



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

phone: 785-296-7296
fax: 785-296-6212
www.ksbems.org

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

Sam Brownback, Governor

Board Meeting Minutes

February 3, 2017

Approved

04/07/2017

Board Members Present

Dr. Greg Faimon
Dennis Franks
Dr. Joel Hornung
Comm. Ricky James
Director Deb Kaufman
Chief Shane Pearson
Director Chad Pore
Director John Ralston
Director Jeri Smith
Comm. Bob Saueressig
Dr. Martin Sellberg

Attorney General Staff

Sarah Fertig

Board Members Absent

Sen. Faust-Goudeau
Rep. Henderson
Rep. Susie Swanson

Guests

Brandon Beck
John Hultgren
Dan Hudson
John Cota
Terry David
Rosa Spainhour
James Zeeb
Jason White
Chrissy Bartel
Colin Fitzgerald
Tony Burr

Steve Roberson

Frank Burrow

Jeff Smith

Skylar Swords

Brent Rouse

Ron Marshall

Zachary Bieghler

Jon Antrim

Representing

KEMSA/Region V
Dickinson Co. EMT
Univ. of KS Hospital
KCKFD
Reno Co. EMS
Kiowa Co. EMS
KCKFD
MARCER
Norwich EMS
Leawood FD
Edwardsville Fire and
EMS
Newton Fire/EMS
Miami County EMS
KCKCC
Finney County
Finney County
KHA
Kingman County
EMS
AMR

Staff Present

Joe House-Exec Dir
Curt Shreckengaust-Dep Dir
James Kennedy
Suzette Smith
Emilee Turkin
James Reed
Mark Willis
Ed Steinlage
Mark Grayson
Nance Young
Kim Cott
Ann Stevenson
Chrystine Hannon

Call to Order

Chairman Hornung called the Board Meeting to order on Friday, February 3, 2017 at 9:00 a.m. The first order of business was to approve the minutes from December 2, 2016.

Director Kaufman recommended the following changes be made to the Education Examination, Training and Certification Committee report of the minutes. Director Kaufman clarified that Mr. Mark Willis will support EDTF. Director Kaufman also identified the Continuing Education hours that were available through the ACLS and PHTLS courses and some of the other canned courses would be available to educators. Director Kaufman also corrected a typo in the minutes.

Director Ralston made a motion to approve the December 2, 2016 minutes as Director Kaufman indicated and Director Kaufman seconded the motion. No discussion. No opposition noted. The motion carried.

COMMITTEE REPORTS AND POSSIBLE ACTIONS

Planning and Operations Committee

Chairman Hornung called upon Chief Pearson to give the Planning and Operations Committee report. Chief Pearson reported to the Board:

- KEMSIS Update: Director Pore reported that a number of agencies went live in ImageTrend February 2nd. There are now about 97-98 agencies in Elite. There are another 15 to 20 agencies still submitting data in the old system and some are reporting through another program. There are 115 agencies currently reporting data in KEMSIS. Several more agencies are still working toward submitting data. A few services have identified problems with Elite that they continue to work on. Director House said services can call ImageTrend support which is available 24 hours a day, seven days a week.
- For service inspections Mr. James Reed reported that the License Management System is going well. Using the new system they have performed nine service inspections, 8 provider audits and 18 course audits.
- Mr. Reed reported one variance was issued for a loaner vehicle.
- K.A.R. 109-2-8, the revision of the mandatory medical equipment and supplies, was recommended to move forward. It has been worked on for a while and the Board has language changes. The main change is mandatory equipment has been struck. The inspectors will be able to review the scope of practice and protocols before inspections. There was a request to remove the requirements on fire extinguishers. Every standard across states has some kind of fire extinguisher requirement. Current language would be changed to remove the 5 pound requirement, since there are now comparable items. The wording "...which shall be kept in a secured location" will be kept in the language.
- Mr. Reed discussed the reason why we collect protocols. They are set in regulation and if an investigation comes up, the investigator already has a copy on file. In the future a question could be added to the annual renewal form which asks if the protocols have changed. If a service checks the box that the protocols have changed, they would submit the new protocols. If the protocols have not changed, they would not submit the form. The idea was tabled for now pending input from service directors and organizations on the best way to proceed.
- The service renewal process will go live on the portal February 20th. Services will be able to enter information on the website, upload documents and make payments on line. Changes to the Medical Director form were also discussed. An appointment period change would be made to only sign the form once and only resubmit if the medical director changed. The expiration date of the physician license would be removed.

