

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

Laura Kelly, Governor

## **Board Meeting**

Joel Hornung – Chair

### **AGENDA**

**Tuesday, March 5, 2024 – 10:00 AM \*\*\***

**LANDON STATE OFFICE BUILDING  
900 SW Jackson, Room 509; Topeka, Kansas**

#### **VIRTUAL LOCATION(S):**

**From your computer, tablet or smartphone – Remember to Mute.**

<https://meet.goto.com/498556133>

**Dialing in using your phone – Remember to Mute.**

United States: [+1 \(408\) 650-3123](tel:+14086503123)

**Access Code:** 498-556-133

---

#### **I. CALL TO ORDER**

#### **II. APPROVAL OF MINUTES – FEBRUARY 2, 2024**

#### **III. OLD BUSINESS**

- a. Regulations - Adoption of Amended Regulation
  - K.A.R. 109-2-2 – Ambulance Service Permit

#### **IV. ADJOURNMENT**

**\*\*\*Note: This meeting will immediately follow the public hearing upon K.A.R. 109-2-2 scheduled to begin at 10:00am on the same meeting link.**

**NOTES:** Those desiring to provide information or comment upon an item appearing on the Agenda shall submit that information in writing via email to [joseph.house@ks.gov](mailto:joseph.house@ks.gov) by 4:30pm on **March 4, 2024**.

## BOARD ASSIGNED TASKS –

Any comments, suggestions, or input upon these tasks shall be submitted in writing to the staff member listed for dissemination to, and consideration by, the assigned entity.

ASSIGNED TO:	TASK	REPORT OUT DATE
<b>KBEMS Staff</b> Carman Allen; <a href="mailto:carman.m.allen@ks.gov">carman.m.allen@ks.gov</a>	Develop AEMT Skills Portfolio to replace AEMT Skills Examination	April 2024

**NOTES:** Those desiring to provide information or comment upon an item appearing on the Agenda shall submit that information in writing via email to [joseph.house@ks.gov](mailto:joseph.house@ks.gov) by 4:30pm on **March 4, 2024**.

## SUGGESTIONS SUBMITTED FOR FUTURE BOARD CONSIDERATION –

The Board is accepting comments, suggestions, or input upon all items listed within this section for assistance in building a Board Brief. Comments, suggestions, or input shall be submitted to Executive Director House via email ([joseph.house@ks.gov](mailto:joseph.house@ks.gov)) and need to reference the item's assigned number. **Items in red have been added since the last agenda. Green currently has a Board assigned task (as listed above).**

- a. **2023PS0001** – AEMT Med List – Addition of Calcium, Magnesium, and Sodium Bicarbonate.
- b. **2023PS0002** – AEMT Authorized Activities – Addition of needle decompression.
- c. **2023PS0003** – Supervision of Students – Allowing Paramedics to supervise EMS students in a Medical Care Facility
- d. **2023PS0006** – Authorized activities – reduction of EMR authorized activities to match National EMR.
- e. **2023PS0007** – Ambulance staffing – allowance of single EMS provider minimum staffing in counties with population of less than 15,000 and only for interfacility transfers.
- f. **2023PS0008** – Occupational Licensing/Agency Licensing – addition of certification for Critical Care Paramedic.
- g. **2023PS0009** – Occupational Licensing/Agency Licensing – addition of certification for Mobile Integrated Health.
- h. **2023PS0010** – Ambulance operations – creation of protected peer review.
- i. **2023PS0011** – Provider Support – creation of an impaired provider program.

## Has received final action of the Board:

- a. **2023PS0005** – Continuing Education – addition of Provider Well-Being as a required Category of CE for renewal purposes – Final Action - Board concurred with committee recommendation to not add as a required category but to ensure individuals understand that this type of education does qualify for EMS CE and to promote inclusion.
- b. **2023AS0001** – Renewal Submission – require renewal applications to be submitted at least 30 days prior to the certificate's expiration – Final Action – Board moved to proceed with regulation to put this into effect.
- c. **2023PS0012** – ALS Skills Examination – Board is seeking input related to the sunset of the NREMT Skills examination (currently the state skills exam) for the AEMT and Paramedic levels. – Final Action – Board moved to proceed to eliminate the requirement of a Paramedic Skills State Examination and reflect appropriately in regulation.
- d. **2023PS0004** – Continuing Education – allow non-clinical, EMS Administrator based training to be considered approved CE for renewal purposes – Final Action – if training meets the Educational standards, it can be considered.
- e. **2023PS0013** – Paramedic Course Completion Requirements – request to consider aligning initial certification and recognition of non-Kansas credential related to course completion requirement of ability to have a minimum of an associate's degree conferred - **Final Action – no action necessary at this time and no strong evidence supporting a change is needed in current regulation.**

**NOTES:** Those desiring to provide information or comment upon an item appearing on the Agenda shall submit that information in writing via email to [joseph.house@ks.gov](mailto:joseph.house@ks.gov) by 4:30pm on **March 4, 2024**.

