

Proposed

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



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Dennis Allin, M.D., Chair
Steven Sutton, Executive Director

Board of
Emergency Medical Services

Sam Brownback, Governor

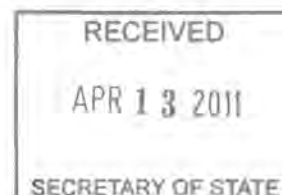
**NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS
K.A.R. 109-5-5, K.A.R. 109-9-1, K.A.R. 109-9-4, K.A.R. 109-10-3, K.A.R. 109-10-5,
K.A.R. 109-15-1, and K.A.R. 109-15-2**

A public hearing will be conducted at 10:00 a.m., Tuesday, June 21, 2011, in Room 106, of the Landon State Office Building, 900 SW Jackson, to consider the adoption of proposed changes in existing rules and regulations.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to the manager of technician services, Room 1031, 900 SW Jackson, Topeka, Kansas 66612. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentations to five minutes.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Ann Stevenson, at (785) 296-7296. Handicapped parking is located in front of and to the north of the Landon State Office Building.

These regulations are proposed for adoption on a permanent basis. A summary of proposed regulations and their economic impact follows.



Proposed

K.A.R. 109-5-5. Retroactive approval of continuing education courses: This regulation is a revision of the current regulation. The regulation is being changed to provide consistency in language between this regulation and K.A.R. 109-5-1.

K.A.R. 109-9-1. Instructor-coordinator certification is a revision of the current regulation. This regulatory revision is necessary to incorporate language for the new scope of practice changes.

K.A.R. 109-9-4. Requirements for acceptance into an instructor-coordinator initial course of instruction is a revision of the current regulation. This regulatory revision is necessary to incorporate language for the new scope of practice changes.

K.A.R. 109-10-3. Late enrollment is a revision of the current regulation. This regulatory revision is necessary to clean-up the current language.

K.A.R. 109-10-5. Revoked. This regulation is being revoked due to interactive television being a part of the distance learning regulation.

K.A.R. 109-15-1. Reinstating attendant certificate after expiration is a revision to the current regulation. These changes are necessary to incorporate the new levels of certification associated with adoption of the new scopes of practice and to add the requirement of completion of transition training to have certification reinstated.

K.A.R. 109-15-2. Recognition of non-Kansas credentials is a revision to the current regulation. These regulatory changes are necessary to incorporate the new levels of certification associated with the scope of practice changes.

Copies of the regulations and the economic impact statements may be obtained from the Kansas Board of Emergency Medical Services, 10th Floor, Landon State Office Building, 900 SW Jackson, Topeka, Kansas 66612, (785) 296-7296 or can be accessed at www.ksbems.org



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109-5-5. Retroactive approval of continuing education course. (a) Any attendant may submit a request to the board for retroactive approval of a continuing education course that was completed ~~within the attendant's current two-year certification period~~ not more than 90 days before the request is received in the board office.

(b) Each request shall be submitted on a form provided by the board.

(c) In order for retroactive approval of a continuing education course to be granted, the attendant shall provide the following, in addition to the request form:

(1) A certificate of attendance that includes the title of the course, the date and location of the course, and the amount of continuing education credit awarded by the presenter or presenting organization;

(2) documentation of the course objectives; and

(3) one of the following:

(A) The signature of the local emergency medical services medical advisor on the form provided by the board; or

(B) verification that the objectives of the course correspond to the objectives of the national standard curriculum of the federal department of transportation.

(d) The applicant shall be notified in writing by the board of any errors or omissions in the request for approval. Failure to correct any deficiency cited in the written notice of error or omission within 15 days shall constitute withdrawal of the request. (Authorized by K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 2010 Supp. 65-6129, ~~as amended by 2008 SB 512, sec. 2~~; effective Oct. 31, 2008; amended P-

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109-9-1. Instructor-coordinator certification. (a) Each applicant for certification as an I-C shall apply to the ~~administrator~~ executive director using forms ~~provided by the administrator~~ approved by the board and shall meet the following requirements:

(1) Validate current certification as an attendant or licensure as an ~~EMT, EMT-I, EMT-D, MICT,~~ a physician or professional nurse;

(2) ~~successful completion of~~ complete an approved I-C initial course of instruction, except as specified in subsection (b);

