MEDICAL ADVISORY COUNCIL
August 6, 2020  10:00 AM CDT

***State Capitol; Room 582-N***

TENTATIVE AGENDA

1. Introduction and Welcome: Dr. Jacobsen
2. Roll-call: Dr. Jacobsen
3. Review of meeting notes from December 2019: Dr. Jacobsen.
4. Business/Discussion
   a. Potential Legislation on “Medical Oversight”
      i. The Board may be considering introducing the legislation (HB2723) as amended in the 2021 Session (set aside once the state emergency was declared).
   b. AEMT Medication List
      i. The Board may be considering approval of the AEMT medication list approved by the MAC in August 2018. A working committee was formed to develop recommendations to address the comments received upon the medication list, but more upon development of a plan to address the AEMT educational aspects prior to advancing the list into the regulatory revision process.
   c. Proficiency based ending metrics for skills in initial courses of instruction.
      i. The Board may be considering a regulatory revision to course completion requirements that would delineate some psychomotor endpoints as a basis for successful course completion (currently as a course approval requirement).
   d. Election of Vice-Chair (done at first meeting of even-numbered years)
   e. Request for additional appointments:
      i. Dr. Carolina Pereira – Deputy EMS Medical Director – Sedgwick County
      ii. Dr. Paul Bogner – EMS Medical Director – Newton Fire/EMS
5. Parking Lot (no action / discussion unless active issue presents)
   a. Credentialing as continuing education
6. Upcoming meeting dates (mark your calendars now)
   a. 2020 - October 1st; December 3rd
   b. 2021 – February 4th; April 1st; June 3rd; August 5th; September 30th; December 2nd
7. Adjournment

Teleconference dial-in Information is: Dial (866) 620-7326, and enter conference code 4837599769

Attachment(s):
1. December 2019 Meeting Notes
2. Board Brief - Medical Oversight Legislation
3. Board Brief – AEMT Medication List
4. Course Completion – Regulation 109-11-8
5. Pereira CV
1. Purpose of Meeting

➢ The purpose of this bi-monthly meeting was to discuss the role and function of the medical advisory council and to have an initial discussion on statewide guidelines/protocols.

2. Attendance at Meeting

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<thead>
<tr>
<th>Members</th>
<th>Company</th>
<th>Status</th>
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<tbody>
<tr>
<td>Dr. Ryan Jacobsen</td>
<td>MAC – Chair</td>
<td>Present</td>
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<tr>
<td>Dr. James Longabaugh</td>
<td>MAC – Vice Chair</td>
<td>Phone</td>
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<tr>
<td>Dr. Dennis Allin</td>
<td>MAC Member</td>
<td>Absent</td>
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<tr>
<td>Dr. Paige Dodson</td>
<td>MAC Member</td>
<td>Phone</td>
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<tr>
<td>Dr. John Gallagher</td>
<td>MAC Member</td>
<td>Present</td>
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<tr>
<td>Dr. Sean Herrington</td>
<td>MAC Member</td>
<td>Absent</td>
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<tr>
<td>Dr. Michael Machen</td>
<td>MAC Member</td>
<td>Phone</td>
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<td>Dr. Martin Sellberg</td>
<td>MAC - KBEMS Board Member</td>
<td>Present</td>
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<tr>
<td>Dr. Tim Stebbins</td>
<td>MAC Member</td>
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<td>Dr. Caleb Trent</td>
<td>MAC Member</td>
<td>Absent</td>
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<tr>
<td>Dr. Joel Hornung</td>
<td>KBEMS Board Chair</td>
<td>Present</td>
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3. Meeting Notes, Decisions, Issues

- Review of Meeting Notes
  - Dr. Jacobsen asked if there were any issues or comments on the minutes from the October meeting. No issues were noted by members present.
  - Dr Jacobsen made a motion to approve the minutes. The motion was seconded. The motion carried with none opposed.

- Old Business
  - Expired Drugs
    - Dr. Jacobsen asked Deputy Director Shreckengaust to share updates. Deputy Director Shreckengaust stated that Director House had conversation with the Board of Pharmacy about the usage of expired drugs and their stance is that it is still not an acceptable practice in Kansas identifying a clear delineation between expired and extended usage. The Guidance Document-Drug Shortage Alternative was a document put together and approved by the MAC. These are medications which had a stability
study and approved by the FDA for continued use. If we were to utilize the medications as other states have done, this is with full disclosure which means informing the patients. This is tough to do for those patients in cardiac arrest.

- Other options that were talked about,
  - Dilution of medication use a stronger dosage but dilute.
  - Working with hospitals and utilizing their supply.
    - Dr. Gallagher stated this was an issue in his area regarding "kick-back laws".
- According to statute and regulation it is required to have all equipment or meds within expiration date. However, the FDA has extended the expiration dates on certain lots and medications.
- Dr. Jacobsen questioned having the MAC approve substitute medication. The MAC does not have to approve, but it is a protocol adjustment for medications approved in protocols as an alternative medication.

- New Business
  - Local Credentialing
    - Credentialing as a means for meeting continuing education renewal requirements. Asking the state for a local credentialing process that has cognitive and skills assessment if the system has a Board approved curriculum.
    - Three current methods of meeting CE requirements for renewal: hours based recertification model or you can take skills and cognitive exam. In lieu of the skills exam, the medical director can check off on skills.
    - Currently in statute 65-6129(d) - proof of con ed, hours or exams in both skills and cognitive. A change would probably be a regulatory language change to this in as a third piece in 109-5-1a, b, c and d which is each scope. Dr. Jacobsen stated, it would need to be a “Board approved credentialing process” and that the process used would need to be Board approved with minimum standards to meet a threshold. He stated there may be existing exam banks which exist for that purpose.
  - Comments:
    - Regulatory process change.
    - Has to be a cognitive and a skills assessment.
    - Incredible potential for services already doing this.
    - Discussion on continuing education-renewal by test
    - Another mechanism as an alternative to get recertified.
    - Allowing for targeted education.
    - Next steps by the board for potential on this?
  - Dr. Jacobsen asked if there was any update on current credentialing being used as continuing education hours and said there seemed to be some confusion from some of the meetings going on around the state. Deputy Director Shreckengaust stated he has not attended those meetings and did not have a lot of knowledge about those conversations. He did state that in current regulation it states continuing education is defined as the formally organized learning experience that has education as its explicit principal intent and is oriented towards the enhancement of emergency medical services.
practice, values, skills, and knowledge.

