
Planning and Operations Committee Meeting

Shane Pearson - Chair

AGENDA

August 1, 2024

10:30 AM – 12:00 PM (CDT)

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

Please join my meeting from your computer, tablet or smartphone.

<https://meet.goto.com/187647605>

You can also dial in using your phone.

United States: +1 (872) 240-3412

Access Code: 187-647-605

1. Call to Order

2. Public Comment upon Items Not Appearing on Agenda

3. Old Business

3.1 Unprofessional Conduct for an Operator

4. New Business

4.1 Prioritizing Operations Related Items – Legislative Planning Meeting

4.2 Ambulance staffing regulation

- New law
- Allowing Interstate Compact personnel to suffice for adequate staffing

5. Adjournment

“Unprofessional conduct,” as applied to operators and as used in K.S.A. 65-6132 and amendments thereto, means conduct that violates those standards of professional behavior that through professional experience have become established by the consensus of the expert opinion of the members of the EMS profession as reasonably necessary for the protection of the public. This term shall include any of the following:

- (1) failing to take appropriate action to safeguard the patient and EMS provider including, but not limited to, failing to ensure validation of competency of all EMS providers rendering patient care on behalf of the service;
- (2) failing to take appropriate action to safeguard and maintain the confidentiality and protection from unauthorized access or disclosure of ambulance service records including, but not limited to, medical records and other patient information;
- (3) failing to implement environmental and behavioral measures for the safe and proper storage and usage of equipment and medications;
- (4) failing to address topics of operational policies or guidelines adequately; and
- (5) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the EMS statutes or board regulations, including failing to furnish any documents or information legally requested by the board.

Agenda Item: KBEMS Legislative Meeting Follow-Up - Prioritize

Committee: Planning and Operations

Committee to make a recommendation on pursuing and to identify a priority to address (if applicable).

DISCUSSION

Statutory Change/Addition anticipated.

- Allowing paramedics to clearly function as paramedics in medical care facilities (operating under verbal order without direct supervision) – asking for reconsideration
- AED registration to not be required of AEDs placed within a hospital.
- Paramedic competency being validated at the local level.
- EMT monitoring a capped arterial line
- EMT being able to refer to alternate care site
- Paramedic changing term “non-emergency transportation” to “non-emergency care”
- Removal of “direct communication being maintained” for orders given (all levels)

Regulatory Change/Addition anticipated.

- EMR assessing quality of lung sounds
- EMR adding OPA and NPA insertion
- Mandating initial and on-going education for service directors
- Adding Calcium Gluconate to the Medication List

Policy Change/Addition/Emphasis anticipated.

- Requesting funding/legislative appropriation specifically for an impaired provider program.

FINANCING

There is a financial impact from most, but not all, of these items. A more complete look at the financial impact would be explored upon any item deemed a priority for the remainder of this fiscal year or the next (FY25 or FY26).

Kansas Board of EMS Legislative Meeting

9:00 am – 2:30 pm

Tuesday, July 9, 2024

Tony's Pizza Event Center; Salina, KS

MEETING NOTES

Attendance:

See sign in sheet

Chad Pore – KBEMS Staff

James Reed – KBEMS Staff

Joe House – KBEMS Staff

- **Recap/Review from 2023 Legislative Meeting**

- Status updates were provided upon the items implemented or headed towards implementation presented from last year's meeting:
 - Regulation of emergency medical response agencies – meeting occurring on July 10th with the fire-based representation of these agencies.
 - Defining “unprofessional conduct” for operators – working on regulatory revision for 109-1-1.
 - Updating Kansas Educational Standards – in process with request for volunteers to assist.
 - Requiring renewal application to be submitted at least 30 days prior to expiration – in regulatory revision process.
 - Eliminating paramedic skills examination – in regulatory revision process.
 - Changing initial course submission deadline to 15 days prior to 1st day of class – in regulatory revision process.
 - Authorized activity changes in statute – draft language ready, but no introduction in 2024 session.
 - Paramedic – authorized to function under written order for transfers
 - Paramedic – to require training and ability to validate competency
 - AEMT – adding “and maintenance” for IO infusions
 - EMT – adding “for purposes other than blood glucose monitoring” to capillary blood sampling
 - EMT – adding “monitoring a saline lock”
 - EMR – adding “acquisition of serial EKG rhythm strips” if primary care provider is an ALS provider
 - EMR – eliminating the bullet “intramuscular injections with auto-injector” as it is already addressed in the administration of medications by appropriate routes
 - Adding physician assistants and respiratory therapists to the list of supervising individuals in the medical care facility environment – draft language ready, but no introduction in 2024 session.
 - Requiring registration of AEDs and extends civil liability immunity only for the usage of registered devices – draft language ready, but no introduction in 2024 session.
 - Mandating participation in a service director workshop on an annual or biannual basis – developing a plan for presentation to the Board.
 - Creation of a type of ambulance service not subject to public call – developing a plan for presentation to the Board.
- Status updates were provided upon the items set aside for the time being presented from last year's meeting:
 - EMT authorized activities – adding the ability to monitor an NG tube with or without suction (set aside in 2022 and again in 2023).
 - Changing the state examination for the EMR.
 - Eliminating the state practical skills examination for all levels – Board agreed to AEMT in addition to paramedic, but to keep the BLS skills.
 - Aligning the process related to degree requirement for Paramedics (initial and legal recognition) – Board stated no evidence to show potential risk outweighs the benefit and to keep the requirements as they currently exist.
 - Adding the paramedic to the list of supervising individuals in the medical care facility environment – Board identified the paramedic has no ability to perform independent of someone not already listed in the statute.

- Public in attendance brought forth:
 - a desire to adjust AED language to specifically exclude the requirement of registration to AEDs on a medical crash cart in a hospital; and
 - define competency validation in the paramedic authorized activity to state “local competency validation”.

- **2024 Legislative Session update:**

- An update was provided upon the following bills passed during the 2023-2024 Legislative Session:
 - SB491 – Amending K.S.A. 65-6129
 - SB384 – Amending K.S.A. 65-6135 and 65-6111
 - SB287 – Amending K.S.A. 65-6144 and 65-16,127
 - HB2745 – Provides for the elimination of occupational licensing fees for military spouses of an active military servicemember
 - HB2547 – Authorizing schools to maintain stock supplies of emergency medications and allowing trained school staff members and volunteers to administer such in allergic reactions or respiratory distress
 - SB19 – Requires school districts to adopt a comprehensive cardiac emergency response plan.
 - SB66 – Creates a singular license verification portal for the state of Kansas – by January 1, 2025.

- **Federal Level News**

- An update was provided on the following:
 - Post-Crash Care – it was noted that these 3 words are what will help local agencies obtain and be eligible for funding in any monies coming from the Department of Transportation (Federal and State). EMS clearly falls within post-crash care and the bipartisan infrastructure law clearly earmarks funding specific to post-crash care. 1st grant program was for \$5 Billion of 5 years – Safe Streets and Roads for All Grant Program (SS4A). Year 1, only \$800 million was expended of the \$1 billion allocated. Only local units of government are eligible for SS4A grant funds.
 - Traffic Incident Management – training which emergency responders should be receiving and implementing as a safety practice when working on the side of roadways.
 - Public in attendance felt it appropriate to include this training in initial courses of education.

- **2023-24 Regulatory Update**

- A very brief update was provided related to the regulations implemented since July 2023
 - 109-2-2 ambulance service application/renewal – implemented prior to the 2024 renewal process.
 - Instructor-coordinator regulations – implemented prior to January 1, 2024.
- An update was provided on the thirteen (13) regulations currently in process –
 - As noted earlier and currently in the public comment period. Hearing to occur at 10am on August 27th.
- An update was provided on the potential regulatory changes needed in the upcoming year:
 - EMR, EMT, and AEMT authorized activities to address disconnects identified.
 - Ambulance service staffing to address the new law as well as afford individuals with an interstate compact ability to practice to count as staff.