(3) ~~attainment of~~ attain a score of 70% or higher on an ~~I-C certification~~ the final cognitive examination developed by the educational program and approved by the board; and

(4) ~~verification of successful completion of~~ complete, with a satisfactory evaluation, an assistant teaching experience in one ~~EMT-basic EMT~~ EMT initial course of instruction ~~or one first responder initial course of instruction~~ applied for, approved, and taught in its entirety within one year after the completion of the instructor-coordinator course. The assistant teaching experience shall include evaluation of the candidate's ability to organize, schedule, implement, and evaluate educational experiences in the classroom, laboratory, clinical, and field environments and shall have been directly supervised and evaluated by a certified I-C approved by either the administrator executive director or any other person so authorized by any state or United States territory and shall be verified on forms approved by the administrator board. The I-C candidate ~~shall receive a satisfactory rating by either the certified I-C or authorized~~



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~~person in organizing, scheduling, implementing, and evaluating educational experiences in the classroom, lab, clinical, and field environments.~~

(b) ~~Notwithstanding paragraph (a)(2),~~ An applicant shall not be required to take complete the department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum" or modules 2 through 23 of the national guidelines for educating EMS instructors, as specified in K.A.R. 109-10-1e, if the applicant ~~can establish~~ establishes one of the following:

(1) Successful completion of a United States department of transportation EMS instructor training program national standard curriculum or a program that included the content from module 2 through 23 of the national guidelines for educating EMS instructors, as specified in K.A.R. 109-10-1;

(2) successful completion of a fire service instructor course approved by the national board on fire service professional qualifications or the international fire service accreditation;

(3) successful completion of any United States military instructor trainer course that is substantially equivalent to the United States department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum," or modules 2 through 23 of the national guidelines for educating EMS instructors as identified specified in K.A.R. 109-10-1; or



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(4) attainment of a bachelor's, master's, or doctoral degree that focuses on the philosophy, scope, and nature of educating adults. This degree shall have been conferred by an accredited postsecondary education institution.

~~(c) Each I-C requesting endorsement by the board to be the primary instructor of EMT-I initial courses of instruction shall meet the following requirements:~~

~~(1) Verify current certification or licensure and verify having been certified or licensed for at least one year as an MICT, a physician, a professional nurse, or an EMT-I;~~

~~(2) verify that the I-C has performed as an EMS functional crew member on at least 50 ambulance dispatches in the capacity of an EMT-I, an MICT, a physician, or a professional nurse;~~

~~(3) verify that ambulance dispatches to which the applicant responded as a functional crew member within the last year have been with an ambulance service that conducts quality assurance;~~

~~(4) submit a letter of appraisal of performance prepared by the director of the ambulance service for which the applicant functioned as an EMT-I, an MICT, a physician, or a professional nurse on at least 50 ambulance dispatches;~~

~~(5) submit a letter of appraisal concerning the applicant's instructor potential that was prepared by the medical advisor of the ambulance service for which the applicant functioned as an EMT-I, an MICT, a physician, or a professional nurse on at least 50 ambulance dispatches;~~



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~~(6) verify that the I-C has been the primary instructor of two EMS initial courses of instruction for certification, except as specified in subsection (d). At least one of the two initial courses of instruction shall have been an EMT basic course;~~

~~(7) verify successful completion of an assistant teaching experience as described in paragraph (a)(4), except that the assistant teaching experience shall have been in an initial course of instruction at the EMT-I level or in an initial course of instruction at the MICT level; and~~

~~(8) verify successful completion of an EMT-I-I-C endorsement course approved by the board.~~

~~(d) An I-C may establish compliance with paragraph (c)(6) if the I-C has been approved in any state or United States territory to be a primary instructor of an EMT-intermediate initial course of instruction and the I-C has functioned as the primary instructor of at least two initial courses of instruction, of which at least one is at the EMT-intermediate level.~~

~~(e) Each I-C requesting endorsement by the board to be the primary instructor of MICT initial courses of instruction shall meet the following requirements:~~

~~(1) Verify that the I-C has at least two years of field experience as a functional MICT, physician, or professional nurse;~~

~~(2) verify that the I-C has performed as an EMS functional crew member on at least 200 ambulance dispatches in the capacity of an MICT, a physician, or a professional nurse;~~