Deputy Director Shreckengaust stated that if needed he would get more information on this. Dr. Jacobsen stated hearing that, he believes the answer would be no.

- Public Comments
  - No public comment.

Motion made to adjourn. The motion was seconded. The motion carried and the meeting adjourned.

| 4. Action Items |
|-----------------|-----------------|-----------------|-----------------|
| Action | Assigned to | Due Date | Status |

| 5. Next Meeting |
|-----------------|-----------------|-----------------|-----------------|
| Date: | February 6, 2020 | Time: | 10:00AM |
| Location: | Landon State Office Building; Room 509 |
| Objectives: | Election of Vice Chair. |
Agenda Item: Medical Oversight Legislation

Committee: Executive

BACKGROUND
Multiple ambulance services have reported an increasingly difficult time in obtaining medical protocol approval through one of the three statutorily established methods of gaining medical protocol approval. The 3 approved methods currently dictated within statute are:
1. A county medical society;
2. The medical staff of a hospital to which the ambulance service primarily transports patients; or
3. If neither 1 or 2 are able or available to approve the medical protocols, the medical advisory council of the Board.

The number of functioning county medical societies has been a slow, but consistent decline over the past 15-20 years. Today, there are very few county medical societies that are robust enough to be able to make the time and effort necessary to provide a well vetted decision on medical protocol approval.

Having the medical staff of a hospital provide approval has led to a perception and some isolated instances of that decision being made to drive care towards a specific facility rather than for the best interest of patient care. The best example of this would be an active heart attack patient bypassing a closer facility for a longer transport time, but going to a facility that has the capability of providing interventional cardiology services necessary for the appropriate care of that patient’s condition.

The Medical Advisory Council of the Board has had 8 sets of medical protocols submitted for their approval. Most have been due to the statewide footprint of the submitting service. The Medical Advisory Council has been appropriately reluctant to approve medical protocols without the ability to completely understand the capacity of the service, its personnel, and its available resources. Also, there is a question as to the complete coverage of liability for medical care being directed through the use of medical protocols without the responsibility of direct oversight.

DISCUSSION
Discussion of this topic has been ongoing for the past several years. In late-2018, Dr. Joel Hornung, Board Chair, put forth a proposal to reignite the conversation (Enclosure 3). This led to multiple meetings involving physician subgroupings, the Kansas Medical Society, the Kansas EMS Association, the Board of EMS, and the Medical Advisory Council of the Board.

It was recognized that the solution needed to be flexible and representative of the diversity of Kansas as well as to provide the most basic and essential standard of care. It was also noted that any solution would require active participation by an ambulance service’s medical director.

Discussion from these meetings led to the development of a plan that involves 1) changing the medical protocol approval process to be able to be done by the physician responsible for medical oversight of the ambulance service; 2) establishing a statewide minimum standard of care; 3) monitoring of quality measures; and 4) providing or recognizing evidence based medical guidelines for use in the prehospital setting.

During the 2020 Legislative Session, HB 2723 was introduced to authorize the 1st step in the plan which would allow for the further development of steps 2 through 4 while providing a solution to the problems
existing within the current medical protocol approval process. HB2723 received a public hearing with no noted opposition and 2 conferees in support. Slight modifications were made to HB2723 to better capture the intent and the bill was set to be deliberated at the committee level. Due to a global pandemic, most legislative issues in the 2020 Session were set aside and this bill became one of them.

**FINANCING**

There is no anticipated fiscal effect for pursuing HB2723 as revised in future legislative sessions. The system to be used for monitoring quality measures is already financially supported through the EMS operating fund and the remainder of the plan steps are policy decisions that should not require any additional funding or financing beyond normal operational expenditures.

**ALTERNATIVES**

The Board has the following alternatives concerning the matter at hand. The Board may:

1. Propose HB2723 as modified after the hearing (Enclosure 1) in the 2021 Legislative session.
2. Propose legislation as originally introduced (Enclosure 2) in the 2021 Legislative session.
3. Decline to pursue changes in the 2021 Legislative session specific to this topic.
4. Modify language.
5. Table the item.

**RECOMMENDATION**

To propose HB2723 as modified after the hearing (Enclosure 1) in the 2021 Legislative session.

**POSSIBLE MOTION**

To pursue enactment of HB2723 as presented with the balloon amendment (Enclosure 1).

Enclosures:

1. HB2723 with the balloon amendment proposed post-hearing
2. HB2723 as introduced
3. Initial Proposal for Protocol Approval in Kansas
65-6126. Medical director. (a) Except as provided in subsection (b), each emergency
medical-service operator shall have designate a medical director appointed by the operator of the
service to review and implement medical protocols, approve and monitor the activities,
competency and education of the emergency medical service providers to provide medical
oversight.

(b) The board may approve an alternative procedure for medical oversight by a physician if
no medical director is available to be designated by the operator.

64, § 25; June 6.
65-6124. Limitations on liability. (a) No physician, physician assistant, advanced practice registered nurse or licensed professional nurse, who gives emergency instructions to an emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto, during an emergency, shall be liable for any civil damages as a result of issuing the instructions, except such damages that may result from gross negligence in giving such instructions.

(b) No emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto, who renders emergency care during an emergency pursuant to instructions given by a physician, the supervising physician for a physician assistant, advanced practice registered nurse or licensed professional nurse shall be liable for civil damages as a result of implementing such instructions, except such damages that may result from gross negligence or by willful or wanton acts or omissions on the part of such emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto.

(c) No person certified as an instructor-coordinator shall be liable for any civil damages that may result from such instructor-coordinator's course of instruction, except such damages that may result from gross negligence or by willful or wanton acts or omissions on the part of the instructor-coordinator.

(d) No medical director who reviews, approves and monitors the activities of emergency medical service providers provides medical oversight shall be liable for any civil damages as a result of such review, approval or monitoring medical oversight, except such damages that may result from gross negligence in the provision of such review, approval or monitoring medical oversight.
65-6112. Definitions. As used in this act article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto:

(a) "Administrator" means the executive director of the emergency medical services board.

