NOTES: Those in physical attendance must adhere to all policies and guidance related to COVID instituted by both Shawnee County and the Governor. Upon publication of this agenda, that includes the donning of face masks while in public settings and the practice of social distancing where possible.

Executive Committee
Dennis Shelby - Chair

AGENDA

*****PLEASE NOTE CHANGE IN LOCATION******
KANSAS STATE CAPITOL
300 SW 10th, Room 582-N; Topeka, Kansas
11:00 am – 12:15 pm

Public Comment Note
This meeting is open to the public with limited spacing due to social distancing requirements. Because of this, we are asking that if you do not have business before the Executive Committee, that you please consider attending through one of our virtual offerings.

The Board strongly believes that transparency and open government are paramount and holds firm upon the importance of the public to have an ability to observe and comment upon the Board proceedings and to provide comment and insight upon items appearing on the agenda.

To assist with ensuring a fair and consistent manner by which all public comment can be received for the purpose of assisting the Board and/or committee with a potential decision at hand, we ask that public comment on an agenda item be submitted in writing at least eight (8) hours prior to the meeting to joseph.house@ks.gov.

All public comment submitted will be provided as submitted to each committee member and will be read at the appropriate time by Board staff if it can be done within 5 minutes. All public comment relating to and identifying a specific agenda item will be presented or read prior to a vote on that agenda item.

1. Standing Items
   1.1 Legislative Update
      State Legislation
      HB 2723 – Medical oversight / Protocol Approval Process – Action Requested.
      Legislation introduced on behalf of the Board of EMS during the 2020 Legislative Session.
      Supporting Document – Brief – Standing Item 1-1

      Federal Legislation (Potential Discussion – No Action Anticipated)
      H.R. 5826 – Consumer Protections Against Surprise Medical Bills Act of 2020. –
      Contains a section upon reporting requirements regarding air ambulance services.
      H.R. 6637 – Health Equity and Accountability Act of 2020 –
      Contains a provision to eliminate the isolation test for cost-based ambulance reimbursement (as part of a critical access hospital improvement measure).
(8) SERVICES FURNISHED BY CRITICAL ACCESS HOSPITALS
Notwithstanding any other provision of this subsection, the Secretary shall pay 101 percent of the reasonable costs incurred in furnishing ambulance services if such services are furnished—
(A) by a critical access hospital (as defined in section 1395x(mm)(1) of this title), or
(B) by an entity that is owned and operated by a critical access hospital (including when such services are provided by the entity under an arrangement with the hospital); but only if the critical access hospital or entity is the only provider or supplier of ambulance services that is located within a 35-mile drive of such critical access hospital.

2. Old Business
   2.1 Kansas Revolving Assistance Fund Changes for FY2021 Process – Action Requested
   The KRAF review committee requests consideration of recommendations for the 2021 grant cycle.
   **Supporting Document – Brief – Old Business 2-1**

   2.2 Advanced EMT Medication List – Action Requested
   The AEMT Excellence Committee requests consideration of a recommendation to adopt the AEMT medication list as provided. Subsequent recommendations/guidance will be presented as well.
   **Supporting Document – Brief – Old Business 2-2**

   2.3 Education Incentive Grant Study Follow Up – Action Requested
   Staff is recommending consideration to continue the offering to assist low income individuals, separating military members, and military families to obtain Kansas EMS Certification and to enter the Kansas EMS Workforce by reducing certification and examination costs.
   **Supporting Document – Brief – Old Business 2-3**

3. New Business
   3.1 Inactive Certificate Regulation – Action Requested
   On June 6, 2019, the Kansas Legislature granted the Board the authority to issue and renew an Inactive certificate. Staff is recommending the addition of a new regulation and revising 109-7-1 (fees) to implement the authority.
   **Supporting Document – Brief – New Business 3-1**

   3.2 Board Articles Revision – Action Requested
   Six technical changes to the Board Articles are being proposed due to changes related to statute, an organization name, and the Board’s Purpose statement. Staff is recommending that the articles be forwarded for adoption as provided.
   **Supporting Document – Brief – New Business 3-2**

4. Adjournment

**NOTES:** Those in physical attendance must adhere to all policies and guidance related to COVID instituted by both Shawnee County and the Governor. Upon publication of this agenda, that includes the donning of face masks while in public settings and the practice of social distancing where possible.
Agenda Item: 1.1 – HB 2723 - Statutory Change for Medical Oversight & Protocol Approval

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 Committee has the following alternatives concerning the matter at hand. The Committee may:
1. Recommend pursuing HB2723 as modified after the hearing (Enclosure 1) in the 2021 Legislative session.
2. Recommend pursuing HB 2723 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 HB2723 further.
5. Table the item.