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~~(3) verify that ambulance dispatches to which the applicant responded as a functional crew member within the last year have been with an ambulance service that conducts quality assurance;~~

~~(4) submit a letter of appraisal of performance prepared by the director of the ambulance service for which the applicant performed as an MICT, a physician, or a professional nurse on at least 200 ambulance dispatches;~~

~~(5) submit a letter of appraisal concerning the applicant's instructor potential prepared by the medical advisor of the ambulance service for which the applicant performed as an MICT, a physician, or a professional nurse on at least 200 ambulance dispatches;~~

~~(6) verify that the I-C has been the primary instructor of two EMS initial courses of instruction for certification, except as specified in subsection (f), at least one of the two initial courses of instruction shall have been an EMT basic course;~~

~~(7) verify that the I-C has a minimum of an earned associate of applied science degree conferred by an accredited postsecondary educational institution;~~

~~(8) verify current approval as an American heart association advanced cardiac life support instructor;~~

~~(9) verify successful completion of an assistant teaching experience as described in paragraph (a)(4), except that the assistant teaching experience shall have been in an initial course of instruction at the MICT level;~~



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~~(10) verify successful completion of an MICT I-C endorsement course approved by the board; and~~

~~(11) verify that the I-C is currently actively involved in the delivery of emergency care.~~

~~(f) An I-C may establish compliance with paragraph (e)(6) if the I-C has been approved in any state or United States territory to be a primary instructor of an EMT-paramedic initial course of instruction and the I-C has functioned as the primary instructor of at least two initial courses of instruction, of which at least one is at the EMT-paramedic level.~~

(g) If within two years after following the date of expiration of an I-C's certificate, this person applies for renewal of the certificate, the certificate may be granted by the board if the applicant completes 40 contact hours in adult education theory and methodology approved by the board and successfully completes an I-C workshop educator conference approved by the board. (Authorized by and implementing K.S.A. ~~2000 Supp. 65-6110, K.S.A. 2010 Supp. 65-6111, and ; implementing K.S.A. 65-6129b;~~ effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Nov. 12, 1999; amended Nov. 9, 2001; amended P-_____.)



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109-9-4. Requirements for acceptance into an instructor-coordinator initial course of instruction. (a) Each applicant for initial training as an I-C shall apply to the ~~administrator~~ executive director using forms ~~provided~~ approved by the ~~administrator~~ board. Only a complete application shall be accepted. A complete application shall include the following documentation:

(1) Proof that the applicant is currently certified or licensed and the applicant has been certified or licensed for at least ~~one year~~ two years as any of the following:

- (A) An ~~EMT, EMT-I, EMT-D, or MICT~~ attendant;
- (B) a physician; or
- (C) a professional nurse;

(2) proof that the applicant has at least one year of field experience with an ambulance service;

(3) a letter from a certified I-C verifying the I-C's commitment to ~~supervise~~ and evaluate the applicant on the competencies of the assistant teaching experience defined in K.A.R. 109-9-1; and

(4) proof that the applicant has met the following requirements:

(A) Has current approval as a cardiopulmonary resuscitation instructor at the professional rescuer level. This approval shall be by the American heart association, the American red cross, or the national safety council;



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(B) has instructed at least 15 hours of material; and

(C) possesses a current teaching certificate granted by the Kansas state board of education, or is currently certified as a training officer II; and

~~(5) six letters of recommendation, of which three shall be professional references and three shall be character references. These letters of recommendation shall not be from any member of the applicant's family. All letters of recommendation shall be verified by board staff with a form letter soliciting feedback from the individuals who wrote the letters of recommendation.~~

(b) If an applicant does not meet the requirement of paragraph (a)(4)(C), the applicant may satisfy the requirement by establishing that the applicant possesses both of the following:

(1) Authorization by any state or territory of the United States to be a primary instructor of ~~EMT basic, EMT intermediate, or EMT paramedic~~ EMS initial ~~courses~~ course of instruction at or above the level of EMT; and

(2) (A) A baccalaureate, master's, or doctorate in education conferred by an accredited postsecondary education institution;

(B) certification as a fire service instructor by the national board on fire service professional qualifications or the international fire service accreditation from the national fire academy; or

(C) certification by any United States military organization verifying successful completion of any United States military instructor trainer course that is substantially equivalent to the United States department of transportation

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national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum," as identified in K.A.R. 109-10-1.