Chief Pearson made a motion to approve the changes in the Medical Director form as listed above. Mr. Franks seconded the motion. No discussion. No opposition noted. The motion carried.

- Once on the License Management System, new ambulances can be uploaded after inspections are done. This will speed up the process. Ambulance licenses and permits will then be available online to print off. Deputy Director Shreckengast said the office

used to send out a packet to the service for renewals. Now with the License Management System everything in the packet can be done online. A service director can view their information live.

- A 20 question survey will be sent out before renewals. This survey will be managed by the University of Wisconsin and provide a comparison by size (rural/urban; full time paid, etc). Services will get information back on results of the survey. Director House said if a service answered questions on something that goes against a regulation, there would be no action against the service. This survey is not a trap, and there is no intent to punish them.
- Medical first response agencies and groups were discussed. This topic was discussed 5-6 years ago. Of concern are non-transporting first response agencies who are not working under protocols, such as wind farms. They are probably operating within their scope of practice, but there should be a way to make sure they are tracked. Key stockholders are needed to figure out a way to make this as easy as possible. Some ownership on transporting companies is needed as well.
- Region I-Their next meeting is next week in Hoxie, Kansas.
- Region II- There is a test site in Hays this week and a region meeting scheduled.
- Region III- They will have educational opportunities this spring.
- MARCER-Reported policy changes and gave an update on the Narcan bill that was introduced this week and a Medicaid expansion bill. A hearing on Medicaid expansion is scheduled for February 6, 8 and 9.
- KEMSA- They have planned an education opportunity this spring. There will be an update on provider incentive.
- KAMTS - They are developing a statewide data base for landing zones. The landing zone classes will be the same for each service delivery statewide. They are working with KDOT for weather data points to get accuracy in remote locations.

Education, Examination, Training and Certification Committee

Chairman Hornung called upon Director Kaufman to give the EETC Committee Report. Director Kaufman reported to the Board:

- Mark Willis relayed to the committee that there were no variances or vendor reports since the last meeting.
- An update was provided on the EDTF. The last Education Development Task Force meeting was postponed and not rescheduled. Dr. Charles Foat from Johnson County Community College was selected as the EDTF chair. The EDTF consists of 21 members, including 3 representatives from each of the six regions, two board appointed representatives, the EETC Chair, and Mark Willis.
- A survey was distributed to the committee members on the need for improvement in communication and accountability. The EDTF will meet by teleconference with the next date to be announced.
- A Naloxone administration training component was discussed. Revisions will be necessary to K.A.R. 109-3-3 and 109-3-4 for modifications to the scope of practice and updates to education standards for both EMR's and EMT's to include Naloxone administration. The committee discussed proposed modifications & revocations of 19 existing education regulations. The regulation modifications would change reference to levels that no longer exist, change all references to Continuing Education Coordinating Board for EMS (CECBEMS) to the Commission on Accreditation for Pre-Hospital

Continuing Education (CAPCE), revoke four regulations referencing the transition courses, and revoke the TO II references. The committee voted to move the following regulations through the regulatory process:

- 109-1-1 Modification - definitions
- 109-5-1 Modification - CAPCE change from CECBEMS
- 109-5-1c Modification - to delete language regarding transition and EMT-I certification
- 109-5-7a Revocation - transition language no longer needed
- 109-5-7b Revocation – transition language no longer needed
- 109-5-7c Revocation – transition language no longer needed
- 109-5-7d Revocation – transition language no longer needed
- 109-7-1 Modification - schedule of fees – levels no longer applicable
- 109-8-2 Modification - schedule of examination – eliminates references to EMT-I and other levels that are no longer applicable and also removes mobile intensive care technician language;
- 109-9-4 Modification - acceptance into an IC course: training officer II requirement removed
- 109-10-1a Modification - eliminate reference to new scope of practice
- 109-10-1b Modification – eliminate reference to new scope of practice
- 109-10-1c Modification - eliminate reference to new scope of practice
- 109-10-1d Modification - eliminate reference to new scope of practice
- 109-10-1f Modification - TOII course standards removed
- 109-10-1g Revocation - remove TOII certification
- 109-10-3 Modification - removes language regarding late enrollment for TOII
- 109-11-6a Modification - paramedic course approval - modified to correct the new name of accrediting board. Curt Shreckengast will review the language with CoAEMSP to ensure it allows a brand new program to gain course approval while beginning the process of gaining accreditation.
- 109-13-1 Modification - training officer II certification

Director Kaufman made a motion to move forward with the regulation modifications and revocations as listed above. Director Ralston seconded the motion. No discussion. No opposition noted. The motion carried.

- There was discussion on the benefit of training officer or instructor coordinator certification. The Regions and others present were asked to take this question back to their regions. The committee asked EDTF to have this on their agenda next meeting.
- There was discussion on the paramedic degree requirement in K.A.R. 109-11-6a (3) for paramedic course approval. The committee will look at the regulations and options to mirror the language in the legal recognition regulation.
- Mr. Willis reported working with an AEMT class and was pleased the assistance given to the students enabled them to complete that class.
- Mr. Willis has accompanied Mr. James Reed and Mr. Ed Steinlage on service inspections and has started a review of all AEMT courses since 2016. Mr. Willis was encouraged to find people working hard during those audits.
- Exam pass rates by state were reviewed by the committee.
- The education office staff has been busy with renewals, and the numbers are in line with past years. Currently staff is working on reinstatements.

- Emily Turkin was commended on obtaining her EMT certification.

Executive Committee

Chairman Hornung called on Mr. Dennis Franks to give the Executive Committee report. Mr. Franks reported to the Board:

Legislative Update

- H.R. 304 – Controlled Substances Act was discussed. Director House reported that this bill would use the same language that passed through the House last session. This bill is back in Senate awaiting a hearing.
- Director House reported on the current Kansas legislation. The Board’s appropriation bills, HB 2052 / SB 27, have begun hearings with more scheduled next week. An enhancement was requested to spent funds on exam testing. The contract with the current vendor is running out and funding would be needed for this task. The Governor’s recommendation included a transfer of \$250,000 from the agency’s fee fund into the state general fund in both FY 2018 and again in FY 2019. Director House offered a proposal to fund a statewide patient tracking system for about the same amount and recommended the fund transfers not take place. House Bill 2091 regarding minors seeking medical assistance had a hearing January 24th and died in committee. House Bill 2076 is the seat belt safety funding that proposes reducing the board’s funding for KRAF from 2.28% to 2.23%. The Buckle Up Coalition asked us to stay neutral this year. Director House asked if the Board wants to oppose this bill. The seat belt infraction fine would go from \$10 to \$30. However, district courts can’t track who pays what fine, meaning that \$20 is not trackable. Director Pore recommended a neutral position because we support the seat belt coalition, but need KRAF funding. Director House wants us to continue at the same percent. House Bill 2065 on the KanCare Bridge is scheduled for a three day hearing next week, 6th 7th and 9th, while the Senate side bill (SB 38) doesn’t have a hearing scheduled yet. House Bill 2065 is to restore the 4% reduction hospitals received. Mr. Franks said block grants are coming to the state and we would get less. Based on money spent in Kansas, \$1.7 billion has been lost since 2010. House Bill 2217 on Naloxone was introduced on January 31st and a hearing is set for February 7th. Director House recommends striking out “ambulance service” because we could have conflicting language. This could make the ambulance service report to the Board of Pharmacy if no changes are made. Director Pore said we will have it in regulation so we don’t need to include it in the bill. Director House was contacted by a news service about Naloxone use in five NE Kansas counties. The data was drawn out and approval from legal to disseminate. Director House noted that there could be a news story coming out. Senate Bill 72 on EMS as a mandatory reporter for adult and elder abuse was introduced on January 24th. There is a Senate Judiciary hearing scheduled. House Bill 2153 would make fee agencies report to those they license if funds are swept into the state general fund. House Bill 2137 would allow county commissioners to volunteer for fire or EMS. A commissioner had received a notice from the attorney general’s office that says they can’t serve on both the county commission and as a volunteer. We currently have seven in the state this would affect. Senate Bill 107 would allow the attorney general to set fees and make charges for the representation they provide to state agencies. Senate Bill 85 is Simon’s law on life sustaining treatment under age 18. Senate Bill 76 is a license fee bill to provide a waiver program of fees and licensing requirements for low income and military personnel and families. There was a

hearing yesterday. Director House provided neutral testimony. Mr. Franks asked who would check the eligibility, which Director House said was the big question at the hearing. The criminal background check bill has not been introduced yet. Director House says it is likely the compact will have 10 states by year end. That will start the five year clock running to get background checks implemented. He also said there are 19 different bills identified that need cleaned up, but they will not be presented this year.