(b) "Advanced emergency medical technician" means a person who holds an advanced emergency medical technician certificate issued pursuant to this act.

(c) "Advanced practice registered nurse" means an advanced practice registered nurse as defined in K.S.A. 65-1113, and amendments thereto.

(d) "Ambulance" means any privately or publicly owned motor vehicle, airplane or helicopter designed, constructed, prepared, staffed and equipped for use in transporting and providing emergency care for individuals who are ill or injured.

(e) "Ambulance service" means any organization operated for the purpose of transporting sick or injured persons to or from a place where medical care is furnished, whether or not such persons may be in need of emergency or medical care in transit.

(f) "Board" means the emergency medical services board established pursuant to K.S.A. 65-6102, and amendments thereto.

(g) "Emergency medical service" means the effective and coordinated delivery of such care as may be required by an emergency that includes the care and transportation of individuals by ambulance services and the performance of authorized emergency care by a physician, advanced practice registered nurse, professional nurse, a licensed physician assistant or emergency medical service provider.

(h) "Emergency medical service provider" means an emergency medical responder, advanced emergency medical technician, emergency medical technician or paramedic certified by the emergency medical services board.
(i) "Emergency medical technician" means a person who holds an emergency medical technician certificate issued pursuant to this act.

(j) "Emergency medical responder" means a person who holds an emergency medical responder certificate issued pursuant to this act.

(k) "Hospital" means a hospital as defined by K.S.A. 65-425, and amendments thereto.

(l) "Instructor-coordinator" means a person who is certified under this act to teach or coordinate both initial certification and continuing education classes.

(m) "Medical director" means a physician.

(n) “Medical oversight” means to review, approve and implement medical protocols and to approve and monitor the activities, competency and education of emergency medical service providers.

(o) "Medical protocols" mean means written guidelines that authorize emergency medical service providers to perform certain medical procedures prior to contacting a physician, physician assistant authorized by a physician, advanced practice registered nurse authorized by a physician or professional nurse authorized by a physician. The medical protocols shall be approved by a county medical society or 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.

(o) (p) "Municipality" means any city, county, township, fire district or ambulance service district.

(p) (q) "Nonemergency transportation" means the care and transport of a sick or injured person under a foreseen combination of circumstances calling for continuing care of such person.
As used in this subsection, transportation includes performance of the authorized level of services of the emergency medical service provider whether within or outside the vehicle as part of such transportation services.

(q) (r) "Operator" means a person or municipality who has a permit to operate an ambulance service in the state of Kansas.

(s) "Paramedic" means a person who holds a paramedic certificate issued pursuant to this act.

(t) "Person" means an individual, a partnership, an association, a joint-stock company or a corporation.

(u) "Physician" means a person licensed by the state board of healing arts to practice medicine and surgery.

(v) "Physician assistant" means a physician assistant as defined in K.S.A. 65-28a02, and amendments thereto.

(w) "Professional nurse" means a licensed professional nurse as defined by K.S.A. 65-1113, and amendments thereto.

(x) "Sponsoring organization" means any professional association, accredited postsecondary educational institution, ambulance service that holds a permit to operate in this state, fire department, other officially organized public safety agency, hospital, corporation, governmental entity or emergency medical services regional council, as approved by the executive director, to offer initial courses of instruction or continuing education programs.

AN ACT concerning emergency medical services; relating to medical
directors; requiring provision of medical oversight; amending K.S.A.
2019 Supp. 65-6112, 65-6124 and 65-6126 and repealing the existing
sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 2019 Supp. 65-6112 is hereby amended to read as
follows: 65-6112. As used in this act article 61 of chapter 65 of the Kansas
Statutes Annotated, and amendments thereto:

(a) "Administrator" means the executive director of the emergency
medical services board.

(b) "Advanced emergency medical technician" means a person who
holds an advanced emergency medical technician certificate issued
pursuant to this act.

(c) "Advanced practice registered nurse" means an advanced practice
registered nurse as defined in K.S.A. 65-1113, and amendments thereto.

(d) "Ambulance" means any privately or publicly owned motor
vehicle, airplane or helicopter designed, constructed, prepared, staffed and
equipped for use in transporting and providing emergency care for
individuals who are ill or injured.

(e) "Ambulance service" means any organization operated for the
purpose of transporting sick or injured persons to or from a place where
medical care is furnished, whether or not such persons may be in need of
emergency or medical care in transit.

(f) "Board" means the emergency medical services board established
pursuant to K.S.A. 65-6102, and amendments thereto.

(g) "Emergency medical service" means the effective and coordinated
delivery of such care as may be required by an emergency that includes the
care and transportation of individuals by ambulance services and the
performance of authorized emergency care by a physician, advanced
practice registered nurse, professional nurse, a licensed physician assistant
or emergency medical service provider.

(h) "Emergency medical service provider" means an emergency
medical responder, advanced emergency medical technician, emergency
medical technician or paramedic certified by the emergency medical
services board.
(i) "Emergency medical technician" means a person who holds an emergency medical technician certificate issued pursuant to this act.

(j) "Emergency medical responder" means a person who holds an emergency medical responder certificate issued pursuant to this act.

(k) "Hospital" means a hospital as defined by K.S.A. 65-425, and amendments thereto.

(l) "Instructor-coordinator" means a person who is certified under this act to teach or coordinate both initial certification and continuing education classes.

(m) "Medical director" means a physician.

(n) "Medical oversight" means to review, approve and implement medical protocols and to approve and monitor the activities, competency and education of emergency medical service providers.

(o) "Medical protocols" mean written guidelines that authorize emergency medical service providers to perform certain medical procedures prior to contacting a physician, physician assistant authorized by a physician, advanced practice registered nurse authorized by a physician or professional nurse authorized by a physician. The medical protocols shall be approved by a county medical society or 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.

(p) "Municipality" means any city, county, township, fire district or ambulance service district.

(q) "Nonemergency transportation" means the care and transport of a sick or injured person under a foreseen combination of circumstances calling for continuing care of such person. As used in this subsection, transportation includes performance of the authorized level of services of the emergency medical service provider whether within or outside the vehicle as part of such transportation services.

(r) "Operator" means a person or municipality who has a permit to operate an ambulance service in the state of Kansas.

(s) "Person" means an individual, a partnership, an association, a joint-stock company or a corporation.