(c) Each applicant who meets the requirements in subsection (a) and, if applicable, subsection (b) shall successfully complete an evaluation of knowledge and skills as follows:

- (1) A written medical knowledge examination at the EMT level; and
- (2) a practical skills examination at the EMT level.

(d) An applicant meeting the requirements in subsection (a) and, if applicable, subsection (b) may be approved by the ~~administrator~~ executive director for training based upon the following criteria:

- (1) A ~~minimum~~ score of at least 80% on the written medical knowledge examination described in paragraph (c)(1); and
- (2) a passing score for each practical skill station described in paragraph (c)(2). (Authorized by ~~and implementing~~ K.S.A. 2000-Supp. 65-6110, K.S.A. 2010 Supp. 65-6111, and ; implementing K.S.A. 65-6110, K.S.A. 2010 Supp. 65-6111, and K.S.A. 65-6129b; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Feb. 3, 1992; amended Jan. 31, 1994; amended Nov. 12, 1999; amended Nov. 9, 2001; amended P-_____.)



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109-10-3. Late enrollment. (a) Instructor-coordinators and training officers II may allow students to enroll late ~~into~~ in an initial course of instruction ~~provided if the course has not surpassed~~ the first 10 percent of the didactic and laboratory training sessions in the course as described in the course syllabus has not yet been completed. Once the ~~initial course of instruction has surpassed~~ the first 10 percent of the didactic and laboratory training sessions of the course as described in the course syllabus has been completed, an individual ~~may~~ shall not be allowed to enroll for the purpose of obtaining state certification.

(b) Instructor-coordinators and training officers II who admit late enrollees into initial courses of instruction shall submit to the ~~administrator~~ executive director, within ~~40~~ 20 days of the student's enrollment, a make-up schedule for each late enrollee. The make-up schedule shall include all classes ~~which~~ that the late enrollee missed.

(c) The instructor-coordinator or training officer II shall also submit to the ~~administrator~~ executive director, within ~~ten~~ 20 days after enrollment, ~~a student form~~ an application for certification and an application fee for each late enrollee.

(Authorized by and implementing K.S.A. 65-6110, as amended by L. 1993, Chap. 71, Sec. 4 K.S.A. 2010 Supp. 65-6111; effective Jan. 31, 1994; amended P-

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109-10-5. (Authorized by K.S.A. 1993 Supp. 65-6110; implementing K.S.A. 65-6129; effective Dec. 19, 1994; revoked P-_____.)

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109-15-1. Reinstating attendant certificate after expiration. (a) The certificate of a person who applies for attendant certification within 31 calendar days after the person's certificate has expired may be reinstated by the board if the person meets the following requirements:

- (1) Applies to the board on board-approved forms;
- (2) pays the applicable fee specified in K.A.R. 109-7-1; and
- (3) for MICT and paramedic, has met the continuing education requirements for the certification level held during the previous certification period;

(4) for first responder and EMT, meets one of the following requirements:

(A) Before January 1, 2012, has met the continuing education requirements for the certification level held during the previous certification period; or

(B) after December 31, 2011, has completed the transition training program approved by the board for emergency medical responder or EMT certification, whichever is applicable; and

(5) for EMT-I, meets one of the following requirements:

(A) Before January 1, 2014, has met the continuing education requirements for the certification level held during the previous certification period; or

(B) after December 31, 2013, has completed the transition training program approved by the board for AEMT certification.

(b) The certificate of a person who applies for reinstatement of attendant certification more than 31 days but less than two years after the person's certificate has expired may be reinstated by the board if the applicant meets the following requirements:



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(1) Applies to the board on board-approved forms;
(2) pays the applicable fee specified in K.A.R. 109-7-1; and
(3) ~~has completed the required amount of documented and board-approved continuing education for the appropriate level of certification as follows:~~

(A) For each MICT, has completed at least 120 hours of documented and board-approved continuing education;

(B) before January 1, 2015, meets one of the following requirements:

(i) For each first responder, completes at least 32 16 clock-hours of continuing education and the transition course approved by the board to transition to EMR;

~~(B)~~ (ii) for each EMT, completes at least 56 28 clock-hours of continuing education and the transition course approved by the board to transition to the new EMT scope of practice;