- Definition of unprofessional conduct of an operator.
- Revoke 109-2-14 (number of temporary personnel which an ambulance service may employ) as unnecessary since we no longer have temporarily certified personnel.

- **Topics identified as being difficult to comply with by an ambulance service:**

- The SurveyMonkey registration asked a question of attendees if there were any items or topics causing difficulties with compliance within their ambulance service.
 - Notification of investigation to those being investigated – this is being done in most instances, but it is addressed in agency policy.
 - Known issue of EMTs not being able to monitor saline locks – already addressed.
 - Adding NG tube with or without suction to EMT authorized activities – previously set aside in 2022, 2023; those in attendance identify an increase in the number of individuals needing active monitoring of an NG tube during transfer.
 - EMT having to remove electrodes after obtaining the 4 or 12 lead – noted there is no requirement to remove the electrodes, but they must remove the leads – already addressed.
 - Certification of Paramedics and AEMTs practical skills exam – already addressed.

- **Topics asked to be addressed (pre-filed):**

- The SurveyMonkey registration asked a question of attendees if there were any items or topics they wished to be specifically discussed.
 - Education standards update – “needs to be done” – currently in process.
 - Authorized activities – IV monitoring for EMT; IO for AEMT; Lung sounds for EMR – all currently in process.
 - Can Legislation help with insurance covering treatment/non-transport and mobile integrated health?
 - Individuals in attendance stated there was the possibility to have a pilot project to better explore this option. Also mentioned the federal legislation being moved to address treatment-in-place and transport to alternate destinations for the Medicare program.
 - PTSI/PTSD Worker’s Compensation Coverage – Mentioned there needed to be a ground swell from within the industry to move the dial.
 - Make the process of reciprocity smoother – request for a 1 pager to be developed.
 - Interfacility transfer only license ability to eliminate 24/7 requirement – already being discussed.
 - Ability to use first responder in an emergency all the time and defining the Board of EMS authority – No description or further explanation provided.

- **Idea Gathering (ordered as discussed/introduced) – asterisked items were discussed in previous years as well. (All of these items were brought forward by attendees)**

- AED registration to not be required of AEDs placed within a hospital.
- Paramedic competency being validated at the local level.
- Authorized activities
 - EMT monitoring a capped arterial line
 - Noted by Board staff this skill is specifically prohibited by all levels of EMS provider in numerous other states and current literature is stating the capping of an arterial line should never be done. There is a concern attendees may have confused a capped

arterial line with a peripherally inserted central catheter (PICC) or central venous catheter (central line).

- EMT being able to refer to alternate care site
- AEMT Clarification of ability to interpret a 12-lead
 - Noted by Board staff the current language is inclusive of all types of ECG by stating “ECG interpretation”.
- Paramedic changing the term “non-emergency transportation” to “non-emergency care” and including similar language in the AEMT and EMT levels.
 - Attendees asked this to occur to help enable mobile integrated health. Board staff expressed concern with the change being out-of-line with Emergency Medical Service Providers and perhaps it is time to re-define what EMS is in Kansas.
- Having a service not subject to 911 call/public call.
- Ability for an EMS provider in an industrial setting to provide medications otherwise out-of-scope.
 - Sole example provided was for calcium gluconate gel in HF acid exposure (fairly specific to the oil refining industry).
- K-9 care
 - Brian Falco relayed their service’s practice in partnering with a local veterinarian to be able to render aid to police K-9.
 - Board staff brought up numerous pieces of legislation enacted along the east coast related to mandating EMS to provide care to service animals and anticipating similar legislation to be introduced in Kansas (from outside entities). Reminded attendees their medical directors had the ability to practice medicine upon human beings, but not animals. However, there is nothing prohibiting an ambulance service from partnering with someone authorized to practice medicine upon animals (a veterinarian) to learn how to render appropriate care.
- Status of the Medical Advisory Council
 - Board staff relayed the medical advisory council was placed on a temporary hold due to their opening into a matter currently in litigation with the Board and no members or the body itself being capable of legally providing legal advice. It was also noted there have been no decisions made by the Board requiring a determination or suggestion of applicable medical standards or practice.
- Impaired provider program
 - Board staff relayed the Board already has the authority to enter into an agreement with any individual to participate within an impaired provider program at their own cost (or through an EAP), but the agreement requires the individual to not only admit the problem, but if the impairment was identified through an investigation into alleged behavior, the facts related to the alleged behavior must be stipulated. It was additionally noted, any agreement where this occurs does render the individual able to continue to function as an EMS provider as determined within the agreement.
- IGT/GEMT – Discussion related to the implementation of a program.
- Items not specifically addressed in the meeting, but sent in a letter prior to the meeting occurring:
 - Remove “direct communication being maintained” for orders given.
 - EMR ability to auscultate quality of breath sounds (not just presence)
 - EMR ability to insert oropharyngeal or nasopharyngeal airway
 - EMT ability to acquire and transmit serial EKGs
 - Supervision of students by EMS providers in the medical care facility – although language proposed eliminates having any difference between location of where the student is operating, but rather it covers initial training and/or continuing education.
 - Reimbursement for mobile integrated health, treatment in place, and alternate destinations.