(t) "Physician" means a person licensed by the state board of healing arts to practice medicine and surgery.

(u) "Physician assistant" means a physician assistant as defined in K.S.A. 65-28a02, and amendments thereto.

(v) "Professional nurse" means a licensed professional nurse as defined by K.S.A. 65-1113, and amendments thereto.
(w) "Sponsoring organization" means any professional association, accredited postsecondary educational institution, ambulance service that holds a permit to operate in this state, fire department, other officially organized public safety agency, hospital, corporation, governmental entity or emergency medical services regional council, as approved by the executive director, to offer initial courses of instruction or continuing education programs.

Sec. 2. K.S.A. 2019 Supp. 65-6124 is hereby amended to read as follows: 65-6124. (a) No physician, physician assistant, advanced practice registered nurse or licensed professional nurse, who gives emergency instructions to an emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto, during an emergency, shall be liable for any civil damages as a result of issuing the instructions, except such damages that may result from gross negligence in giving such instructions.

(b) No emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto, who renders emergency care during an emergency pursuant to instructions given by a physician, the supervising physician for a physician assistant, advanced practice registered nurse or licensed professional nurse shall be liable for civil damages as a result of implementing such instructions, except such damages that may result from gross negligence or by willful or wanton acts or omissions on the part of such emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto.

(c) No person certified as an instructor-coordinator shall be liable for any civil damages that may result from such instructor-coordinator's course of instruction, except such damages that may result from gross negligence or by willful or wanton acts or omissions on the part of the instructor-coordinator.

(d) No medical director who reviews, approves and monitors the activities of emergency medical service providers provides medical oversight shall be liable for any civil damages as a result of such review, approval or monitoring medical oversight, except such damages that may result from gross negligence in the provision of such review, approval or monitoring medical oversight.

Sec. 3. K.S.A. 2019 Supp. 65-6126 is hereby amended to read as follows: 65-6126. (a) Except as provided in subsection (b), each emergency medical service operator shall have designate a medical director appointed by the operator of the service to review and implement medical protocols, approve and monitor the activities, competency and education of the emergency medical service providers to provide medical oversight.

(b) The board may approve an alternative procedure for medical
oversight if no medical director is available.

Sec. 4. K.S.A. 2019 Supp. 65-6112, 65-6124 and 65-6126 are hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the Kansas register.
Proposal for Protocol Approval in Kansas

The current protocol approval process in Kansas is problematic. After reviewing the problems, looking to other states for their solutions, and recognizing the diversity of Kansas; the following solution is brought for consideration. The choices should be a good fit for Kansas. If additional training or equipment is required, it is only so much as to provide the most basic and essential standard of care. It will allow for care that is proven and effective. Choice #2 will allow for the continuation of established protocols in services that have an ongoing protocol development system with experienced Medical Directors. This proposal requires active participation by the Service Medical Director, no matter the choice.

The choices also include reminders that training of staff and involvement of the Medical Directors are necessary.

Protocol choice #1 (State Developed Protocol):

1. This is a protocol developed by a team of professionals (defined below).
2. The Protocol is comprehensive and it is based on the NASEMSO Clinical Guidelines. Protocols may include additional best practices as determined by the Kansas EMS Protocol Development Team.
3. The Service adopting choice #1 cannot amend or add protocols.
4. The Medical Director is required to affirm the protocols. This means he or she is comfortable with:
   a. The medical content of the protocols
   b. The training of the EMS providers performing the duties outlined in the protocols
   c. actively taking part in a quality improvement process for the service.
5. These protocols will be updated yearly. Services will have four (4) months to apply updates.
6. The protocol should delineate allowed activities for all levels of EMS Provider scope of practice.
7. The Service can immediately implement the protocols with the affirmation of their medical director.

Protocol choice #2 (Medical Director Developed Protocol): In this situation, the local Medical Director creates the medical protocols for his service. In these protocols, the following points must be met:

1. The base level of care must be consistent with the NASEMSO Clinical Guidelines.
2. The Medical Director understands that he or she is responsible for the content of the protocols. If creation of the protocols is shared with other individuals, it must be clearly stated in an introduction to the protocols.
3. The Medical Director must affirm that he/she is aware and satisfied with protocol and procedural training.
4. The Medical Director must be credentialed in some way (e.g. NAEMSP Course Graduate, Active Practice of Emergency Medicine, five (5) years of experience as an EMS Medical Director, or other Method as deemed by the Kansas Medical Society).
5. A copy of the protocol must be on file with the Board of EMS.
6. The Service Medical Director should update and reaffirm the protocol at least every two (2) years.
7. In the case of a change of Medical Directors, the Service has six (6) months to file a change, credential the Medical Director, and affirm the protocols.
8. Verification that the protocols meet minimum standard would be the responsibility of the Board of EMS. Most likely, this would be carried out by periodic audit of the protocols.

**Kansas EMS Protocol Development Team**

This group would direct protocol review, modification and formatting. Initially, the group would review the NASEMSO Clinical Guidelines. They would then make suggestions for additional protocols that aren’t part of the guidelines and discuss:

- Is there adequate evidence for their use?
- Would it cause undo additional expense for the service?
- Are training materials readily available for the implementation of the protocols?

Funding for the time spent working in this team should be sought. The amount of time, effort and expertise needed for this project is extensive. This will take more time than a team member can reasonably volunteer.

The Team would be made up of the following:

- Four (4) EMS Medical Directors,
  - Two (2) selected by BEMS, two (2) selected by KMS
- One (1) Pediatrician familiar with emergency care selected by KMS
- One (1) Trauma surgeon selected by KMS
- One (1) EMS provider selected by KEMSA
- One (1) service director selected by KEMSA
- One (1) EMS instructor selected by BEMS
- One (1) nonvoting coordinator, that manages the logistics of the Team.

The EMS providers must have at least ten (10) years of in field experience. When voting on approval of a protocol, a two-thirds (2/3) majority is required to pass.

The Team would meet initially for creation of the protocols. They would meet yearly after that to review new material and discuss changes. If significant care changing breakthroughs occur, a member of the team may request an interim meeting to discuss an early update or addendum.
Agenda Item: Advanced EMT Medication List

Committee: Executive

BACKGROUND

The Advanced Emergency Medical Technician (AEMT) is the intermediate level of certification between the Emergency Medical Technician (EMT) and the Paramedic. The AEMT level of certification came with Kansas’ alignment of levels of certification with the National EMS Scope of Practice Model. For Kansas, it was designed to replace the EMT-Intermediate, the EMT-Defibrillator, and the EMT-Intermediate/Defibrillator levels of certification.