Dr. Hornung provided the following MAC report to the Board:

- He was happy to get to meet face to face. AEMT meds were discussed. Questions were asked about adding Epinephrine 100 in vials. This drug is used for anaphylaxis. These could be worked through next time the AEMT list is open. Questions were also asked regarding Narcan changes for all scopes. The discussion led to the question of what is reasonable for AEMT meds and what is going too far? The KEMSIS report printed out AEMT meds used last year. Hopefully the out of scope meds were reporting errors. Dr. Hornung asked the MAC to give best practice of meds to continue to use on the AEMT medication list and bring it back for modification. The MAC also asked if the services should be quizzed when using meds off the scope. Dr. Hornung stated that quizzing the services for entries into KEMSIS would be intrusive. The services would not want to report off the scope meds in KEMSIS because their reports would be reviewed too closely by staff. Director House said service directors could run reports themselves. Director House assumes most scope errors are documentation errors. Mr. Franks asked how the local Medical Director fit into this. This question led Dr. Hornung to ask how the local QA/QI process works. If an AEMT uses a paralytic, this would be out of the scope of practice. This is a reportable thing and the staff should look at this. Dr. Hornung said there are many levels of Medical Director involvement. Director Pore is concerned that attendants or service directors do not know the scope of practice; especially concerning AEMTs. There needs to be local agency responsibility. It may be that a letter from Director House asking all the Directors to look at the reports already available in KEMSIS is needed.
- A couple of the medical directors were wondering if it is worth training attendants for meds that are rarely used. Dr. Hornung asked are the medications useful or are they just something for us to do.
- The MAC's mission was discussed. The MAC was originally set up as an advisory council to the Board. If the Board had questions about what should or should not be in the statutes, the MAC is there to answer these questions.
- Director Pore said there was good conversation yesterday. It was helpful to be face to face.
- Mr. Franks asked about paralytics. Dr. Hornung replied they are outside the scope of practice of AEMT, only paramedics can administer them.
- Dr. Hornung asked if the MAC should be considered as a separate committee that reports to the Board or if it should still report to a committee. Director Pore stated we are operationally driven in services even though medical care is the main service. Maybe we need a medical committee and add personnel to the committee to make it a clinical committee. Mr. Franks said the MAC should report directly to the Board. Dr. Hornung said the MAC would be a standing committee and will report directly to the Board.
- Seat belt bill 2076 was discussed. Director Pore suggested the Board default to the Board staff recommendation during session and then report the decision to the Board. Director

House agreed to this, and said he would bring more controversial bills to the Board members.

Investigations Committee

Chairman Hornung called on Director Pore to give the Investigations Committee report. Director Pore reported to the Board:

- Mr. Grayson and Director House worked on a fine schedule to fit within the statute and graduated sanctions. Director House will put this out to the regions and professional organizations and will schedule a meeting within the next few months to review the schedule and put it into effect.
- Mr. Grayson presented a print out on active investigations. Since 2015, over 200 cases were created. There are 22 cases currently open. Only one of those cases dates back prior to 2016. Mr. Grayson was recognized on his work and organization. Assistant Attorney General Snyder was also recognized for her quick turnaround on consent agreements. The committee has reviewed over 12,000 pages of documents over the past few years.
- The committee reviewed 8 consent agenda cases that were approval of certification applications. Some of these were applicants with past felonies who have taken care of restitution. The staff recommendation was accepted on these cases.
- A case was discussed where an individual worked for an ambulance service on a military base and had his certification pulled a few years ago by the military based on substandard care. The final decision was substandard care was with the whole unit and not the individual. The case was closed without action.
- An individual practiced outside of their scope of practice. The catheter placement was not clear in the report, so the case was tabled for more information.
- An attendant took some Zofran off duty to provide to a family member. The committee accepted the local action taken by the agency.
- At the last board meeting an AEMT instructor was not teaching the Kansas enhancements. The Board staff had been instructed to remove the instructor from the class. The agency found another instructor to teach the class. The class completed this week. This was the instructor's first class since being mentored, so the committee decided on a consent agreement. The instructor will have to be mentored in the next EMT class he teaches. And if he teaches another AEMT classes, he has to be mentored again.
- An agency had a staffing violation. The agency had a third out call come in and an off duty individual responded. He had waited for another attendant to show up. When no one did, he had his wife drive him to the hospital on the 911 call. The committee decided the agency was already past their resources. He probably made the best decision he could at that time to get that patient where they needed to be. No action was taken and the case was closed.
- An individual did not meet their consent agreement and did not renew their EMS certification. They were flagged in the data base to serve out their ninety day suspension.
- Two agencies have staffing and local issues with their city government. A new director was hired, but the agencies could still not staff the ambulance. The new director has resigned. The committee issued a show cause order for all parties involved, which would be the county and the city, to appear before the committee in April to tell them why the city ambulance service should not be shut down. They will then have a couple months to

look this over and get a plan in place. It is the county's responsibility to solve the problem and the committee will only take action if the problem is not rectified.

Office Update

Chairman Hornung called on Director House to give the office update. Director House reported to the Board:

- Director House stressed the ambulance renewal has two applications: one for the service; and one for all the vehicles they have. If a service has multiple units, they can all be included on the same application.
- Office staff are out performing initial course audits to see how things are going.
- The ImageTrend users meeting will be February 9th in Hutchinson at 9:00 AM. This is an opportunity for the users to meet and tweak the state system and work on the validation rules.
- The Kansas EMT Association conference will be held in Hutchinson next week. Board staff will provide a morning general session on Friday to share general information on issues. The main discussion will be on the new License Management System. Specifically, how to get through as an attendant, and as a service, and how to run KEMSIS reports. There will be a Board panel on Saturday afternoon which is open to anyone from the Board.
- The NASEMSO annual spring meeting will be March 5-9. This meeting may be cut short with the Legislature reconvening March 7th. There will be a REPLICA information meeting on March 5th.

New Business

Dr. Hornung opened the floor to any nominations for Chair and Vice Chair.

Director Kaufman made a motion to nominate Dr. Hornung as Chair. Director Ralston seconded the motion. No discussion. No opposition noted. The motion carried.

Chief Pearson made a motion to nominate Director Pore for Vice Chair. Director Ralston seconded the motion. No discussion. No opposition noted. The motion carried.

Public Comment

Mr. Brandon Beck with the Kansas EMS Association presented a revenue maximization report compiled by Mr. Beck and Mr. Jason White. There are case studies involved with programs going on in other states. One of the tasks from KDHE was to make sure that the report was inclusive of all providers. They put together a task force made up of representatives from all 6 regions, hospital and fire based EMS, and standalone EMS providers. The report addressed the interest of a prestabilization fee. This fee is for agencies providing first response but not transport. This would provide the agencies an avenue to collect some funding. To date, CMS has not approved reimbursement on the national level. The report indicates the 85% of our providers are either government or quasi government agencies. They have a tax levy which opens the door for them as far as reimbursement to draw federal dollars. The report utilized provider submitted data and state Medicaid statistics provided by KDHE, and drew from experience in different states for the national models. According to their consultant, PCG, only 2.4 % came from fee for service in Kansas. The remaining 97.6% came from managed care. According to Mr. Beck, the IGT, (inter-governmental transfer), is the best option to get reimbursement back to the state of

Kansas and the providers. There is a potential of receiving \$9 million additionally to ambulance services in Kansas. KDHE needs to put the pieces together to get this plan implemented. KDHE anticipates legislation would not be immediately necessary at the start. KDHE also anticipates the state plan amendment may need editing to match up with the plan that they develop.

Director Pore said the KRAF grant applications are done and the meeting is scheduled for later this month in Salina. There was just over \$1 million dollars in requests. There were two agencies who received letters stating they were not eligible because they are not submitting data in KEMISIS. KRAF recommendations will be brought to the Board in April.

Dr. Hornung adjourned the meeting at 10:30 am.