## Board Meeting Minutes

February 2, 2024

**DRAFT**  
**2/2/24**

### Board Members Present

Director David Adams  
Rep. Stephanie Clayton  
Rep. John Eplee  
Dr. Gregory Faimon-virtual  
Dr. Joel Hornung  
Director Deb Kaufman  
Chief Shane Pearson  
Dr. Martin Sellberg  
Director Jeri Wheatley

### Board Members Absent

Sen Michael Fagg  
Sen. Oletha Faust-Goudeau  
Director John Ralston

### Attorney

Sam Feather

### Guests

Kent Vosburg	Junction City
Jon Antrim	GMR
Frank Williams	Butler Co EMS
Jason White	MARCER
Con Olson	TECHS EMS
Mickey Huber	AMR
Angela Hamilton	Sedgwick Co EMS
Joe Hardy	LDCFM
Jon Cota	KCKFD
Clay Cox	LifeSave
Jason Zink	Pawnee Co EMS
Ron Marshall	KHA
Keith Wangerin	Smith Co EMS
Kara Lawrence	Pawnee Co EMS
Hank Besack	
Bryan Beaver,	Univ of Ks Health
MD	System
Travis Helberg,	Univ of Ks Health
MD	System
Scott Sare	JoCo MedAct
Paul Davis	JoCo MedAct
Jeff Boss	JoCo MedAct

Virtual attendees  
listed at the  
bottom.

### Staff Present

Joseph House, Exec. Director  
Suzette Smith  
Terry Lower  
James Kennedy  
Carman Allen  
James Reed  
Chad Pore  
Mary-Elaine Skinner

## Call to Order

Chairman Hornung called the Board Meeting to order on Friday, February 2, 2024, at 9:05 a.m.

Chairman Hornung called for a motion to approve the minutes.

***Rep. Eplee moved to approve the December 1, 2023 minutes. Director Adams seconded the motion. No further discussion. No opposition noted. The motion carried.***

## Standing Items

Director House provided the following information.

- Variance approval was given to LifeWatch and Clay County EMS for lettering.
- Three additional services were tentatively given approval for alternative staffing variances pending the completion of their internal training: Clifton City Ambulance, Miltonvale EMS, and Norwich Ambulance Service.
- The City of Washington EMS reported completing their internal training and went live yesterday.

## Investigation Committee Report

Chairman Hornung called on Director Wheatley to provide an update on the Investigations Committee meeting.

- The committee heard ten cases involving applications which had been flagged by staff as having prior criminal history or other questions regarding competency.
- Four disciplinary cases were heard. One case involved unprofessional conduct for taking a video of a co-worker in the shower; one involved transporting a patient in an unlicensed vehicle that was not an ambulance; and two cases involved providers who provided services with an expired or suspended certificate.

## Office Update

Chairman Hornung called on Director House to give the Office Update. Director House provided the following update.

- K.A.R. 109-2-2 was approved by the Board in December but will be brought back for additional action. There was an issue with a previous version being stamped instead of the subsequent version with changes. All parties have reviewed version 2 and it is now stamped. He is asking the Board to convene on March 5<sup>th</sup> virtually following a 10:00 a.m. public hearing on the regulation to adopt this correct version. Service permits are due by April 30<sup>th</sup> and once published, the regulation would take effect 15 days later.
- Director House reported that draft regulatory language on several regulations is at the Department of Administration for the first stamp.
- He anticipates we could have to pull back K.A.R. 109-8-1 and K.A.R. 109-8-2 to make changes based on actions later in this meeting.
- A new regulatory change is needed due to a letter we received from the KBI that they are increasing our fees for the Criminal History Record Check. The changes would be to K.A.R. 109-15-2 and K.A.R. 109-15-3 and to change the fee to \$60.

