following scheduling requirements shall apply to the psychomotor skills examination:

(1) Each sponsoring organization ~~or candidate~~ shall schedule the examination for emergency medical responder and emergency medical technician with ~~the state-contracted vendor~~ the board at least ~~30~~ 60 days in advance of the desired examination date.

(2) Each sponsoring organization ~~or candidate~~ shall schedule the examination for advanced emergency medical technician and paramedic with the national registry of emergency medical technicians by performing the following:

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(A) Negotiating a contractual agreement with a national registry representative to serve as facilitator;

(B) completing the examination host approval process and submitting the request for new examination with the national registry of emergency medical technicians;

(C) negotiating contractual agreements with examiners, as prescribed by the national registry representative, who have attained board approval following a review to ensure current certification, have no disciplinary actions taken or pending against their Kansas emergency medical services certification or certifications, and have held the current certification level for at least two years;

(D) negotiating contractual agreements with currently certified attendant assistants in numbers prescribed by the national registry representative;

(E) ensuring availability of a sufficient number of rooms to be used for examination stations, national registry representative room, candidate waiting area, and other facilities as prescribed by the national registry representative; and

(F) providing sufficient quantities of equipment and supplies as prescribed by the national registry representative.

(d) Each candidate not successfully completing the ~~examination process~~ examinations during the initial examination attempts shall schedule reexamination as follows:

(1) Cognitive knowledge examination reexaminations. For emergency medical

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responder, emergency medical technician, advanced emergency medical technician, and paramedic, the candidate shall schedule the examination with the national registry of emergency medical technicians.

(2) Psychomotor skills examination reexaminations.

(A) For emergency medical responder and emergency medical technician, the candidate shall schedule the examination ~~with the state-contracted vendor~~ by completing the board-approved application for the examination ~~according to guidelines available at the board's web site~~.

(B) For the psychomotor skills examination for advanced emergency medical technician or paramedic, the candidate shall schedule the examination with the national registry of emergency medical technicians. (Authorized by and implementing K.S.A. ~~2016 Supp.~~ 65-6111; effective March 2, 2012; amended Dec. 29, 2017; amended P-_____.)

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**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. 109-11-1a ~~(b)-(e)~~ (b)-(h);

(2)(A) ~~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~~ Ensure, and establish in writing, how each student is provided with hospital clinical and field internship experiences; and

(B) provide evidence of agreement to participate in the paramedic education process as follows:

(i) Ambulance service provision of field training for students during the field internship component of the paramedic educational process; and

(ii) health facility provision of clinical training for students during the clinical component of the paramedic educational process;

(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

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(4)(A) Provide ~~verification~~ evidence that the sponsoring organization has ~~applied for accreditation to the~~ completed the letter-of-review process with the committee on accreditation of ~~allied health education programs' joint review committee~~ educational programs for emergency medical ~~technician-paramedic~~ services professions; or

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

(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. 109-10-1d; and

(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 an ambulance service operating with a valid permit and under the direct supervision of a paramedic; and~~ require completion of both clinical and field internship components that provide the students with experiences for integration of assessment findings to formulate a field impression

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and implement a comprehensive treatment or disposition plan for real patients presenting with any medical or traumatic ailment.

~~(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 licensed registered nurse anesthetist 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 service crew responding to 30 ambulance calls for an ambulance service operating with a valid permit;~~

~~(H) performance of 10 intramuscular or subcutaneous injections;~~

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

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~~(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.~~

~~(g)~~ ~~Each sponsoring organization shall ensure that the instructor-coordinator provides any course documentation requested by the executive director.~~

~~(h)~~ (d) Course 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. ~~2014 Supp.~~ 65-6110 and 65-6111; implementing K.S.A. ~~2014 Supp.~~ 65-6110, 65-6111, ~~and 65-6119~~ and ~~K.S.A.~~ 65-6129a; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended May 1, 2015; amended P-_____.)

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# ***Profit / Non-Profit Services – Requested Information***

**Summary**

During the October Executive Committee meeting, a proposal was made to consider aligning both grant programs eligibility requirements, specifically stating for-profit services are not eligible for Education Incentive Grant funding even though they provide service within a geographically eligible grant area. Discussion led to a request of identifying the for-profit and non-profit permitted services and disbursed amounts.