RECOMMENDATION
That the committee consider recommendation of pursuing HB2723 as modified after the hearing (Enclosure 1).

POSSIBLE MOTION
To pursue adoption of HB2723 as modified after its 2020 hearing in the upcoming legislative session.

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.

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" 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) "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.
(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 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,
  o 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:** 2.1 – KRAF Changes for FY2021 Process

**Committee:** Executive

**BACKGROUND**

The EMS Revolving Grant Fund, known as KRAF, is a state funded grant program designed to provide financial assistance based upon demonstrated financial need to Kansas EMS agencies and organizations. The funding is provided through a percentage disbursed from remitted fines, penalties, and forfeitures associated with K.S.A. 74-7336, and was established by the passage of 2007 SB 8. The primary goal of this program is to financially assist EMS agencies and organizations to purchase EMS equipment and assist in regional education and training. Funding is granted based on the documented need of the specific item being requested.

Distribution of the funding is a two-fold process: Direct distribution and Individual distribution. Direct distribution goes directly to each of the six (6) EMS Regional Councils to maintain an overall Regional preparation and education in EMS, homeland security, and education and training opportunities that benefit that geographical area. Individual distribution is to a service and prioritized based upon information submitted during the application process. The requested information on the application is designed to demonstrate the current capacity, to demonstrate the need, and to identify the benefits to the community for receiving the disbursement. The grant application period opens each year approximately December 1st and runs through the 1st of January.

Each year, the Board convenes a committee of regional representatives to assist in the prioritization of grants. Each of the six regions has representation upon this committee as well as the Board.

We have continued to see a decreased amount remitted into this fund each fiscal year. In 2009, the fund received $536,961 from a 2.5% disbursement of the $21.478M remitted. In 2019, the fund received $392,271 from a 2.23% disbursement of the $17.591M remitted.

**DISCUSSION**

Prior to the committee ending their work for recommendations and prioritization, they are asked if there are any changes necessary for the upcoming grant cycle to assist in making their job easier or that would assist in spreading these funds further. The following are their recommendations for consideration for the FY2021 grant period.

1. **Applications that have not been filled out completely or have been filled out inaccurately be presumptively denied without consideration.**
   
   This has been described as one of the easiest grant applications to fill out and the committee felt that it was not an appropriate use of Board staff’s time, or anyone else, to track down an applicant for omitted or inaccurate information.

2. **Consideration of reducing the cap of state funding on an ECG monitor from $20,000 to $15,000.**
   
   The committee recognized that monitors are one of the most commonly requested items, but in an effort to spread the funding to more recipients, thought that the reduction would allow greater opportunity to fund more services.

3. **Board consider issuing a request to ambulance service operators to consider including durable medical equipment (ECG monitors, cots, ventilators, etc.) with the specifications in their**
ambulance vehicle bids.
Most ambulance manufacturers are comfortable including these items as part of the ambulance and including these items with the ambulance may help the service defer the cost over a period of time rather than having a large one-time expense. The committee did note that it will cause an appearance of an increase in bid amounts from previous years.

4. Board consider a single year, or two, of funding solely monitors or seeking out additional funding/assistance opportunities due to the final order issued by the FDA in 2015 requiring premarket approval for all new and existing AEDs and necessary AED accessories.
This final order renders some EMS ECG monitors obsolete on and after February 3, 2021 due to not being able to purchase accessories such as batteries, pad electrodes, and adapters or to have the device maintained.

FINANCING
As mentioned in the overview, it is anticipated that funding for FY2021 will be lower than normal. Each year, we expend as close to all as we can, but with deposits coming in up to the end of our fiscal year, it is impossible to expend 100%. The amount not expended each year is rolled over and expended as part of the next. The recommended changes have no budgeting impact upon the Board, they simply provide guidance for prioritization and eligibility.

ALTERNATIVES
The Committee has the following alternatives concerning the matter at hand. The Committee may:
1. Pursue recommendations in whole
2. Pursue recommendation in part
3. Modify recommendations
4. Table the item.

RECOMMENDATION
That the committee consider pursuing recommendations 1 through 3; that recommendation 4 be modified to recommending that those applicants demonstrating that they have only ECG monitors that would become technically obsolete on and after February 3, 2021 be given a higher priority than other applicants and that this modified recommendation 4 be pursued.