***Director Wheatley moved to proceed with revising K.A.R. 109-15-2 and K.A.R. 109-15-3 to increase fees. Director Kaufman seconded the motion. No further discussion. No opposition noted. The motion carried.***

- Director House gave a legislative update and stated the budgets are being worked at a considerably quicker pace than the past. Senator Fagg helped us with getting our salary enhancement included in the Senate position. Director House is working the bill on the House side to get the enhancement included. Our fee fund balance continues to increase and is estimated to be over 4 million at the end of 2025. The salary enhancement we have requested fits well within the growth of our fee fund balance without us asking for any additional revenue.
- There is a lot of legislation going on this year. Senate Bill 384 is a single provider bill, which the Board opposed. It would require that the Board not be able to dictate more than one person on an ambulance, of which that person needed to be a certified EMT, AEMT, Paramedic, Nurse Practitioner, Physician, Nurse, or a Physician's Assistant. Director House encouraged the committee in the hearing to let our variance process work to see if there is a need for more legislation. The hearing is still open.
- Another bill discussed relates to the authorized distribution of over-the-counter medications by an EMS provider. The Board opposes that bill because it can be done today by lay persons. This will be discussed later in the Board Meeting.
- Carman Allen, Education Manager, provided an Education update. She reported this would be her last board meeting. They have processed just short of 7800 applications this past year. Slightly less than four thousand renewals were processed with 100% receiving audits. There were 798 new applicants certified. There were 219 initial courses with 142 of those being EMT classes. Individual exams were given to 1,184 candidates at 54 exam sites. Applications processed include: 501 Recognition of Non-Kansas Credentials, 266 Reinstatements, 533 Retro-active Approvals, 249 Sponsoring Organization, and 45 Inactive statuses.
- The AEMT standards are almost complete, and she is working on designing AEMT portfolios following yesterday's committee meeting.
- Director House thanked staff for their efforts in adhering to the regulations during the renewal period when we see greatly enhanced levels of scrutiny of the process.
- James Reed, Operations Manager, gave an Operations update. They completed 100% of program provider audits for a total of 171 and 100% of service inspections for a total of 168 with 611 vehicles inspected. They audited 18 Initial courses and assisted with exam sites. They also started doing investigations and are learning. They are in the process of licensing and permitting a new inter-facility transfer company slated to start in the next week or so. The focus this year will be to get information on Pulse Point to services and get AEDs registered. Service renewals will be due in April.
- Chad Pore, Program and Policy Analyst, provided an update. He reported that KAMTS had a meeting with the Aviation Director of KDOT to discuss issues with rural airports. Quite a few rural airports do not have runways that are long enough and there is no weather reporting. These issues have forced flight services to turn down flights. The discussion included priorities to improve rural airports. For the Version 3.5 update, 100% of agencies in Kansas are on NEMSIS. Kansas is one of the states with the most entries. The focus will now be on 3<sup>rd</sup> party vendors and getting them onboard. The Health Information Exchange (HIE) is trying to get linked with the Kansas Health Information Network (KHIN) to cut down on hospitals hunting down records. They would like to get it done this year. KHIN is not employees of the state. Access to patient records by a medical director to see a patient's medical history would include a \$300 cost.

## Old Business

Chairman Hornung called upon Director House to provide information on Old Business.

Director House explained that 2023PS0013 – Paramedic Course Completion Requirements, is a request to align the process between legal recognition and those completing an initial Paramedic level course in the state of Kansas. The difference is an Associate degree requirement. For an initial paramedic course in Kansas, a course completion requirement is the attendee has an ability to have an associate degree conferred upon him/her. Those coming in from out of state do not have the requirement. Staff recommendation concluded there is no evidence to support the issue, but there is a concern that if we were to align one way or the other, we are going to adjust numbers. If we require those coming in from out of state to have this ability to have a degree conferred upon them, we might see a pretty significant reduction in the number of Legal Recognition candidates coming into the state which may make it a whole lot harder on the services who are close to the borders. Since there is no hard evidence one way or another, the staff recommendation is to set it aside. The question was raised regarding the need for a regulation change and the answer was no. The Board approved staff's recommendation without voiced opposition.

2023 PS 008 and 009, which were both topics regarding Critical Care Paramedics (CCP) and Mobile Integrated Health (MIH), to develop a career progression. During the committee's discussion they wanted clarification on what the difference is between certification, endorsement, and licensure. There is within statute a process for credentialing healthcare personnel, CCP and MIH could potentially fit into that framework. That would require us to go through the process that involves the Secretary of Health and Environment. Specific to this topic, on the endorsement side, endorsement is a means by which the Board can ensure certain criteria have been met, it acts as a confirmation of the completion of those criteria. It does not entitle the individual to do anything that is beyond their level of certification or licensure, but it acts as a verification to the public that they have completed some sort of additional requirement. The practice of endorsement doesn't appear to require any additional statutory language and can be done under the existing authority that the Board has. Although registration wasn't included in the original request, it is a step between endorsement and certification/licensure. Registration requires that you post a public list of those persons, or official roster of the persons, who can do that, and they are the only ones who can use that designated title. This would require statutory language and would have to go through the process. Certification and licensure are used interchangeably in Kansas statute. They both grant the holder of that certificate/licensure the ability to do what no one else with that certificate/license can do. Typically, a set of criteria established that has to be met in order for that certificate or license to be issued. If the Board is going to proceed down the path of new certification/licensure that does take going through the health care credentialing process. Credentialing is the formal recognition of some sort of professional or technical competence. The process for

credentialing is provided in the Kansas Statutes and would require a fee of \$1000 and 100 proponent signatures and then referred to a committee.