The Education Incentive Grant began issuance of awards in 2004. Since 2004, $4,129,180.51 has been disbursed to 138 different ambulance services, 12 of which no longer hold a valid permit.

As of November 25, 2018, there were 171 permitted ambulance services in Kansas. 148 of these are non-profit and the remaining 23 are considered for-profit. Of those 23, 13 are ground ambulance services based in Kansas; 2 are ground ambulance services based outside of Kansas; 2 are air ambulance services based in Kansas; and, 6 are air ambulance services based outside of Kansas. Of the 23 considered for-profit: 8 have received EIG grant funding since 2004. 7 have received EIG grant funding since July 1, 2013.

## Currently Permitted For-Profit Ambulance Services - Received EIG funding

| Service Name | Total Received | Received since 7/1/2013 |
|---|---|---|
| **AirMD LLC DBA Midwest LifeTeam & LifeSave** | $5,110 | $5,110 |
| **American Medical Response** | $28,780 | $0 |
| **Horton EMS** | $17,780 | $6,025 |
| **Techs Inc DBA Jackson County EMS** | $96,876 | $20,700 |
| **Marysville Ambulance Service** | $8.480 | $6.650 |
| **Techs Inc DBA Seneca EMS & Nemaha County EMS** | $63,735 | $21,360 |
| **Techs Inc DBA Osage County EMS** | $23,600 | $17,720 |
| **Town & Country EMS** | $54,120 | $21,545 |
| **TOTAL** | **$298,481** | **$99,110** |

These totals equate to 7.42% of all EIG awards since 2004; and 5.74% since 7/1/2013.