POSSIBLE MOTION
To support pursuing recommendations 1 through 3 as presented and recommendation 4 as modified.

Enclosures:
None
Agenda Item:  2.2 – 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 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 Committee has the following alternatives concerning the matter at hand. The Committee may:
1. Pursue recommendations in whole
2. Pursue recommendation in part
3. Modify recommendations
4. Table the item.

RECOMMENDATION
That the committee consider adoption of the Medication List as presented and that the regulatory revision process be initiated to make this change.

POSSIBLE MOTION(S)
To move forward to the Board the adoption of the medication list as presented and initiation of the regulatory revision process to make the change.

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:

<table>
<thead>
<tr>
<th>MDI</th>
<th>INH</th>
<th>NEB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metered Dose Inhaler</td>
<td>Inhalation</td>
<td>Nebulized</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IN</th>
<th>IV/IO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intranasal</td>
<td>Intravenous/Intraosseous</td>
</tr>
</tbody>
</table>

### Medication

<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; IM</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>
<td>Not Approved</td>
<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

**BACKGROUND**

The Education Incentive Grant (EIG) program was established to finance the recruitment and retention of volunteers primarily in underserved, rural areas of Kansas. This funding is available through an application process with criteria established from the three priorities set forth in the enabling legislation. Those priorities are to assist with the cost of 1) initial courses of training for EMS providers and instructor-coordinators; 2) continuing education; and 3) education for EMS providers and instructor-coordinators who are obtaining a post-secondary education degree.

EIG is funded through our EMS operating fund as we are budgeted to transfer $300,000 from our operating fund to the EIG fund each year.

The funds are disbursed to services to assist individuals. In return, the individual must meet certain obligations in order to receive the funding (such as working 20 hours a month for the service providing the funding for a set period of time). In certain circumstances, an individual does not meet the grant obligations and is responsible to repay the grant for a percentage of, or all, expenditures (as per their signed agreement to receive the funds).

In April 2018, the Board approved a study (Enclosure 1) to utilize a portion of the funds that had already been expended for their primary purpose and had been collected from those that failed to meet the current grant requirements to fund an alternate proposal. This alternate would be to provide low income individuals, separating military members, and military families’ assistance with certification and examination costs associated with gaining Kansas EMS Certification and to incentivize them to enter the Kansas EMS Workforce.

In FY2019, the Board received $82,778 in repayments for the grant and in FY2020, $80,376.

The approved study ended on June 30, 2020 (end of FY2020).

**DISCUSSION**

During the 2 year study, 3 applications were made specific to this study offering. 2 of the 3 applications met the qualifications to receive funding. One submitted a military application, but separated from service 7 years prior. Neither of the two recipients are affiliated with an ambulance service at this time, but one has a prospective offer from a fire service that provides emergency medical response.

This study and the lack of active applicants was discussed during legislative hearings on HB2506 in both the House and the Senate (a bill to expedite licensing for military spouses and servicemembers and expanded to all applicants) and we have attempted to market to the 3 major military installations – Fort Leavenworth, Fort Riley, and McConnell Air Force Base.

Although there were very minimal applications for the funding, offering the funds does not hinder availability or prevent others from having access to that funding.

**FINANCING**

This item has no anticipated fiscal effect upon the Board. Funding not used for this purpose continues to be expended upon the priorities set forth in the EIG program.
ALTERNATIVES
The Committee has the following alternatives concerning the matter at hand. The Committee may:
1. Continue providing the opportunity.
2. Cease providing the grant opportunity.
3. Modify the grant opportunity.
4. Table the item.

RECOMMENDATION
That the grant continue to be offered under the auspices set forth in the study (funds collected from those that failed to meet the grant obligations and for the populations listed).

POSSIBLE MOTION(S)
To move forward to the Board the continuance of the low-income and military provisions within the EIG offering as was studied in FY2019 and FY2020.

Enclosures:
1. EIG Study Proposal – 201804
**Education Incentive Grant Study Proposal**

**Intent:** To incentivize an opportunity for low income individuals, separating military members, and military families to obtain Kansas EMS certification and to enter the Kansas EMS Workforce by reducing certification and examination costs.

**Desired Effect:** Increased opportunity for recruitment of individuals by ambulance services and first response agencies.