Staff noted they believe it would be difficult to meet the criteria necessary for credentialing through registration or certification/licensure without establishing a ceiling to our current scope of practice. Endorsement simply suffices as state confirmation that criteria have been met but does not necessarily grant the holder any skill or practice that couldn't be rendered without the endorsement. Staff would recommend endorsement. No action taken on this topic by the Board at this meeting.

### New Business

Chairman Hornung called on Director Kaufman to discuss the New Business. Director Kaufman reported the following.

- There is an action item from the Education Committee regarding the elimination of the AEMT/Paramedic psychomotor exam. They heard public comment from Chris Cannon, of Cowley County Community College, who supports doing away with the AEMT and Paramedic psychomotor exam. Charles Foat, of Johnson County Community College had similar comments. Carman Allen discussed that the AEMT skills exam by the National Registry ends July 1<sup>st</sup>. Regulations will need to be changed to address the path the Board wants to take. There was discussion that the suggested portfolio is complete and is out prior to this change going into effect. Carman Allen shared that the portfolio is a valid way to verify skills. The use of the portfolio would require review by the Board and regulatory action. There was discussion about the validity of the exam and how best to move forward. There is a concern that there is no consistency in non-college programs.
- Discussion continued with members of the Board regarding what is a portfolio, what other requirements would there be, a concern regarding minimum competency and patient contact requirement, inclusion of Kansas enhancements and medication lists and whether there would be live patients or a simulation lab.
- Director House stated that NESEMSO had developed the student minimum competencies for the AEMT. Accreditation is going to start requiring those, January 1, 2025. That leaves a gap and the NREMT is encouraging all states to proceed with establishing a student minimum competency pathway and a way to get there. The portfolio is our way to get there. We do have the ability to continue to use the test.

***Dr. Sellberg made a motion to move forward with the portfolio. Dr. Eplee seconded the motion. No further discussion. No opposition noted. The motion carried.***

- Director House referred to an e-mail that Board members had received on January 16<sup>th</sup> from MARCER regarding the ability to leave behind opioid antagonists by EMS responders. The letter stated if the legislation was drafted narrowly to deal only with opioid antagonists, it means the distribution of other OTC medicines would be in question. HB 2579 was that legislation and had a hearing, moved out of committee favorably, in its original form, and will hit the House floor soon. The Board submitted testimony in opposition because EMT's can already distribute non-prescription



medications, just like every other layperson. The word distribution is defined by the Board of Pharmacy as anything that is NOT administering (introducing into the body) or dispensing (the giving of a prescription medication). This bill was seen as a means to leave behind naloxone. Director House feels it is a great practice to endorse.

- Through our research within this, there is a law within the Board of Pharmacy 65-16,127 that deals specifically with opioid antagonists. It covers dispensing, administration, storage, and possession. There were no opioid antagonists approved as an OTC medication when the law was passed. There is a concern that if an ambulance service was to distribute OTC medicines, specifically opioid antagonists, are they covered by state law? The EMS statutes are silent. The concern is that 65-16, 127 clearly authorizes first responders, school nurses, and scientists to store, possess, and administer. Director House feels that adding the word 'distribute' to 65-16,127 would be a way to fix the problem rather than the proposed HB 2579 that adds to the list of authorized activities, at the level of EMR. There was further discussion from Board members asking about the need for more legislation, the immediacy of the decision, what could happen to the bill during the legislative session, the concern about the OTC language and its effects on providers. The Board noted there is obviously a public desire for clear cut, written documentation that opioid antagonists can be left behind. The Board chose to be neutral on the bill throughout the remainder of the process, to continue to cite the language as seemingly unnecessary, and to provide a guidance document related to this topic to clearly direct staff upon what is considered unprofessional conduct in the Board's eyes as it relates to the distribution of over-the-counter medications.
- Director House provided the Board the annual reminder of the concurrently delegated authorities provided to him by the Board. The Board took no action to amend or delete any of those delegated authorities.
- Chairman Horning announced the election of the positions of Chair and Vice-Chair of the Board.