## Amount Disbursed Since 2004 (Inception of Grant)

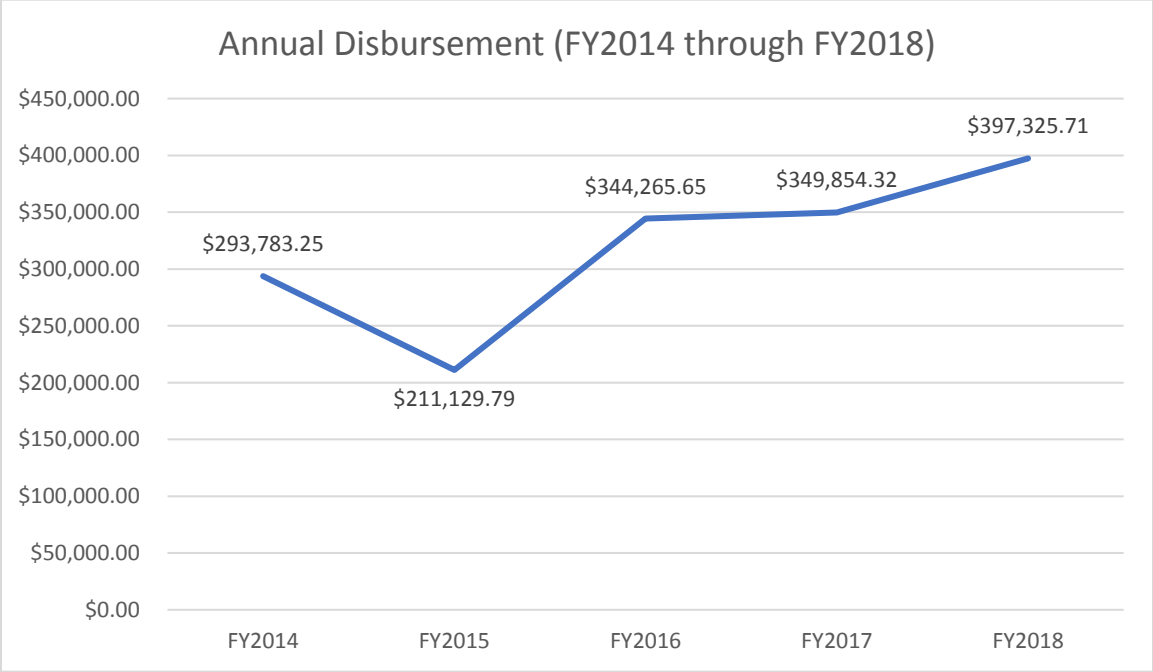
| Service Name | Amount Disbursed |
|---|---|
| **Techs Inc (3)**<br>• Jackson County EMS<br>• Nemaha County EMS / Seneca EMS<br>• Osage County EMS | **$184,211.00**<br>• $96,876<br>• $63,735<br>• $23,600 |
| **Phillips County EMS** | **$129,311.25** |
| **Grant County EMS** | **$124,014.25** |
| **Marion County EMS** | **$102,600.00** |
| **Larned EMS** | **$90,974.98** |
| **Northwest Kansas Ambulance Service** | **$87,781.39** |
| **Thomas County EMS** | **$78,904.00** |
| **Norton County EMS** | **$70,755.00** |
| **Ellsworth County EMS** | **$69,116.69** |
| **Clay County EMS** | **$66,047.04** |
| **Meade County EMS** | **$65,557.36** |
| **Morton County EMS** | **$64,608.38** |
| **Edwards County Ambulance** | **$64,510.43** |
| **Harper County EMS** | **$62,409.00** |
| **Mitchell County EMS** | **$60,953.89** |
| **Hoisington Ambulance Service** | **$60,111.61** |
| **$50,001-$60,000 (8 services)**<br>**$40,001-$50,000 (13 services)**<br>**$30,001-$40,000 (17 services)**<br>**$20,001-$30,000 (19 services)**<br>**$10,001-$20,000 (26 services)**<br>**<$10,000 (26 services)** | |
| **Services No Longer Permitted (12)**<br>• Argonia EMS<br>• Atchison County Rescue Services<br>• Belle Plaine EMS<br>• Buhler Ambulance Service<br>• Cedarvale EMS<br>• Centralia EMS<br>• Erie Emergency Care Unit<br>• Greenleaf EMS<br>• Iola Fire/EMS<br>• Otis EMS<br>• Plainville Ambulance Service<br>• Sedgwick (City of) Ambulance Service | **$135,628.92**<br>• $8,450<br>• $32,300<br>• $3,995<br>• $5,358.92<br>• $1,670<br>• $10,675<br>• $835<br>• $5,110<br>• $100<br>• $5,010<br>• $31,680<br>• $17,395 |

Funding disbursed to 138 ambulance services for a total of **$4,129,180.51**

## Amount Disbursed Since July 1, 2013 (FY2014 to current)

| Service Name | Amount Disbursed |
|---|---|
| **Phillips County EMS** | **$65,082.50** |
| **Northwest Kansas Ambulance Service** | **$62,497.50** |
| **Techs Inc (3)**<br>• Jackson County EMS<br>• Nemaha County EMS / Seneca EMS<br>• Osage County EMS | **$59,780.00**<br>• $20,700<br>• $21,360<br>• $17,720 |
| **Larned EMS** | **$52,448.94** |
| **Hoisington Ambulance Service** | **$44,756.61** |
| **Grant County EMS** | **$43,841.25** |
| **Clay County EMS** | **$39,785.00** |
| **Thomas County EMS** | **$38,330.00** |
| **Republic County EMS** | **$36,005.00** |
| **Russell County EMS** | **$32.405.00** |
| **Winfield Fire/EMS** | **$31,787.00** |
| **Conway Springs Volunteer EMS** | **$31,414.92** |
| **Marion County EMS** | **$30,285.00** |
| **$20,001-$30,000 (22 services)**<br>**$10,001-$20,000 (33 services)**<br>**<$10,000 (39 services)** | |

Funding disbursed to 106 ambulance services for a total of **$1,726,539.92**



## Post-December Meeting Information

It was requested for us to take a deeper dive into those awards issued for an individual from the "for-profit" services. From the 7 "for-profit" services listed above that received an EIG award since 7/1/2013:

## 48 EIG Awards Issued for Initial Courses

17 never gained certification from the course

- 12 – EMT; 4 – AEMT; 1 – Paramedic
- 6 – Town and Country EMS; 2 – Nemaha County EMS; 4 – Jackson County EMS; 1 – Osage County EMS; and 4 – Marysville Ambulance Service

Of the 31 remaining, 8 did not appear within KEMSIS as having run a call for a permitted ambulance service since 1/1/2017. 2 were confirmed as being on calls through our v2 system. The 6 remaining:

- 4 expired after initial licensure (did not renew)
- 2 expired on 12/31/2018 – 1 showed no service affiliation since July 2016; 1 was removed from a service roster in September 2016.