- We are seeing more EMS courses (EMR and EMT) being provided through high schools and utilizing the technical professions grant afforded by the Kansas Legislature. In most instances, this covers the cost of books and tuition for the student to complete the course. Some of the students in these courses are from lower-income families and the only obstacle to making the attempt for certification is the cost of the examination being too much for the student, or their family, to incur.
- We are seeing more members of our military separating from service and looking for gainful employment.
- Military spouses and families are moving to military installations in Kansas. Some of these spouses and families have EMS certification and are looking for gainful employment within the state.

**PROPOSED ADDITIONAL INCENTIVE**

The Board utilize a portion of the EIG funds that were expended and have been collected from those that failed to meet the current grant requirements.

Individuals that meet low-income requirements may request to receive assistance for the fees of a first attempt at certification examinations and the application fee. The individual will be required to cover 20% of those costs with the grant covering the remaining 80%.

- EMR – utilizing current costs - $190 total cost ($152 State - $38 Individual)
- EMT – utilizing current costs - $255 total cost ($204 State - $51 Individual)

Military members separating from service as well as active military members’ spouses and dependents may request to receive assistance for the fees associated with application for certification. The grant would provide 75% of the application fee if the individual currently resides in Kansas or the active military member can provide orders demonstrating relocation to Kansas and 100% of the application fee if the individual has a conditional offer of employment from a Kansas entity that provides EMS response (where the condition is gaining Kansas certification).

- EMR – 75% = $11.25 (State)
- EMT and AEMT – 75% = $37.50 (State)
- Paramedic – 75% = $48.75 (State)

This would be proposed to go into effect on July 1, 2018 and continue through June 30, 2020 (FY2019 and FY2020).
Agenda Item: 3.1 – Inactive Certificate

Committee: Executive

BACKGROUND
An item appearing multiple times through the Board’s annual legislative meetings was the creation of an inactive certificate. On June 6, 2019, the Kansas Legislature granted the Board the authority to issue and renew an inactive certificate.

Pursuant to discussion at the October 2018 meeting, it was the desire that the inactive certificate would have no change in renewal fee; no continuing education requirement for renewal while inactive; and cannot engage in direct patient care (but may remain in an administrative role that has oversight of patient care). A pathway to convert from inactive to active was also created.

That pathway to convert involves making an application; demonstrating completed training for any scope of practice changes that occurred since last active; and challenging the certification examinations or demonstrating completion of continuing education hours in sufficient quantity to reinstate an expired certificate of similar duration.

DISCUSSION
A draft of the proposed regulatory changes necessary to issue an inactive certificate are included (Enclosure 1). This involves the regulation specific to the issuance process and the regulation specific to fees.

Discussion should be had to clearly identify the intent of whether there are scenarios where an “inactive” certificate holder may function as one of the two required EMS providers during transport. (Example: an “inactive” certificate holder being a driver for interfacility transports). The statute is clear that an inactive certificate shall not entitle the holder to engage in the practice of emergency medical services and restricts the Board to issuing an inactive certificate “only to a person who is not directly engaged in the provision of emergency medical services for which certification is required.”

FINANCING
We estimate that implementation of these regulations will be negligible. There may be a very slight increase in revenue related to licensing as it may lead individuals to remaining certified in an “inactive” status rather than let their certification lapse.

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

1. Proceed with the regulations as provided.
2. Modify the regulations provided.
3. Appoint a subcommittee to review and draft an alternative.
4. Table the item.

RECOMMENDATION
To proceed with the regulations as drafted.

POSSIBLE MOTION(S)
To move forward to the Board a recommendation to initiate the regulatory process for the regulations necessary to issue and renew the inactive certificate as well as returning to an active status.

Enclosures:

1. DRAFT - Inactive Status Regulations (NEW and KAR 109-7-1)
NEW 109-6-4. Inactive Certificate. (a) Before expiration of an active certificate, an emergency medical service provider may apply for an inactive certificate on a form provided by the board.

(b) The application shall be accompanied by the inactive certificate fee specified in K.A.R. 109-7-1.

(c) An inactive certificate may be renewed upon submission of a sufficient renewal application and the inactive certificate renewal fee specified in K.A.R. 109-7-1.

(d) The inactive certificate of a person may be reinstated to an active certificate by the board if the person meets the following requirements:

1. Submits a completed application to the board on forms provided by the executive director;
2. pays the applicable fee specified in K.A.R. 109-7-1;
3. completed training upon scope of practice changes specific to level of certification that occurred after issuance of the inactive certificate; and
4. either of the following:
   A. completed continuing education in an amount to meet or exceed the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic for each two year period after issuance of the inactive certificate; or
   B. successfully completed the cognitive and psychomotor assessment for the person’s level of certification, within 3 attempts.
109-7-1. Schedule of fees. (a) Attendant, I-C, and ambulance service application fees shall be nonrefundable.