- Medicaid expansion
- Recognition of EMS as an Essential Public Function
- Preventing surprise billing laws
- Peer review protection fully defined

- **Where could the Agency Improve**

- Having the time and availability, Director House asked the attendees to provide their comments upon areas where the Agency could improve or do better. The following were provided:
 - Better communication – it was noted the Service Director Briefings and now Program Manager Briefings are great, but a method to make these available outside of the actual offering would be beneficial. Request to post the recordings of both of these and the Board meeting somewhere.
 - Loop closure on applications – reports of non-communication as to when an application is awaiting additional documentation or has been denied.
 - Website update – the website is reported as being busy with numerous areas no longer being active or applicable.
 - Building a new program manager offering separate of the regulations.
 - Building a new service director offering separate of the regulations.
 - Staff needing to take phone calls – reported as being frustrated to not be able to receive an immediate response from a phone call and being asked to send an email to track instead. Director House noted the staff doing renewals were allowed the ability to not take phone calls during the renewal period due to the disruption phone calls cause during the review of CE records for those wishing to renew their certification. Director House also provided staff is to publish their hours where they will take phone calls, but it does not need to be their entire work day.

- **Adjournment and Thanks**

Meeting organizer note: As in previous years, I would especially like to thank those in attendance for their openness and willingness to provide input and feedback to the Board and Board Staff. This information will prove extremely beneficial in moving forward EMS in Kansas and continuing to provide better out-of-hospital care to our patients. We completely understand the day was long and lack of comments provided should not necessarily be considered as “no comments”, but in some cases was simply a desire to study and understand prior to commenting. Thank you for taking of your busy schedule to participate in this process and we look forward to comments upon any of these items! Joe

Agenda Item: Ambulance Staffing Regulation

Committee: Planning and Operations

Senate Bill 384 states the Board cannot require ground vehicles providing interfacility transfers from a county with a population of less than 30,000 to operate with more than one EMT or higher and a driver trained in CPR.

The EMS Compact, along with numerous other Compacts (Nursing, Physician, etc.) grant certain members the ability to legally practice within the state of Kansas under certain criteria through either a multi-state license or a privilege to practice and without clearly having a license or certificate issued by Kansas.

DISCUSSION

SB 384 specific components –

- What is the definition of an “interfacility transfer”?
- Requirement for individual to be on roster (which is being worked upon)
- Authorizing it to be legal staffing for the ambulance service in this situation while maintaining the current 911 staffing.

EMS Compact components –

- Allowing individuals with a legal ability to practice to be considered as a crew member to meet staffing requirements for both air and ground resources.
- Requirement for the individual to be on roster

Are there any other requirements the committee feels should be added or addressed?

FINANCING

There may be a financial impact upon these items, but it is unable to be determined until a more complete solution is developed.