Of the 23 active, 14 showed runs in KEMSIS in 2017 and 2018 at the service(s) they are shown affiliated with in Licensure. 9 showed a disconnect (in ePCR and not on Roster OR on Roster and not in ePCR).

Of the 31 that gained certification, 3 showed on a "non-profit" service roster in addition to the "for-profit" service during the time that they were certified.

## How Much Have We Denied?

Since 07/01/2013, we have denied $102,713.04 in grant requests

FY 2014 – we transferred $300,000 from our operating fund to the grant account and spent $293,783.25
Added $6,216.75 surplus into the balance of the EIG account.
We denied 37 applications this Fiscal Year totaling: $39,925

FY 2015 – we transferred $300,000 from our operating fund to the grant account and spent $211,129.79
Added $88,870.21 surplus into the balance of the EIG account.
We denied 19 applications this Fiscal Year totaling: $21,590

FY 2016 – we transferred $300,000 from our operating fund to the grant account and spent $344,265.65
Subtracted $44,265.65 from the balance of the EIG account.
We denied 11 applications this Fiscal Year totaling: $12,650

FY 2017 – we transferred $300,000 from our operating fund to the grant account and spent $349,854.32
Subtracted $49,854.32 from the balance of the EIG account.
We denied 10 applications this Fiscal Year totaling: $11,290.04

FY 2018 – we transferred $300,000 from our operating fund to the grant account and spent $397,325.71
Subtracted $97,325.71 from the balance of the EIG account.
We denied 11 applications this Fiscal Year totaling: $17,258

# ***Medical Advisory Council - Review***

## ***Legislative History:***

The Medical Advisory Council of the Board was statutorily created by the 2010 Legislature through House Sub for SB 262 effective January 15, 2011 (bill was passed on April 19, 2010). That bill made the following change in K.S.A. 65-6111:

~~"appoint a medical consultant for the board. Such person shall be a person licensed to practice medicine and surgery and shall be active in the field of emergency medical services~~ *appoint a medical advisory council of not less than six members, including two board members, one of whom shall be a physician and not less than four other physicians who are active and knowledgeable in the field of emergency medical services who are not members of the board to advise and assist the board in medical standards and practices as determined by the board. The medical advisory council shall elect a chairperson from among its membership and shall meet upon the call of the chairperson;*"

This bill also included the vast majority of language involved with the transition towards the National Scope of Practice and the 4 "new" levels of certification (EMR, EMT, AEMT, and Paramedic). It also included a revision to the definition of "Medical Protocols" in K.S.A. 65-6112:

"mean written guidelines which authorize attendants to perform certain medical procedures prior to contacting a physician, *physician assistant authorized by a physician, advanced registered nurse practitioner authorized by a physician* or professional nurse authorized by a physician. ~~These~~ *The medical* protocols shall be ~~developed and~~ approved by a county medical society or, ~~if there is no county medical society,~~ the medical staff of a hospital to which the ambulance service primarily transports patients, *or if neither of the above are able or available to approve the medical protocols, then the medical protocols shall be submitted to the medical advisory council for approval*."

These revisions to the state statute delineate the statutory duties of the Medical Advisory Council:

- To advise and assist the board in medical standards and practices as determined by the Board, and
- If neither of the listed means are able or available to approve the medical protocols, then the protocols shall be submitted to the medical advisory council for approval.
- To meet at the call of the MAC chair.

These changes were not originally within this bill and was language that was requested to be added by the Kansas Medical Society as a balloon amendment to SB 262. 3 items were being requested in the balloon:

1. Creation of the KBEMS Medical Advisory Committee,
2. Additional means by which medical protocols can be approved, and
3. Creation of a state wide "minimum standard" for medical protocols.