(b) Emergency medical responder fees:

(1) Application for certification fee ................................................................. $15.00

(2) Certification renewal application fee for a renewal that expires on a biennial basis if received before certificate expiration ................................................................. $20.00

(3) Certification renewal reinstatement application fee if received within 31 calendar days after certificate expiration ................................................................. $40.00

(4) Certification renewal application fee if received on or after the 32nd calendar day after certificate expiration ................................................................. $80.00

(c) Paramedic fees:

(1) Application for certification fee ................................................................. $65.00

(2) Certification renewal application fee if received before certificate expiration ... $50.00

(3) Certification renewal application fee if received within 31 calendar days after certificate expiration ................................................................. $100.00

(4) Certification renewal application fee if received on or after the 32nd calendar day after certificate expiration ................................................................. $200.00

(d) EMT and AEMT fees:

(1) Application for certification fee ................................................................. $50.00

(2) Certification renewal application fee if received before certificate expiration ... $30.00

(3) Certification renewal application fee if received within 31 calendar days after certificate expiration ................................................................. $60.00
(4) certification renewal application fee if received on or after the 32nd calendar day after certificate expiration .......................................................... $120.00

(e) Inactive certificate fees:

(1) Application for inactive certificate ......................................................... $10.00

(2) inactive certificate renewal fee .............................................................. $25.00

(3) application fee for reinstatement of inactive certificate ................................. $20.00

(f) Instructor-coordinator fees:

(1) Application for certification fee ................................................................. $65.00

(2) certification renewal application fee if received before certificate expiration . $30.00

(3) certification renewal application fee if received within 31 calendar days after certificate expiration ................................................................. $60.00

(4) certification renewal application fee if received on or after the 32nd calendar day after certificate expiration ................................................................. $120.00

(f) (g) Ambulance service fees:

(1) Service permit application fee ................................................................. $100.00

(2) service permit renewal fee if received on or before permit expiration ........$100.00

(3) service permit renewal fee if received after permit expiration .................. $200.00

(4) vehicle license application fee ................................................................. $40.00

(5) Temporary license for an ambulance ....................................................... $10.00

(g) (h) Each application for certification shall include payment of the prescribed application for certification fee to the board.

(h) (i) Payment of fees may be made by either of the following:
(1) An individual using a personal, certified, or cashier’s check, a money order, a credit card, or a debit card; or

(2) an ambulance service, fire department, or municipality using warrants, payment vouchers, purchase orders, credit cards, or debit cards.

(i) [j] Payment submitted to the board for application for certification fee or renewal fee for more than one attendant or I-C shall not be accepted, unless the fee amount is correct.
Agenda Item: 3.2 – Board Articles Revision

Committee: Executive

BACKGROUND

In June 2014, the Executive Committee of the Board was reintroduced to the creation and adoption of Board Bylaws/Articles. These bylaws would assist the committees and the Board with an understanding of the function and role of each part of the Board of EMS.

In December 2014, the Board adopted the current bylaws. They have not been revised since adoption.

DISCUSSION

Statutory changes since December 2014, an organization name change, and an update to the Board’s Purpose have led to the following six recommended changes to the Articles:

1. Change reference of “attendant” to “EMS provider” – pursuant to statutory change effective June 6, 2019.
2. Remove training officer – pursuant to statutory change effective June 6, 2019.
3. Change reference the minimum annual meeting number (from six to four) – pursuant to statutory change effective June 6, 2019.
4. Update the MAC membership – pursuant to statutory change effective July 1, 2016.
5. Change “KanAAMS” to “KAMTS” – organization changed names shortly after adoption of the Articles.

Article 8 – Section 1 of the Board Articles states that proposed amendments to these articles shall be sent to each member of the Board at least two weeks prior to the meeting of the Board. These proposed amendments (Enclosure 1) were sent on March 9, 2020 and again on July 17, 2020.

FINANCING

There is no fiscal effect for these changes.

ALTERNATIVES

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

1. Recommend the Board adopt the revised version of the Articles as presented.
2. Modify the Articles further.
3. Appoint a subcommittee to review and draft an alternative.
4. Table the item.