Those with a level of certification being discontinued were provided at least a 4-year window to transition to either the EMT scope of practice or the AEMT scope of practice. Transition courses were developed and offered to complete this task.

The scope of practice for the AEMT has been the topic of significant discussion in the years leading up to the transition and in the years after. This level was initially sought to provide an advanced level of care for interfacility transports in areas where Paramedics were not as populous. This evolved into the current authorized activities and medications.

In the National EMS Scope of Practice Model, the AEMT should be able to “perform focused advanced skills and pharmacological interventions that are engineered to mitigate specific life-threatening conditions, medical, and psychological conditions with a targeted set of skills beyond the level of an EMT.”

Since implementation of the first medication list for the AEMT, there have been consistent requests for additional medications to be added to the approved medication list. These requests were forwarded to the Medical Advisory Council (MAC) of the Board for their deliberation and recommendation. In April 2018, a modified medication list was presented and discussed within the MAC and it was asked for a period of public comment upon the proposed list. These comments were compiled and presented to the MAC for their August 2018 meeting. At that meeting, some slight changes were made and the resulting medication list was presented as a recommendation to the Board during their October 2018 meeting.

Polarized comments were received leading up to the October 2018 meeting and at that meeting, the Executive Committee of the Board directed the formation of the AEMT Excellence Committee with Chad Pore as the chair and one portion of their charge was to review the AEMT portion of the medication list.

DISCUSSION

After multiple meetings of the AEMT excellence committee, it was determined that the medication list should proceed towards approval and the focus should be shifted to ensuring that educational components, both initial and continuing education, are adjusted to adequately assess that the AEMT is competent to administer each of the listed medications. Multiple ideas were discussed on how to ensure that this educational piece is in place.

The AEMT excellence committee believes this is a multiple step process and that the first step is placing the medication list into effect while the further steps are developed and addressed.
The AEMT excellence committee recommends that the Board proceed with the adoption of the medication list and pursue the necessary regulatory changes to place that medication list into effect.

**FINANCING**

This item has no anticipated fiscal effect upon the Board.

**ALTERNATIVES**

The Board has the following alternatives concerning the matter at hand. The Board may:

1. Adopt the Executive committee’s recommendation in whole
2. Adopt the Executive committee’s recommendation in part
3. Modify the Executive committee’s recommendation
4. Table the item.

**RECOMMENDATION**

That the Board adopt the Medication List as presented and that the regulatory revision process be initiated to make this change.

**POSSIBLE MOTION(S)**

1. To adopt the medication list as presented.
2. To initiate the regulatory revision process to implement the adopted medication list.

Enclosures:

1. DRAFT – Medication List – 2020-08
2. DRAFT – AEMT Medication List Regulation Changes – Proposed Language
## Approved Medication List

**Kansas Board of EMS**

*Where a drug class, type, or category is listed, specific agents shall be selected and approved through local medical protocols.*

### Abbreviations:

- **MDI** = Metered Dose Inhaler
- **INH** = Inhalation
- **NEB** = Nebulized
- **IN** = Intranasal
- **IM** = Intramuscular
- **SL** = Sublingual
- **IV/IO** = Intravenous/Intraosseous

<table>
<thead>
<tr>
<th>Medication</th>
<th>EMR</th>
<th>EMT</th>
<th>AEMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activated Charcoal</td>
<td>Not Approved</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>B2-agonist and/or anticholinergic bronchodilator*</td>
<td>MDI</td>
<td>MDI; Neb</td>
<td>MDI; Neb</td>
</tr>
<tr>
<td>Amiodarone</td>
<td>Not Approved</td>
<td>Not Approved</td>
<td>IV/IO</td>
</tr>
<tr>
<td>Antidote*</td>
<td>Oral; Autoinjector; IN</td>
<td>Oral; Autoinjector; IN</td>
<td>Oral; Autoinjector; IN; IV/IO</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Oral</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>Benzodiazepine*</td>
<td>Not Approved</td>
<td>Not Approved</td>
<td>IM; IV/IO; IN; Rectal</td>
</tr>
<tr>
<td>Corticosteroids*</td>
<td>Not Approved</td>
<td>Not Approved</td>
<td>Oral; IM; IV/IO</td>
</tr>
<tr>
<td>Dextrose</td>
<td>Not Approved</td>
<td>Not Approved</td>
<td>IV/IO</td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>Oral</td>
<td>Oral</td>
<td>Oral; IM; IV/IO</td>
</tr>
<tr>
<td>Epinephrine (1:1,000)</td>
<td>Autoinjector; IM</td>
<td>Autoinjector; IM</td>
<td>Autoinjector; IM</td>
</tr>
<tr>
<td>Epinephrine (1:10,000)</td>
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<td>Not Approved</td>
<td>IV/IO</td>
</tr>
<tr>
<td>Glucagon</td>
<td>IM</td>
<td>IM</td>
<td>IM</td>
</tr>
<tr>
<td>Glucose</td>
<td>Oral</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>Isotonic Crystalloid IV Fluids*</td>
<td>Not Approved</td>
<td>IV/IO</td>
<td>IV/IO</td>
</tr>
<tr>
<td>IV fluids with electrolyte additives*</td>
<td>Not Approved</td>
<td>Not Approved</td>
<td>IV/IO</td>
</tr>
<tr>
<td>IV fluids with antibiotic additives*</td>
<td>Not Approved</td>
<td>Not Approved</td>
<td>IV/IO</td>
</tr>
<tr>
<td>Lidocaine</td>
<td>Not Approved</td>
<td>Not Approved</td>
<td>IV/IO</td>
</tr>
<tr>
<td>Naloxone</td>
<td>Autoinjector; IN; IM</td>
<td>Autoinjector; IN; IM</td>
<td>Autoinjector; IN; IM; IV/IO</td>
</tr>
<tr>
<td>Nitroglycerine</td>
<td>Not Approved</td>
<td>SL; Transdermal</td>
<td>SL; Transdermal</td>
</tr>
<tr>
<td>Nitrous Oxide</td>
<td>Not Approved</td>
<td>Not Approved</td>
<td>INH</td>
</tr>
<tr>
<td>Antiemetic*</td>
<td>Not Approved</td>
<td>Oral; SL</td>
<td>Oral; SL; IM; IN; IV/IO</td>
</tr>
<tr>
<td>Opioid*</td>
<td>Not Approved</td>
<td>Not Approved</td>
<td>Oral; IM; IN; IV/IO</td>
</tr>
<tr>
<td>Over the Counter Antipyretics*</td>
<td>Not Approved</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>Over the Counter Non-opioid analgesics*</td>
<td>Not Approved</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>Oxygen</td>
<td>INH</td>
<td>INH</td>
<td>INH</td>
</tr>
<tr>
<td>Tranexamic Acid (TXA)</td>
<td>Not Approved</td>
<td>Not Approved</td>
<td>IV/IO</td>
</tr>
<tr>
<td>Patient Assisted Medications*</td>
<td>Not Approved</td>
<td>Prescribed Route ONLY</td>
<td>Prescribed Route ONLY</td>
</tr>
</tbody>
</table>