~~(C)~~ (iii) for each EMT-I, completes at least 72 36 clock-hours of continuing education and the transition course approved by the board to transition to AEMT;

~~(D)~~ (iv) for each EMT-D, completes at least 72 36 clock-hours of continuing education and the transition course approved by the board to transition to the AEMT and an initial EMT-I course of instruction;


~~(E)~~ (v) for each EMT-I who is also certified as an EMT-D, completes at least 88 44 clock-hours of continuing education and the transition course approved by the board to transition to the AEMT; and

~~(F) for each MICT, at least 120 clock-hours.~~



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(C) for each emergency medical responder, completes at least 32 clock-hours of continuing education;

(D) for each EMT who has completed the transition, completes at least 56 clock-hours of continuing education; and

(E) for each AEMT, completes at least 72 clock-hours of continuing education.

(c) Only board-approved and documented continuing education obtained during the biennial period immediately preceding the expiration of certification and continuing education or transition training courses obtained during the biennial period immediately after expiration of certification shall be accepted for the ~~requirement~~ requirements of ~~paragraph (b)(3)~~ subsection (b).

(d) Each person who applies for reinstatement of first responder, EMT, EMT-I, EMT-D, or EMT-I/D certification two or more years after the person's certificate expires shall take the entire course for EMR, the new EMT scope of practice, or AEMT.

(e) The certificate of a person who applies for reinstatement of attendant certification two or more years after the person's certificate expires may be reinstated by the board if the applicant meets the following requirements:

- (1) Applies to the board on board-approved forms;
- (2) pays the applicable fee specified in K.A.R. 109-7-1; and
- (3) has completed continuing education applicable to the attendant level sought previously held according to the following time frames:

(A) For applications submitted two or more years but less than four years after certificate expiration, the following amounts of continuing education:

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- (i) For each ~~first~~ emergency medical responder, at least 64 clock-hours;
 - (ii) for each EMT who has completed the new scope of practice transition, at least 112 clock-hours;
 - (iii) for each ~~EMT-I~~ AEMT, at least 144 clock-hours; and
 - (iv) ~~for each EMT-D, at least 144 clock-hours;~~
 - (v) ~~for each EMT-I who is also certified as an EMT-D, at least 176 clock-hours;~~
- and

- (vi) for each MICT, at least 240 clock-hours;
- (B) for applications submitted four or more years but less than six years after certificate expiration, the following amounts of continuing education:

- (i) For each ~~first~~ emergency medical responder, at least 128 clock-hours;
 - (ii) for each EMT who has completed the new scope of practice transition, at least 224 clock-hours;
 - (iii) for each ~~EMT-I~~ AEMT, at least 288 clock-hours; and
 - (iv) ~~for each EMT-D, at least 288 clock-hours;~~
 - (v) ~~for each EMT-I who is also certified as an EMT-D, at least 352 clock-hours;~~
- and

- (vi) for each MICT, at least 480 clock-hours;
- (C) for applications submitted six or more years but less than eight years after certificate expiration, the following amounts of continuing education:

- (i) For each ~~first~~ emergency medical responder, at least 256 clock-hours;



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(ii) for each EMT who has completed the new scope of practice transition, at least 448 clock-hours;

(iii) for each ~~EMT-I~~ AEMT, at least 576 clock-hours; and

(iv) ~~for each EMT-D, at least 576 clock-hours;~~

~~(v) for each EMT-I who is also certified as an EMT-D, at least 704 clock-hours;~~

and

~~(vi) for each MICT, at least 960 clock-hours; and~~

(D) for applications submitted eight or more years after certificate expiration, the following amounts of continuing education:

(i) For each ~~first~~ emergency medical responder, at least 512 clock-hours;

(ii) for each EMT who has completed the new scope of practice transition, at least 896 clock-hours;

(iii) for each ~~EMT-I~~ AEMT, at least 1,152 clock-hours; and

(iv) ~~for each EMT-D, at least 1,152 clock-hours;~~

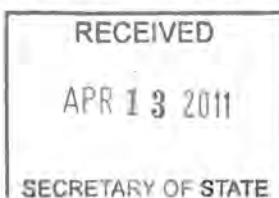
~~(v) for each EMT-I who is also certified as an EMT-D, at least 1,408 clock-hours;~~

and

~~(vi) for each MICT, at least 1,920 clock-hours;~~

~~(4)~~ (3) has completed continuing education applicable to the attendant level sought during the two years immediately preceding or immediately following application for reinstatement;

~~(5)~~ (4) provides documentation of successful completion of a United States department of transportation refresher training course that includes both cognitive and



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psychomotor examinations approved by the ~~administrator or administrator's designee~~
executive director at the level for which the individual is requesting reinstatement; and

~~(6)~~ (5) provides documentation of successful completion of a cardiopulmonary
resuscitation course for healthcare providers. (Authorized by K.S.A. 2010 Supp. 65-
6111, ~~as amended by L. 2008, ch. 47, sec. 4~~; implementing K.S.A. 2010 Supp. 65-6129,
~~as amended by L. 2008, ch. 78, sec. 2~~; effective May 15, 2009; amended P-

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109-15-2. Recognition of non-Kansas credentials. (a) Any applicant who is currently certified as an attendant in another jurisdiction may apply for Kansas attendant certification by meeting the following requirements:

(1) Submitting a completed application for certification to the board;

(2) providing documentation that enables the board to determine whether the applicant's coursework is substantially equivalent to that required by Kansas for the certification level requested;

(3) providing verification that the applicant has successfully completed an examination approved by the board;

(4) providing documentation from the certifying authority that the applicant is in good standing; and

(5) paying the applicable fee specified in K.A.R. 109-7-1.

(b) Any applicant who is not currently certified as an attendant in another jurisdiction but has completed attendant coursework in another jurisdiction may apply for Kansas attendant certification by meeting the following requirements:

(1) Submitting a completed application for certification to the board;

(2) providing documentation that enables the board to determine whether the applicant's coursework is substantially equivalent to that required in Kansas for the certification level requested;

(3) successfully completing the examination for certification prescribed in K.A.R. 109-8-1 for the level of attendant certification requested; and



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(4) paying the applicable fee specified in K.A.R. 109-7-1.

(c) Each applicant meeting the criteria in subsection (a) or (b) whose coursework is deemed not substantially equivalent to that required by the board shall obtain additional coursework for the level of certification sought, as follows:

(1) For first responder, emergency medical responder, emergency medical technician, ~~or~~ emergency medical technician-intermediate, or advanced emergency medical technician, the requirements listed in K.A.R. 109-10-1, which shall be provided by a Kansas-certified EMS instructor-coordinator or training officer; or

(2) for mobile intensive care technician or paramedic, coursework attained through a paramedic program accredited by the commission on accreditation of allied health education programs.


(d) For the purposes of this regulation, "substantially equivalent" coursework shall mean an initial course of instruction that includes at least 90 percent of the content in the ~~United States department of transportation curriculum~~ Kansas emergency medical services education standards for the level of training sought, as required by K.A.R. 109-10-1, and the following:

(1) For first responders, emergency medical responders, emergency medical technicians, ~~and~~ emergency medical technicians-intermediate, and advanced emergency medical technicians, the requirements listed in K.A.R. 109-10-1; and



ATTORNEY GENERAL

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K.A.R. 109-15-2
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(2) for mobile intensive care technicians and paramedics, completion of at least 90 percent of each of the following requirements specified in K.A.R. 109-10-1 and 109-11-6:

- (A) The didactic hours;
- (B) the clinical hours;
- (C) the field internship hours; and

(D) the total number of required course hours. (Authorized by K.S.A. ~~2009~~ 2010 Supp. 65-6111; implementing K.S.A. ~~2009~~ 2010 Supp. 65-6129; effective May 15, 2009; amended P-_____.)



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**Kansas Board of Emergency Medical Services
Economic Impact Statement
K.A.R. 109-5-5**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-5-5, Retroactive approval of continuing education courses is a revision of the current regulation. This regulation is being changed to provide consistency between this regulation and K.A.R. 109-5-1.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

To ensure consistency between K.A.R. 109-5-1 and K.A.R. 109-5-5. This regulation is not mandated by federal law for participation in or implementation of federally subsidized or assisted programs. This regulation does not exceed requirements of federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation. Board staff would experience a slight reduction in time needed to explain the inconsistencies in the two regulations.



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IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities. The Kansas Board of Emergency Medical Services does not currently assess a cost to attain retroactive approval of continuing education and this policy will not change with the implementation of this regulation.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



**Kansas Board of Emergency Medical Services
Economic Impact Statement
K.A.R. 109-9-1**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-9-1, Instructor-coordinator certification is a revision of the current regulation. This regulation is being changed to incorporate language for the new scope of practice changes.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

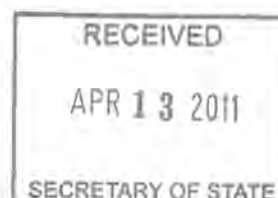
These changes are being made to incorporate the new scope of practice language and to clarify and simplify the requirements for obtaining instructor-coordinator certification.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.



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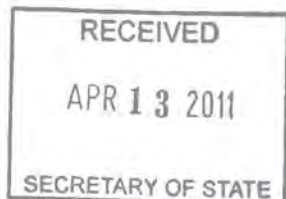
V. Anticipated Economic Impact upon Consumers of the Services

Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.



**Kansas Board of Emergency Medical Services
Economic Impact Statement
K.A.R. 109-9-4**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-9-4, Requirements for acceptance into an instructor-coordinator initial course of instruction. This regulation is being changed to incorporate language for the new scope of practice changes.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

These changes are being made to incorporate the new scope of practice language and to clarify the requirements for acceptance into an instructor-coordinator course.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.



Proposed

V. Anticipated Economic Impact upon Consumers of the Services

Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.

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**Kansas Board of Emergency Medical Services
Economic Impact Statement
K.A.R. 109-10-3**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-10-3, is a revision of the current regulation. This revision is necessary to clean-up current regulatory language.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This change is being made clean-up the current regulatory language.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

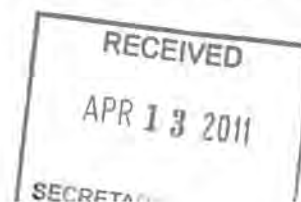
There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.



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VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.

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900 SW Jackson Street, Room 1031
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Dennis Allin, M.D., Chair
Steven Sutton, Executive Director



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Board of
Emergency Medical Services

Sam Brownback, Governor

**Kansas Board of Emergency Medical Services
Economic Impact Statement
K.A.R. 109-10-5**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-10-5, this is a revocation of the current regulation.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This change is being made due to there no longer being an interactive television certification process and the implementation of the distance learning regulation.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.



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V. Anticipated Economic Impact upon Consumers of the Services

Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, services or other EMS related entities.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

There are no costs or intrusive methods associated with implementation of this regulation.

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**Kansas Board of Emergency Medical Services
Economic Impact Statement
K.A.R. 109-15-1**

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I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-15-1, Reinstating attendant certificate after expiration is a revision to the current regulation.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

These changes are necessary to incorporate the new levels of certification associated with adoption of the new scopes of practice and to add the requirement of completion of transition training to have certification reinstated. These changes are not mandated by Federal Law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.



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V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

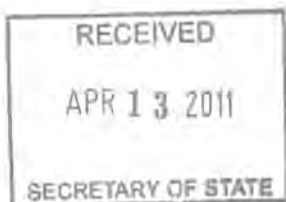
There is a potential for economic impact on other governmental agencies, private business or individuals due to the required continuing education. This education may be accessible free of charge if an individual is affiliated with an ambulance service that offers such, but the individual may have to compensate an educational institution or other entity to fulfill the requirements necessary to acquire reinstate.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

Review of the options for ensuring the safety and well-being of the public included:

Education offered by the board. Costly to develop, present, and evaluate. Mimics initial certification process, high stress.

Education offered by board via online method. Costly to develop, negates psychomotor skills training or evaluation.



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Steven Sutton, Executive Director

Board of
Emergency Medical Services

Sam Brownback, Governor

**Kansas Board of Emergency Medical Services
Economic Impact Statement
K.A.R. 109-15-2**

I. Summary of Proposed Regulation, Including Its purpose.

K.A.R. 109-15-2, Recognition of non-Kansas credentials is a revision to the current regulation.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

These regulatory changes are necessary to incorporate the new levels of certification associated with the scope of practice changes.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no economic impact on EMS attendants, training officers, instructor-coordinators, services or other EMS related entities. The fees associated with non-Kansas certified attendants acquiring certification in Kansas will not change.



VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

The cost will not change and there are no intrusive methods associated with implementation of this regulation.

Proposed