RECOMMENDATION

To proceed with adoption of the revised Articles as presented

POSSIBLE MOTION(S)

To move forward to the Board a recommendation to adopt the Board Articles as revised.

Enclosures:

1. Bylaws Draft Amended Version
Kansas Board of Emergency Medical Services

Board Articles

Adopted December 2014; Revised xxxxxxx
KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

ARTICLES

Insofar as these articles conflict with or limit any federal or state statute or regulation, the statute or regulation controls. These articles are not intended to create any rights, contractual or otherwise, for any person.

ARTICLE I – NAME AND LOCATION

Section 1. The name of the agency shall be the Kansas Board of Emergency Medical Services, hereinafter referred to as the Board.

Section 2. The Board is located in the Landon State Office Building, 900 SW Jackson, Suite 1031, Topeka, Kansas 66612-1228.

ARTICLE II – PURPOSE AND FUNCTIONS

Section 1. Purpose. The purpose of the Board is to protect and promote the welfare of the citizens of Kansas through the efficient and effective regulation of emergency medical services (EMS) and to ensure that quality out-of-hospital care is available throughout the state. This purpose supersedes the interest of any individual, the emergency medical services (EMS) profession, or any special interest group. This is accomplished through the regulation of standards for the effective and coordinated delivery of care which includes the care and transportation of individuals by ambulance services and the performance of authorized emergency care by attendants EMS providers.

Section 2. Functions. The Board performs the functions set forth in K.S.A. 65-6111.

ARTICLE III – MEMBERSHIP

Section 1. Members, Qualifications, and Reimbursement. The Board composition, qualifications, and reimbursement are set forth in K.S.A. 65-6102.
Section 2. Privileges of Membership. Each member of the Board has the privilege of voting, of holding office, and of serving on committees.

Section 3. Resignation. The Board may request voluntary resignation of any of its members for neglect of duty or other conduct which shall mean:

a. failure to attend two consecutive meetings without justification;

b. failure to participate in committees to which appointment was accepted without justification;

c. abuse of position.

Any member wishing to resign shall submit resignation in writing to the Governor and Board Chairperson who shall present it to the Board.

Section 4. Disqualification. In keeping with the Board’s Purpose as stated above in Article II, Section 1, Board members are disqualified and will recuse themselves from chairing or voting in any proceeding before the Board or a Board committee if:

a. The Board member has a substantial economical interest in a subject matter;

b. the Board member or the Board member’s spouse, parent, or child is an officer or director of a professional association that is actively promoting or representing a particular subject matter or issue on behalf of the association; or

c. the Board member has prior knowledge of the allegations in a disciplinary case or may have a personal bias with a party who is the subject in the disciplinary case.

ARTICLE IV – OFFICERS

Section 1. Officers. The officers shall consist of a Chairperson and Vice-chairperson.

Section 2. Election. The officers shall be elected annually at the first meeting of the board after January 1, and shall serve until the next election.
Section 3. Vacancy. In the event of the vacancy of one of the offices, a new election will be held at the next meeting to fill the vacancy.

Section 4. Chairperson duties. The Chairperson shall:

a. preside over all meetings of the Board;

b. establish a proposed agenda in consultation with the Executive Director for meetings of the Board;

c. gain consent and appoint all members of standing committees, including chair and vice chair of each committee;

d. serve as an ex-officio member of all standing committees with a voice, but shall not vote except when needed as a member to establish a majority;

e. remove any committee member not fulfilling obligation to a committee;

f. have the right to vote on all Board issues;

g. sign appropriate legal documents;

h. advise the Executive Director;

i. oversee the annual evaluation of the Executive Director; and

j. be responsible for the proper functioning of the work of the Board

Section 5. Vice-Chairperson duties. The Vice-Chairperson shall:

a. serve in the absence of the Chairperson;

b. assume all such functions or responsibilities as may be delegated by the Chairperson;

c. assist the Chairperson and the Executive Director with appointments to committees.