*Where a drug class, type, or category is listed, specific agents shall be selected and approved through local medical protocols.*
109-3. Emergency medical responder; authorized activities. Each emergency medical responder shall be authorized to perform any intervention specified in K.S.A. 65-6144, and amendments thereto, and as further specified in this regulation:

(a) Emergency vehicle operations:

(1) Operating each ambulance in a safe manner in nonemergency and emergency situations. "Emergency vehicle" shall mean ambulance, as defined in K.S.A. 65-6112 and amendments thereto; and

(2) stocking an ambulance with supplies in accordance with regulations adopted by the board and the ambulance service's approved equipment list to support local medical protocols;

(b) initial scene management:

(1) Assessing the scene, determining the need for additional resources, and requesting these resources;

(2) identifying a multiple-casualty incident and implementing the local multiple-casualty incident management system;

(3) recognizing and preserving a crime scene;

(4) triaging patients, utilizing local triage protocols;

(5) providing safety for self, each patient, other emergency personnel, and bystanders;

(6) utilizing methods to reduce stress for each patient, other emergency personnel, and bystanders;

(7) communicating with public safety dispatchers and medical control facilities;

(8) providing a verbal report to receiving personnel;

(9) providing a written report to receiving personnel;
(10) completing a prehospital care report;
(11) setting up and providing patient and equipment decontamination;
(12) using personal protection equipment;
(13) practicing infection control precautions;
(14) moving patients without a carrying device; and
(15) moving patients with a carrying device;
(c) patient assessment and stabilization:
(1) Obtaining consent for providing care;
(2) communicating with bystanders, other health care providers, and patient family members while providing patient care;
(3) communicating with each patient while providing care; and
(4) assessing the following: blood pressure manually by auscultation or palpation or automatically by noninvasive methods; heart rate; level of consciousness; temperature; pupil size and responsiveness to light; absence or presence of respirations; respiration rate; and skin color, temperature, and condition;
(d) cardiopulmonary resuscitation and airway management:
(1) Applying cardiac monitoring electrodes;
(2) performing any of the following:
(A) Manual cardiopulmonary resuscitation for an adult, child, or infant, using one or two attendants;
(B) cardiopulmonary resuscitation using a mechanical device;
(C) postresuscitative care to a cardiac arrest patient;
(D) cricoid pressure by utilizing the sellick maneuver;
(E) head-tilt maneuver or chin-lift maneuver, or both;
(F) jaw thrust maneuver;
(G) modified jaw thrust maneuver for injured patients;
(H) modified chin-lift maneuver;
(I) mouth-to-barrier ventilation;
(J) mouth-to-mask ventilation;
(K) mouth-to-mouth ventilation;
(L) mouth-to-nose ventilation;
(M) mouth-to-stoma ventilation;
(N) manual airway maneuvers; or
(O) manual upper-airway obstruction maneuvers, including patient positioning, finger sweeps, chest thrusts, and abdominal thrusts; and
(3) suctioning the oral and nasal cavities with a soft or rigid device;
(e) control of bleeding, by means of any of the following:
(1) Elevating the extremity;
(2) applying direct pressure;
(3) utilizing a pressure point;
(4) applying a tourniquet;
(5) utilizing the trendelenberg position; or
(6) applying a pressure bandage;
(f) extremity splinting, by means of any of the following:
(1) Soft splints;
(2) anatomical extremity splinting without return to position of function;
(3) manual support and stabilization; or

(4) vacuum splints;

(g) spinal immobilization, by means of any of the following:

(1) Cervical collar;

(2) full-body immobilization device;

(3) manual stabilization;

(4) assisting an EMT, an AEMT, or a paramedic with application of an upper-body spinal immobilization device;

(5) helmet removal; or

(6) rapid extrication;

(h) oxygen therapy by means of any of the following:

(1) Humidifier;

(2) nasal cannula;

(3) non-rebreather mask;

(4) partial rebreather mask;

(5) regulators;

(6) simple face mask;

(7) blow-by;

(8) using a bag-valve-mask with or without supplemental oxygen; or

(9) ventilating an inserted supraglottic or subglottic airway;

(i) administration of medications according to the board's "approved medication list," dated April 5, 2019 August 7, 2020, which is hereby adopted by reference;

(j) recognizing and complying with advanced directives by making decisions based upon
a do-not-resuscitate order, living will, or durable power of attorney for health care
decisions; and

(k) providing the following techniques for preliminary care:

(1) Cutting of the umbilical cord;

(2) irrigating the eyes of foreign or caustic materials;

(3) bandaging the eyes;

(4) positioning the patient based on situational need;

(5) securing the patient on transport devices;

(6) restraining a violent patient, if technician or patient safety is threatened;

(7) disinfecting the equipment and ambulance;

(8) disposing of contaminated equipment, including sharps and personal protective
equipment, and material;

(9) decontaminating self, equipment, material, and ambulance;

(10) following medical protocols for declared or potential organ retrieval;

(11) participating in the quality improvement process;

(12) providing EMS education to the public; and

(13) providing education on injury prevention to the public. (Authorized by K.S.A. 65-
6111; implementing K.S.A. 65-6144; effective March 9, 2012; amended May 5, 2017;
amended Jan. 24, 2020; amended P-____________.)
109-3.5. Advanced emergency medical technician; authorized activities. Each advanced emergency medical technician shall be authorized to perform any intervention specified in the following:
(a) K.S.A. 65-6144, and amendments thereto, and as further specified in K.A.R. 109-3-3;
(b) K.S.A. 65-6121, and amendments thereto, and as further specified in K.A.R. 109-3-4; and
(c) K.S.A. 65-6120, and amendments thereto, and as further specified in the following paragraphs:
(1) Advanced airway management, except for endotracheal intubation; and
109-11-8. Successful completion of a course of instruction. (a) To successfully complete a course of instruction as an attendant EMS provider or instructor-coordinator, each student shall:

(1) Attend at least 90% Demonstrate application of the class sessions as described in the course syllabus a cognitive understanding of each EMS educational standard;
(2) maintain an average grade of at least 70% for all examinations given during the program; and
(3) demonstrate all practical skills to the satisfaction of the course coordinator primary instructor; and

(3) demonstrate successful completion of each of the following:

(A) for an EMR initial course of instruction, 10 intramuscular injection procedures;

(B) for an EMT initial course of instruction:

(i) one complete patient assessment;

(ii) one nebulized breathing treatment; and

(iii) 10 intramuscular injection procedures; and

(C) for an AEMT initial course of instruction:

(i) 20 venipunctures, of which at least 10 shall be for the purpose of initiating intravenous infusions;

(ii) five intraosseous infusions;

(iii) 15 complete patient assessments, of which at least 10 shall be accomplished during field internship training;

(iv) 10 ambulance calls while being directly supervised by an AEMT, a paramedic, a physician, an advanced practice registered nurse, or a professional nurse;
(v) 10 completed patient charts or patient care reports, or both; and

(vi) 8 electrocardiogram applications and interpretations during clinical training and field internship training.

(b) The course coordinator, primary instructor shall provide written approval, within 15 days of the final class and at least 7 days prior to the student challenging the State examination for certification, that the requirements of subsection (a) of this regulation have been met. Evidence of a grade of C or better on a course of instruction given by an accredited post-secondary school shall substitute for written approval. (Authorized by K.S.A. 65-6110, as amended by L. 1993, Chap. 71, Sec. 1; implementing K.S.A. 65-6111, as amended by L. 1993, Chap. 71, Sec. 2, and K.S.A. 65-6129, as amended by L. 1993, Chap. 71, Sec. 5, and K.S.A. 65-6142; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989, amended Jan. 31, 1994; amended P-____________.)
Carolina Pereira, MD, FACEP, FAEMS

EDUCATION AND TRAINING

**EMS and Disaster Medicine Fellowship**
Fire Department of New York (FDNY) and Long Island Jewish Medical Center  
New York, NY  
July 2015-June 2016

**Emergency Medicine Internship and Residency**
Orlando Health / Orlando Regional Medical Center  
Orlando, FL  
July 2012-June 2015

**Doctor of Medicine**
Florida State University College of Medicine  
Tallahassee, FL  
May 2008-May 2012

**Bachelor of Science in Health Sciences, Summa Cum Laude**
University of Florida  
Gainesville, FL  
August 2004-May 2008

PROFESSIONAL EXPERIENCE

**Emergency Physician**
Wesley Hospitals (CarePoint)  
Wichita, KS  
May 2020 – present

**Emergency Physician**
Ascension Hospitals (Vituity)  
Wichita, KS  
April 2020- present

**Deputy Medical Director**
Sedgwick County EMS  
Wichita, KS  
March 2020 – present

**Medical Director**
Liberty Ambulance Service  
Jacksonville, FL  
July 2019 – February 2020

**Urban Search and Rescue Medical Team Manager**
Florida Task Force 5 (FL-TF5)  
Jacksonville, FL  
August 2017 – February 2020

**Assistant Professor of Emergency Medicine**
University of Florida Health - Jacksonville  
Jacksonville, FL  
July 2016-February 2020

**EMS Rotation Director**
University of Florida Health - Jacksonville  
Jacksonville, FL  
July 2016-February 2020

**Disaster Medical Officer**
University of Florida Health - Jacksonville  
Jacksonville, FL  
July 2016-February 2020
Medical Director of EMT and Paramedic Programs
Florida State College at Jacksonville
July 2016 – February 2020

Assistant Medical Director
Fire Department of New York (FDNY)

Online Medical Control Physician
Fire Department of New York (FDNY)

Attending Physician
Long Island Jewish Medical Center and Forest Hills Hospital

Resident Physician
Orlando Health and Emergency Physicians of Central Florida
July 2012 – June 2015

Laboratory Technician
Alpha-1 Antitrypsin Genetics Laboratory
September 2005 - May 2008

LICENSURE AND CERTIFICATION

- Fellow of the Academy of Emergency Medical Services (FAEMS)
- Fellow of the American College of Emergency Physicians (FACEP)
- Board certification in Emergency Medical Services
- Board certification in Emergency Medicine
- Kansas medical license - 0442918
- Florida medical license - ME 122812
- Advanced Trauma Life Support (ATLS)
- Advanced Haz-Mat Life Support (AHLS)
- Advanced Cardiac Life Support (ACLS)

PROFESSIONAL ORGANIZATION MEMBERSHIP

- National Association of Emergency Medical Services Providers (NAEMSP) 2015-present
- American College of Emergency Physicians (ACEP) 2009-present
- Florida Association of Emergency Medical Services Medical Directors (FAEMSMD) 2016-2020
- Council of Emergency Medicine Residency Directors (CORD) 2016-2020
- Florida Medical Association (FMA) 2016-2020
- Florida College of Emergency Physicians (FCEP) 2009-2020
- Emergency Medicine Residents Association (EMRA) 2009-2015
- American Academy of Emergency Medicine (AAEM) 2010-2012

BIBLIOGRAPHY

Publications
End of Life Issues in Prehospital Emergency Medicine Care Secrets – pending publication
Intimate Partner Violence, Sexual Assault and Child Maltreatment in Prehospital Emergency Medicine Care Secrets – pending publication
Abdominal Trauma - Emergency Medicine Oral Board Review Illustrated – pending publication

Presentations

Society of Emergency Medicine Physicians Assistants (SEMPA) Procedure Course Instructor – October 2019

Difficult Airway Course Instructor – July 2019

Carolina Pereira, MD, Christopher Hunter, MD, PhD, Salvatore Silvestri, MD, George Ralls MD, Danielle Dragoo, MD, Linda Papa, MD. A role for end-tidal carbon dioxide in the out-of-hospital diagnosis of sepsis. Poster presentation at FCEP annual conference in Boca Raton, FL, August 2014

Winner most outstanding resident poster award

Carolina Pereira, MD, Christopher Hunter, MD, PhD, Salvatore Silvestri, MD, George Ralls MD, Danielle Dragoo, MD, Linda Papa, MD. A role for end-tidal carbon dioxide in the out-of-hospital diagnosis of sepsis. Oral presentation at SAEM national annual conference in Dallas, TX, May 2014

Other

Reviewer – A to Z Pocket Emergency Pharmacopoeia

Optimizing EMS to ED handoffs – Evaluate and improve transitions of care from prehospital to the emergency department with a focus on patient safety and improved interagency and community relationships

Dementia and Alzheimer’s research with Dr. Russell Bauer at University of Florida’s Department of Neuropsychology – poster presentation, April 2008

Alpha-1 antitrypsin deficiency research – assisted with bronchoscopies and BALs for phase 3 research trials with Dr. Mark Brantley at University of Florida’s Department of Pulmonology – multiple posters presented at educational events, 2006-2008

RESIDENT, MEDICAL STUDENT, AND EMS EDUCATION

Residents

Monthly EMS journal club
Various EM and EMS topics for resident education
EMS /disaster medicine rotation for NYC EM residents
Morbidity and mortality case conference
Senior case conference
Bioterrorism
Intraocular foreign bodies
Fever in a traveler
Cost containment in emergency medicine

July 2018 – February 2020
July 2016 – February 2020
July 2015 - June 2016
June 2015
May 2015
August 2014
May 2014
October 2013
January 2013

Medical Students

Introduction to EMS
Teaching associate in EMS, Hofstra Medical School
Disaster medicine drill
Abdominal trauma lecture and small group discussion

July 2017- February 2020
July 2015 - June 2016
September 2015
August 2015
Teaching resident rotations

**EMS**

- Monthly EMS journal club
  - July 2018 - February 2020
- Urban Search and Rescue – medical specialist training
  - August 2017 - February 2020
- Fernandina Beach Fire-Rescue Department case conference
  - July 2017 - February 2020
- Jacksonville Fire and Rescue Department recruit conference
  - October 2016 - February 2020
    - Cardiac Arrest
    - Airway Management
    - Congestive Heart Failure
    - Excited Delirium
    - OB/GYN Emergencies
    - Trauma for EMS
- Bradford County – Cardiac Arrest Update
  - August 2019
- EMS Symposium
  - June 2019
  - Cardiac Arrest Update
  - Teaching scenarios – cardiac arrest
- Urban Search and Rescue – Scene amputation lab
  - May 2019
- EMS conference (UF Health/Mayo Clinic)
  - February 2017
  - Cardiac Arrest
  - Code simulations
- Disaster Panel – UF Health Trauma Symposium
  - February 2017
- Improving presentations to online medical control
  - March 2016
- CPAP in the pre-hospital setting
  - November 2015 – February 2016
- Spinal immobilization and hemorrhage control training/skills
- Cadaver lab - prehospital skills training
  - September 2015 – June 2016
- Pre-hospital case review
  - August 2015 - October 2015
- Medical care review and re-education of EMS personnel
- Abdominal Pain and GI Bleeding
  - August 2013

**VOLUNTEER/COMMUNITY SERVICE**

- Foster for Kansas Humane Society
  - Provide foster homes for animals
  - March 2020-present
- Foster and volunteer for Animal Care and Protective Services (ACPS)
  - Provide foster homes for animals and care for dogs and cat in the shelter
  - September 2017-February 2020
- Instructor for Stop the Bleed
  - Providing community education about hemorrhage control
  - May 2018-present
- Medical direction for Gate River Run
  - Providing medical care and oversight to 15K in the city of Jacksonville
  - March 2016-present
- Medical service trip to Brazil with Santa Casa de Piracicaba
  - Providing medical care emergency setting in Piracicaba, Brazil
  - June-July 2014
- Shepard’s Hope
  - Providing medical care for the indigent and underinsured population of Orlando, Florida
  - October 2012-April 2014
Medical service trip to Kenya with Elective Africa  
Provide medical care in the emergency department and labor and delivery wards of the largest hospital in Mombasa, Kenya  
**April 2012**

Favor House  
Provide support at a shelter for victims of domestic violence and education for victims and perpetrators of domestic violence  
**November-December 2010**

Medical service trip to Uganda with Hearts Afire  
Provided medical care to women and children who had been victims of war crimes  
**July 2009**

OTHER ACTIVITIES

Physicians for Human Rights (PHR) - member, August 2010-present

Founder of Argo-Noles Medical Mentor Program – founded a partnership between medical students at Florida State and the pre-med students at the University of West Florida to provide guidance in applications to medical school, June 2011- May 2012

CLINICAL INTERESTS

Pre-hospital and disaster medicine, public involvement in out of hospital cardiac arrest, EMS education, health and human rights, international medicine

PERSONAL INTERESTS

Traveling, hiking, kayaking, camping, SCUBA diving, college football, and cooking
REFERENCES

John Gallagher, MD
Director of EMS
Sedgwick County EMS
Contact Information Redacted

Steven A. Godwin, MD
Chair of Emergency Medicine Department
University of Florida Health Jacksonville
Contact Information Redacted

Kerry Bachista, MD
Medical Director, St. John’s County Fire Rescue, Florida
Emergency Physician, Baptist Health
Contact Information Redacted

Nathan Reisman, MD
Medical Director, Fire Department of New York
Assistant Professor of Emergency Medicine, SUNY Downstate Medical Center
Contact Information Redacted

Christopher Hunter, MD, PhD
Florida Association of EMS Medical Directors, President
Associate Medical Director, Orange County EMS
Assistant Program Director, Orlando Health
Contact Information Redacted

Josef Thundiyil, MD
Residency Program Director, Orlando Health
Contact Information Redacted