***Director Wheatley made a motion to retain Dr. Hornung as Chair and Chief Pearson as Vice-Chair. Dr. Eplee seconded the motion. No further discussion. No opposition noted. The motion carried.***

### **Public Comment**

- Con Olson, of the Administrators Society of KEMSA and TECH EMS supports the use of the portfolio. He said there might be other challenges coming our way with the announcement that Ford will no longer be producing ambulance chassis and the inability to obtain cardiac epinephrine.
- Jason White, on behalf of MARCER, expressed his frustration in the Board not allowing members of the MARCER team who put together the language for the legislation to speak upon this topic under New Business. He stated they will continue to push forward with the legislation. He feels that the confusion surrounding the wording of dispensing, handing out, and distributing has caused unease among EMS Service Directors regarding whether opioid antagonists can be left behind. Chairman Hornung noted there were no requests from anyone requesting to speak upon this agenda item by the published

deadline in the agenda. Chairman Hornung offered the reminder that individuals wishing to address the Board upon a specific item on the agenda need to follow the instructions on the agenda and let Director House know by the published deadline, in this case, the Tuesday before the meeting at 4:30 p.m.

### Commendation and Thanks

- Chairman Hornung took the opportunity to thank Director Deb Kaufman for her years of service on the Board as chair of multiple committees and a constant and consistent voice for rural Kansas in the policy making performed by this Board. It was announced Director Kaufman is retiring from Sheridan County EMS and has submitted her resignation of her Board position to the Governor's Office. In honor of her commitment to Kansas EMS, and as a token of the Board's appreciation, Director Kaufman was presented a plaque for her 18 years of service to the Board.

Having reached the end of the published agenda and there being no further business before the Board, the meeting was adjourned at 11:20 a.m.

### Virtual Guests

Chris Cannon

Karl Leach

J Taylor

Jason Jenkins

Dave Johnston

Brandon Beck

Jason Hudson

Sharon

Andrew Hartzell

Chip Portz

Jason Nelson

Wendy O'Hare

Joe Doe

Adiel Garcia

Jeff Smith

Jesse Presley

Jordan Riley

Danita Schroeder

Scott Stueven

Matt

Mickie Helberg

Travis Vaughn

Craig Isom

Caroline Scoville

Chrissy Bartel

Monika Heller

K DeWitt

Pete Rogers

J Paugh

Jessica Baker

Logan Higbee

Frank Burrow

Mark Heath

Scott Harris

Alex Bergstrom

H Redeker

**109-2-2. Application for ambulance service permit and ambulance license; permit renewal and license renewal.** (a)(1) ~~An~~ Any applicant for an ambulance service permit may apply for only one ambulance service permit for each ambulance service that the applicant seeks to operate. ~~Each applicant shall indicate the type of service for the permit requested as ground ambulance service or air ambulance service.~~

(2) ~~An~~ Any applicant for an ambulance license may apply for only one ambulance license for each ambulance that the applicant seeks to operate.

(3) Any operator may apply for a temporary license for an ambulance. Each temporary license shall be valid for 60 days. Any temporary license may be extended by the executive director.

(b) All initial and renewal applications for an ambulance service permit and for an ambulance license application and renewal forms shall be submitted in a format ~~required by the executive director~~ through the online license management system.

(c)(1) ~~Each initial and each renewal applicant~~ who submits an insufficient application for an ambulance service permit or ambulance license shall have 30 days to correct all identified deficiencies and submit a sufficient application. If the applicant or operator fails to correct the deficiencies and submit a sufficient application, the application may be considered by the board as withdrawn.

(d) Each application shall be deemed sufficient if both of the following conditions are met:

(1) The applicant or operator submits all requested information, and no additional information is required by the board to complete the processing of the application.

APPROVED

DEC 14 2023

DEPT. OF ADMINISTRATION

APPROVED

DEC 27 2023

ATTORNEY GENERAL



(2) The applicant or operator submits payment of the fee in the correct amount.

(e) Each initial application for a ground ~~an~~ ambulance service permit and ambulance license shall meet one of the following requirements:

~~(A) Obtain a mechanical and safety inspection from a person doing business as or employed by a vehicle maintenance service or a city, county, or township or from a certified mechanic as defined in K.A.R. 109-1-1, for each ambulance within 180 days before the date of ambulance service application renewal; or~~

~~(B) have a long term vehicle maintenance program with requirements equivalent to or exceeding the requirements of the mechanical and safety inspection form~~

(1) Specify the name of the operator;

(2) specify the name of the ambulance service;

(3) designate an ambulance service director;

(4) designate a medical director;

(5) designate an office address where all ambulance service records will be maintained;

(6) state the primary territory for which the permit is sought;

(7) designate the type of ambulance service being requested as either ground ambulance service or air ambulance service;

(8) designate the levels of service intended to be provided;