ARTICLE V – EXECUTIVE DIRECTOR

Section 1. Executive Director duties. The Executive Director shall:

a. administer agency operations by the following:
1. evaluate staffing patterns to enhance operation of the organization;
2. direct professional and clerical staff for efficient functioning;
3. solve administrative problems;
4. evaluate agency staff; and
5. assist professional staff to review investigative cases;

b. Manage board activities by the following:
1. develop a proposed agenda for meetings of the Board with the Chairperson;
2. research and prepare informational materials for Board meetings;
3. assist staff in completing work of standing committees;
4. serve as professional staff to standing committees; and
5. report on national and state issues to the Board;

c. manage agency budget by the following:
1. develop agency budget based on current agency expenditures, trends, and issues;
2. present budget to legislature and appropriate others; and
3. evaluate on-going expenditures and revenues to maintain balanced budget;

d. participate in legislative and regulatory activities by the following:
1. evaluate current statutes and regulations as to changing needs of EMS and health care as directed by the Board;
2. prepare drafts of changes in statutes and regulations for Board approval;
3. present testimony on proposed changes in statutes before the legislature; and
4. prepare statistical and technical reports for the legislature;

e. participate in professional activities by the following:
1. provide information on EMS issues to attendants, EMS providers, ambulance service owners/operators, service directors, sponsoring organizations, hospitals, and medical directors;
2. facilitate joint activities with EMS organizations, Attorney General’s office, and other state agencies;
3. represent the Board at local, state, and national meetings;
4. lecture on EMS issues; and
5. compile an annual report; and
f. perform such other duties as directed by the Board.

ARTICLE VI – MEETINGS

Section 1. Kansas Open Meetings Act. The Board adheres to the provisions of the Open Meetings Act. Regular meetings of the Board shall be held at a place and time designated by the Board.

Section 2. Board Meetings. The Board shall meet at least six (6) times annually and at least once each quarter. Scheduled Board meetings occur in February, April, June, August, October, and December.

a. Scheduled Board meetings occur on the first Friday of the listed months. In the case of unusual circumstances and the Board cannot meet at a regularly scheduled time, then notice shall be given and the meeting shall be rescheduled.

b. Notice shall be given to the public at least fourteen (14) days prior to the date of the meeting except in cases of special or emergency meetings when notice will be given as soon as possible. The purpose of the meeting shall be stated in the meeting notice.
c. There shall be a majority of the Board. For the purposes of a majority, one or more members may participate by telephone conference call, video conference or other interactive means of conducting conference communications.

d. Minutes of each meeting shall include the names of participating members, by what means they were participating (if not physically present), and a record of each vote taken.

Section 3. Special Meetings. Special meetings shall be called by the Executive Director at the request of the Chairperson, at the request of the Executive Director, or at the request of any six members of the Board.

Section 4. Consent Agenda. The Board may use a consent agenda, whereby those items that require no discussion, no action, or action but no anticipated discussion can be adopted in one motion. A Board member, after reviewing the agenda, may request the removal of an item from the consent agenda for purpose of discussion.

Section 5. Notice of Meetings. Request for notice of meetings pursuant to the Kansas Open Meetings Act should be directed to: Executive Director, Board of Emergency Medical Services; Landon State Office Building; 900 SW Jackson, Rm 1031; Topeka, KS 66612-1228. Written requests are preferred, but not required. Requests should be renewed annually.

Section 6. Members of the public may participate at Board or committee meetings only at the discretion of the respective Chairperson.

ARTICLE VII – COMMITTEES

Section 1. General Committee Information. Unless otherwise noted, each committee serves as an advisory body to the Board.
a. Standing committees shall be Planning and Operations; Education, Examination, Training, and Certification; Investigations; and Executive;

b. committees may submit recommendations to the Board. A Board member will need to make the recommendation in a motion which would then be subject to approval by the entire Board;

c. committee meetings shall conform to the law regarding open meetings. The dates, times, and places of all committee meetings shall be listed with their agenda;

d. members of the Board on standing committees shall be appointed by the Board Chairperson in consultation with the Executive Director and Vice-Chairperson;

e. chairperson and vice-chairperson of each committee shall be appointed by the Board Chairperson in consultation with the Executive Director and Board Vice-Chairperson;

f. appropriate Board staff shall serve as non-voting members of all committees. Board staff or designees shall provide support services to each committee and prepare and distribute agendas and supporting documentation of each meeting to committee members;

g. a quorum of the committees shall consist of a majority of the members appointed by the Board Chairperson. Only committee members appointed by the Board Chairperson shall be entitled to vote within the committee. The Board Chairperson may serve as a voting member of any committee in order to establish a majority. Other Board members may participate, but have no vote;

h. in the sustained absence or temporary inability to serve by one committee member, the Board Chairperson may appoint a new member; and
i. scheduled meetings of the committees shall be held the day prior to the scheduled
Board meeting and whenever deemed necessary by the Committee Chairperson or the
Board Chairperson.