*65-6126. Medical adviser. (a)Each emergency medical service shall have a medical adviser appointed by the operator of the service to review, approve and monitor the activities of the attendants. The board may approve an alternative procedure for medical oversight if no medical adviser is available.*

*(b) Each ambulance service and emergency medical service shall adopt a set of medical protocols which shall meet, but may exceed, the minimum standard set of medical protocols approved by the medical advisory committee.*

It is unclear as to why the 3rd item listed above was not included in the bill. However, the original bill also included a definition of medical society – this added definition was struck from the bill.

In 2016, this language was revised to the following making a change from having two physician members of the board on the council, to just one:
*"appoint a medical advisory council of not less than six members, including one board member who shall be a physician and not less than five other physicians who are active and knowledgeable in the field of emergency medical services who are not members of the board to advise and assist the board in medical standards and practices as determined by the board. The medical advisory council shall elect a chairperson from among its membership and shall meet upon the call of the chairperson;"*

## ***Current Operations***

The Medical Advisory Council is scheduled to meet on the same day as the Board's standing committees.
They have staff support in the KBEMS Executive Director or his designee.
The MAC reports out to the Board in its entirety.
The purpose of the MAC (by statute and Bylaws/Articles) is to advise and provide recommendation to KBEMS regarding medical or clinical standards and practices for emergency medical services.
Statute also has the MAC as a method of protocol approval if the other statutorily listed methods are unavailable or unable to approve the protocol.
Being statutorily created, the MAC is subject to the provisions of the Kansas Open Meetings Act (KOMA).

## ***Operational History***

Eager to get started, the first meeting of the Medical Advisory Council was on July 21, 2010 with Dr. Joel Hornung, Dr. David Kingfisher, Dr. Lester Richardson, Dr. Sean Herrington, Dr. Michael Machen, and Dr. James Longabaugh present. At this meeting, Dr. Richardson was elected as chair and Dr. Longabaugh was elected as vice-chair. Dr. Dennis Allin and the Sedgwick County Medical Director (in position) were the other original members.

The agenda for this meeting showed a review of the purpose of the Medical Advisory Council:

- Respond to the needs of the Board of EMS;
- Provide advice regarding medical issues to the Board;
- Review of medical devices for prehospital use;
- Protocol approval for services as needed; and,
- Scope of practice approval.

The Medical Advisory Council has had 3 chairs since its inception 8 years ago: Dr. Lester Richardson; Dr. Sabina Braithwaite; and the current chair, Dr. Ryan Jacobsen.

The current vice-chair, Dr. James Longabaugh, has been the only person elected vice-chair.

Current membership of the MAC:

Chair – Dr. Ryan Jacobsen
Vice-Chair – Dr. James Longabaugh
Dr. Martin Sellberg
Dr. Dennis Allin
Dr. Sean Herrington
Dr. Michael Machen
Dr. John Gallagher
Dr. Paige Dodson
Dr. Timothy Stebbins
Dr. Caleb Trent

The MAC created and approved their bylaws in July 2013 (which were ratified by the Board in August 2013). These bylaws have undergone one revision since, in December 2016. This revision reflected the statutory change made in 2016 as well as a change in meeting frequency from "*during the month prior to regularly scheduled Board and Committee meetings*" to "*on the day of the regularly scheduled KBEMS Committee meetings*".

The Medical Advisory Council has generated six (6) position statements:

- 2013-001 – Non-invasive positive pressure ventilation
- 2013-002 – Pre-hospital pain management
- 2013-003 – Spinal motion restriction
- 2015-001 – Rapid sequence intubation (RSI)/Drug-assisted intubation (DAI)
- 2016-001 – Field triage of the injured patient
- 2016-002 – Clinical guidance for the end-of-life period

The Medical Advisory Council has generated one (1) issue statement:

- Medical direction issues related to non-medical provider naloxone (Narcan) use

Other items generating discussion/recommendation: continuing education, scope of practice changes, medication list adjustments, and drug-shortage alternatives.