(9) include a copy of all operational policies;

(10) include a copy of all approved medical protocols;

APPROVED

DEC 14 2023

DEPT. OF ADMINISTRATION

APPROVED

DEC 27 2023

ATTORNEY GENERAL

(11) include a listing of all EMS providers and health care providers affiliated with the ambulance service;

(12) include a listing of all station locations where an ambulance could be parked or stored;

(13) provide the location and physical description of the facility where calls for service will be received;

(14) provide a description of each vehicle being used by the ambulance service to include the year, make, and model of the vehicle, and the primary use of the vehicle; and

(15) if the type of ambulance service being requested is for an air ambulance service, provide evidence of an air safety training program and an informational publication that meets all requirements of K.A.R. 109-2-10a.

~~(2) In order for an ambulance license to be renewed, the mechanical safety inspection forms shall not contain any deficiencies identified that would compromise the safe transport of patients.~~

~~(d) Each initial and each renewal application for an air ambulance shall include a valid standard airworthiness certificate for each aircraft, evidence of an air safety training program, and an informational publication.~~

(f) Each initial application for a ground ambulance license shall include the following:

~~(e)-(1) Each new ground ambulance shall meet one of the following requirements:~~

APPROVED

DEC 14 2023

DEPT. OF ADMINISTRATION

APPROVED

DEC 27 2023

ATTORNEY GENERAL

~~(A) Be required to have A copy of the mechanical or safety inspection without~~  
~~deficiencies~~ submitted on forms required by the board or ~~shall require~~ documentation  
from the manufacturer indicating that the vehicle has undergone a predelivery  
inspection without deficiencies; or

~~(B) have a long term vehicle maintenance program with requirements equivalent~~  
~~to or exceeding the requirements of the mechanical and safety inspection form.~~

~~(2) Each used or retrofitted ground ambulance shall be required to have a~~  
~~mechanical and safety inspection~~ proof of state vehicle registration; and

(3) a copy of the list of supplies and equipment carried on the ambulance as  
approved by the medical director.

(g) Each initial application for an air ambulance license shall include the  
following:

(1) A copy of the valid standard airworthiness certificate;

(2) proof of aircraft registration with the federal aviation administration; and

(3) a copy of the list of supplies and equipment carried on the ambulance as  
approved by the medical director.

~~(f) (h) Each ambulance service permit and non-temporary ambulance license that~~  
~~is not temporary~~ shall expire on April 30 of each year. Any such permit or license may  
be renewed annually in accordance with this regulation. ~~If the board receives a~~  
~~complete application for renewal of an ambulance service permit or an ambulance~~  
~~license on or before April 30, the existing permit or license shall not expire until the~~

APPROVED

DEC 14 2023

DEPT. OF ADMINISTRATION

APPROVED

DEC 27 2023

ATTORNEY GENERAL



~~board has taken final action upon the renewal application or, if the board's action is unfavorable, until the last day for seeking judicial review.~~

~~(g) If the board receives an insufficient initial application or renewal application for an ambulance service permit or ambulance license, the applicant or operator shall be notified by the board of any errors or omissions. If the applicant or operator fails to correct the deficiencies and submit a sufficient application within 30 days from the date of written notification, the application may be considered by the board as withdrawn.~~

~~(h) An~~ (i) Each renewal application for an ambulance service permit ~~or permit renewal shall be deemed sufficient if all of~~ shall meet the following conditions requirements are met:

~~(1) The applicant or operator either completes all forms provided with the application for ambulance service permit or permit renewal or provides all requested information online. No additional information is required by the board to complete the processing of the application.~~

~~(2) Each~~ The operator submits the list of supplies and equipment carried on each ambulance validated by the signature of the ambulance service's medical director to the board each year with the operator's application for an ambulance service permit. shall affirm that the following information is current and accurate:

(A) Name of the ambulance service;

(B) personnel affiliated with the ambulance service, including the service director, medical director, EMS providers, and health care providers;

(C) office address where all ambulance service records shall be maintained;

APPROVED

DEC 14 2023

DEPT. OF ADMINISTRATION

APPROVED

DEC 27 2023

ATTORNEY GENERAL

- (D) levels of service being provided;
- (E) ambulance service's operational policies;
- (F) ambulance service's approved medical protocols;
- (G) description of all vehicles being used by the ambulance service to include the year, make, and model of the vehicle, and the primary use of the vehicle;
- (H) all station locations where the ambulance service's ambulances could be parked or stored;
- (I) location and physical description of the facility where calls for service will be received;
- (J) the entry of all requests for service for the previous calendar year into the board's data collection system; and
- (K) for an air ambulance service, the ambulance service's air safety training program and informational publication.

~~(3) The applicant or operator submits payment of the fee in the correct amount for the ambulance service permit or permit renewal and ambulance license fees.~~

~~(4) Each operator provides the inspection results to the board on forms provided by the executive director with the application for renewal.~~

~~(i) Each publicly subsidized~~ (2) The operator shall provide the following statistical emergency medical service information to the board with the application for renewal of a permit:

~~(1) (A) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year~~ gross receipts

APPROVED

DEC 14 2023

DEPT. OF ADMINISTRATION

APPROVED

DEC 27 2023

ATTORNEY GENERAL



received by the ambulance service during the previous calendar year from the provision of patient care;

~~(2) (B) the ambulance service operating budget and, if any, the tax subsidy;~~

~~(3) (C) the charge for emergency and nonemergency patient transports, including mileage fees; and~~

~~(4) (D) the number of full-time, part-time, and volunteer staff; and~~

~~(E) the odometer reading for each vehicle being used by the ambulance service.~~

~~(j) Each private operator shall provide the following statistical information to the board with the application for renewal of a permit:~~

~~(1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;~~

~~(2) the charge for emergency and nonemergency patient transports, including mileage fees; and~~

~~(3) the number of full time, part time, and volunteer staff.~~

~~(k) As a condition of issuance of an initial ambulance service permit, each ambulance service operator shall provide with the application the ambulance service's operational policies and approved medical protocols pursuant to K.A.R. 109-2-5.~~

~~(l) The operator of each ground ambulance service or air ambulance service shall develop a list of the supplies and equipment that are carried on each ambulance. This list shall include the supplies and equipment required by the board for the license type and any additional supplies or equipment necessary to carry out the patient care activities as indicated in the ambulance service's medical protocols, in accordance with~~

APPROVED

DEC 14 2023

DEPT. OF ADMINISTRATION

APPROVED

DEC 27 2023

ATTORNEY GENERAL

~~K.S.A. 65-6112 and amendments thereto~~ Each application for renewal of an ambulance license shall meet the following requirements:

(1) The operator shall affirm that the following information is current and accurate:

(A) List of supplies and equipment carried on the ambulance; and

(B) the primary location where the ambulance is parked or stored.

(2) For a ground ambulance, the application shall include both of the following:

(A) Proof of valid state vehicle registration if not permanently registered; and

(B) proof of a mechanical and safety inspection completed after

November 1 indicating no deficiencies that would compromise the safe transport of patients.

(3) For an air ambulance, the application shall include proof of valid aircraft registration with the federal aviation administration.

(k) A mechanical and safety inspection for each ground ambulance shall be completed by a person doing business as or employed by a vehicle maintenance service or from a certified mechanic as defined in K.A.R. 109-1-1. Proof of this inspection shall be demonstrated by submitting one of the following:

(1) A completed mechanical and safety inspection form, as provided by the board; or

(2) documentation of regular service and preventative maintenance equivalent to or exceeding the requirements of the mechanical and safety inspection form provided by the board. (Authorized by K.S.A. 2015 2023 Supp. 65-6110 and 65-6111;

APPROVED

DEC 14 2023

DEPT. OF ADMINISTRATION

APPROVED

DEC 27 2023

ATTORNEY GENERAL

implementing K.S.A. ~~2015~~ 2023 Supp. 65-6110, K.S.A. 2023 Supp. 65-6127, and K.S.A. 65-6128; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000; amended Jan. 27, 2012; amended Jan. 3, 2014; amended April 29, 2016; amended P-\_\_\_\_\_.)

**APPROVED**

**DEC 14 2023**

**DEPT. OF ADMINISTRATION**

**APPROVED**

**DEC 27 2023**

**ATTORNEY GENERAL**

**109-2-2. Application for ambulance service permit and ambulance license; permit renewal and license renewal.**

(a)(1) Any applicant for an ambulance service permit may apply for only one ambulance service permit for each ambulance service that the applicant seeks to operate.

(2) Any applicant for an ambulance license may apply for only one ambulance license for each ambulance that the applicant seeks to operate.

(3) Any operator may apply for a temporary license for an ambulance. Each temporary license shall be valid for 60 days. Any temporary license may be extended by the executive director.

(b) All initial and renewal applications for an ambulance service permit and for an ambulance license shall be submitted through the online license management system.

(c) Each applicant who submits an insufficient application for an ambulance service permit or ambulance license shall have 30 days to correct all identified deficiencies and submit a sufficient application. If the applicant or operator fails to correct the deficiencies and submit a sufficient application, the application may be considered by the board as withdrawn.

(d) Each application shall be deemed sufficient if both of the following conditions are met:

(1) The applicant or operator submits all requested information, and no additional information is required by the board to complete the processing of the application.

(2) The applicant or operator submits payment of the fee in the correct amount.

(e) Each initial application for an ambulance service permit shall meet the following requirements:

- (1) Specify the name of the operator;
- (2) specify the name of the ambulance service;
- (3) designate an ambulance service director;
- (4) designate a medical director;
- (5) designate an office address where all ambulance service records will be maintained;
- (6) state the primary territory for which the permit is sought;
- (7) designate the type of ambulance service being requested as either ground ambulance service or air ambulance service;
- (8) designate the levels of service intended to be provided;
- (9) include a copy of all operational policies;
- (10) include a copy of all approved medical protocols;
- (11) include a listing of all EMS providers and health care providers affiliated with the ambulance service;
- (12) include a listing of all station locations where an ambulance could be parked or stored;
- (13) provide the location and physical description of the facility where calls for service will be received;

(14) provide a description of each vehicle being used by the ambulance service to include the year, make, and model of the vehicle, and the primary use of the vehicle; and

(15) if the type of ambulance service being requested is for an air ambulance service, provide evidence of an air safety training program and an informational publication that meets all requirements of K.A.R. 109-2-10a.

(f) Each initial application for a ground ambulance license shall include the following:

(1) A copy of the mechanical or safety inspection without deficiencies submitted on forms required by the board or documentation from the manufacturer indicating that the vehicle has undergone a predelivery inspection without deficiencies;

(2) proof of state vehicle registration; and

(3) a copy of the list of supplies and equipment carried on the ambulance as approved by the medical director.

(g) Each initial application for an air ambulance license shall include the following:

(1) A copy of the valid standard airworthiness certificate;

(2) proof of aircraft registration with the federal aviation administration; and

(3) a copy of the list of supplies and equipment carried on the ambulance as approved by the medical director.

(h) Each ambulance service permit and ambulance license that is not temporary shall expire on April 30 of each year. Any such permit or license may be renewed annually in accordance with this regulation.

(i) Each renewal application for an ambulance service permit shall meet the following requirements:

(1) The operator shall affirm that the following information is current and accurate:

(A) Name of the ambulance service;

(B) personnel affiliated with the ambulance service, including the service director, medical director, EMS providers, and health care providers;

(C) office address where all ambulance service records shall be maintained;

(D) levels of service being provided;

(E) ambulance service's operational policies;

(F) ambulance service's approved medical protocols;

(G) description of all vehicles being used by the ambulance service to include the year, make, and model of the vehicle, and the primary use of the vehicle;

(H) all station locations where the ambulance service's ambulances could be parked or stored;

(I) location and physical description of the facility where calls for service will be received;

(J) the entry of all requests for service for the previous calendar year into the board's data collection system; and

(K) for an air ambulance service, the ambulance service's air safety training program and informational publication.

(2) The operator shall provide the following emergency medical service information to the board:

(A) The gross receipts received by the ambulance service during the previous calendar year from the provision of patient care;

(B) the ambulance service operating budget and, if any, the tax subsidy;

(C) the charge for emergency and nonemergency patient transports, including mileage fees;

(D) the number of full-time, part-time, and volunteer staff; and

(E) the odometer reading for each vehicle being used by the ambulance service.

(j) Each application for renewal of an ambulance license shall meet the following requirements:

(1) The operator shall affirm that the following information is current and accurate:

(A) List of supplies and equipment carried on the ambulance; and

(B) the primary location where the ambulance is parked or stored.

(2) For a ground ambulance, the application shall include both of the following:

(A) Proof of valid state vehicle registration if not permanently registered; and

(B) proof of a mechanical and safety inspection completed after

November 1 indicating no deficiencies that would compromise the safe transport of patients.



(3) For an air ambulance, the application shall include proof of valid aircraft registration with the federal aviation administration.

(k) A mechanical and safety inspection for each ground ambulance shall be completed by a person doing business as or employed by a vehicle maintenance service or from a certified mechanic as defined in K.A.R. 109-1-1. Proof of this inspection shall be demonstrated by submitting one of the following:

(1) A completed mechanical and safety inspection form, as provided by the board; or

(2) documentation of regular service and preventative maintenance equivalent to or exceeding the requirements of the mechanical and safety inspection form provided by the board. (Authorized by K.S.A. 2023 Supp. 65-6110 and 65-6111; implementing K.S.A. 2023 Supp. 65-6110, K.S.A. 2023 Supp. 65-6127, and K.S.A. 65-6128; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000; amended Jan. 27, 2012; amended Jan. 3, 2014; amended April 29, 2016; amended P-\_\_\_\_\_.)