Section 2. Planning and Operations (P & O) Committee.

a. Membership: A minimum of 5 Board members and no more than seven, including at
least one attendant EMS provider involved in EMS.

b. Ad hoc Membership: In addition to each EMS Region being allowed one (1)
representative; each of the following organizations/entities are allowed one (1)
representative to act as an ad hoc member of the committee:

1. Kansas Emergency Medical Services Association (KEMSA)
2. Kansas Emergency Medical Technicians Association (KEMTA)
3. Mid-America Regional Council Emergency Rescue Committee (MARCER)
4. Kansas Association of Air Medical Services (KanAAMS) Air Medical Transport Society (KAMTS)
5. Fire Services
6. Kansas Department of Health and Environment (KDHE)

Each ad hoc member shall not be a voting member of the committee and shall be
appointed by their respective EMS region/organization/entity.

c. Purpose: To review and recommend revisions in statutes and regulations as they
pertain to operational functions of ambulance services and attendants EMS
providers. To make recommendations upon issues that may affect the operation of
ambulance services. To review and recommend changes in attendant EMS provider
authorized activities. To review and recommend changes based upon statistical
information regarding the operations of ambulance services. To review and recommend changes to operational policies and procedures. To make recommendations to assist the development of a state plan for delivery of EMS. To make recommendations for statewide education of operational functions of ambulance services and attendants EMS providers.

Section 3. Education, Examination, Training and Certification (EETC) Committee.

a. Membership: A minimum of five Board members and no more than seven, including at least one attendant EMS provider and an instructor-coordinator.

b. Purpose: To review and recommend revisions in statutes and regulations as they pertain to educational programs, examination, training, and certification. To make recommendations to changes in educational standards for the EMR, EMT, AEMT, and Paramedic levels of attendant EMS provider certification. To make recommendations to changes in educational standards for the Training Officer and Instructor-Coordinator levels level of certification. To make recommendations for changes in the examination for each level of certification. To make recommendation for changes pertaining to EMS continuing education. To review and recommend changes based upon statistical information regarding education, examination, training, and certification. To review and recommend changes to educational standards in collaboration with the P & O committee review and recommendations for changes in attendant EMS provider authorized activities. To make recommendations for statewide education of certification, training, examination, and education processes for educators and attendants EMS providers. To make
recommendations upon issues that may affect EMS education, examination, training, and/or certification.

Section 4. Investigations Committee.

a. Membership: A minimum of five Board members and no more than seven, including at least one attendant EMS provider involved in EMS and one physician.

b. Binding Authority: The Investigations Committee has binding authority of the Board in all disciplinary issues and actions.

c. Purpose: To review and recommend revisions in investigative and discipline statutes and regulations. To conduct a review of opened cases, determine what type of disciplinary proceeding, and recommend proceedings be initiated. To review and recommend changes to investigative and discipline policies and procedures.

Section 5. Executive Committee

a. Membership: A minimum of five Board members and no more than seven, including each of the other Committee Chairpersons, the Board Chairperson, and the Board Vice-Chairperson.

b. Purpose: To review and project budgetary needs to support agency. To develop and review grant programs to support EMS in Kansas. To assist with the delegation and coordination of board tasks to each of the committees. To assist in the development and implementation of the Board’s strategic plan. To review all recommendations for changes in EMS statutes. To assist in the development of a legislative packet. To review and recommend changes to Board policies and procedures. To review and recommend clinical changes in EMS.
Section 6. Other Committees. Such other committees, standing or ad hoc, shall be appointed by the Board Chairperson as deemed necessary to carry on the work of the Board. The Board Chairperson shall provide any such committee with a stated purpose or mission.

a. Medical Advisory Council

1. Membership: A minimum of six members and shall include two including one Board members, one of whom member who shall be a physician, and not less than four five other physicians not members of the Board.

2. Officers: The Medical Advisory Council elects a chairperson and vice-chairperson from their membership.

3. Purpose: To advise and assist the Board in medical standards and practices.

ARTICLE VIII – AMENDMENTS TO THE ARTICLES

Section 1. Proposals

a. Proposed amendments to these articles shall be submitted to the Executive Director and sent to each member of the Board by the Executive Director at least two weeks prior to the meeting of the Board and shall be included in the agenda of that meeting.

b. The Board Chairperson will form an ad hoc committee of Board members as needed to review the articles.

c. Changes in the articles require a majority vote of the membership.

Adopted: December 5, 2014

Amended: