

Changes to Emergency Medical Services Law; HB 2387

HB 2387 makes changes to the authorized activities of those who have certain emergency medical services (EMS) certifications; makes changes to the composition, powers, and duties of the Emergency Medical Services Board (EMS Board); and amends certain definitions. Specific changes made by the bill are described below.

Changes to the EMS Board

The following changes are made regarding the EMS Board:

- Outdated language is removed relating to the initial term designation of additional physicians as EMS Board members;
- References to “administrator” are replaced with “executive director” throughout the bill;
- The number of EMS Board members required to call a special EMS Board meeting is changed from six to seven;
- The bill clarifies the authority of the EMS Board to deny instructor-coordinator, attendant, and training officer certification in accordance with the provisions of the Kansas Administrative Procedure Act; and
- Membership criteria for the EMS Board-appointed Medical Advisory Council is changed to require all members to be physicians by:
 - Eliminating the EMS Board member position that is not required to be a physician; and
 - Adding a fifth physician who is active and knowledgeable in the EMS field and is not an EMS Board member.

Definition Changes

The following changes are made to definitions within the bill:

- “Mobile intensive care technician” (MICT) is deleted from the definition section and from the “attendant” definition where it is referenced;
- “Physician assistant” is amended to reference the definition found within the Physician Assistant Licensure Act;
- “Provider of training” is replaced with “sponsoring organization” throughout the bill, which is defined as any professional association, accredited postsecondary

educational institution, ambulance service which 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; and

- “Instructor-coordinator” and “training officer” are amended to clarify the specific roles within the bill.

Authorized Activities

Under continuing law, each classification of EMS attendant is authorized to perform the interventions of the lower levels of certified attendants. The bill changes authorized activities by Emergency Medical Technicians-Intermediate (EMT-I) transitioning to Advanced Emergency Medical Technicians (AEMT) and updates and changes authorized activities by Emergency Medical Technicians (EMT) and Emergency Medical Responders (EMR), as described below.

EMT-I Transition to AEMT

The bill changes interventions that may be performed by an EMT-I who transitions to an AEMT as follows:

- Removes the use of continuous positive airway pressure devices and moves the intervention to the list of EMT authorized activities as “non-invasive positive air pressure ventilation”;
- Removes cardioversion capability;
- Adds the monitoring of a nasogastric tube; and
- Removes references to types of medications and methods of administering medications and replaces those references with language allowing for specification by rules and regulations of the EMS Board.

EMT

The bill removes a line item list for activities and outdated language related to basic level EMTs (which have been transitioned to current EMTs) and changes interventions that may be performed by an EMT as follows:

- Adds the use of non-invasive positive pressure ventilation to maintain the airway and the application of a traction splint; and
- Removes assistance with childbirth (moved to EMR activities), cardiac monitoring, and application of pneumatic anti-shock garment.

EMR

The bill removes a line item list for activities and outdated language related to First Responders (which have been transitioned to current EMRs) and changes interventions that may be performed by an EMR as follows:

- Specifies the use of cardiopulmonary resuscitation is for cardiac arrest management;
- Adds the utilization of equipment for the purposes of acquiring an EKG rhythm strip;
- Adds assisting with childbirth (moved from EMT activities);
- Adds non-invasive monitoring of hemoglobin derivatives;
- Removes insertion and maintenance of oral and nasal pharyngeal airways; and
- Removes administration of oral glucose and aspirin and replaces that with administration of medications as approved by the EMS Board by appropriate routes.

Other Changes

The bill removes the specific listing of those who may apply for a training officer's certificate [EMT, EMT-I, EMT-Defibrillator, MICT, AEMT, and paramedic] and replaces the list with a reference to an attendant certified under the statutes applicable to the listed categories.

The bill removes EMT, EMT-I, EMT-Defibrillator, MICT, EMT-I/Defibrillator, AEMT, and paramedic from the list of those individuals at least one of which must be on each vehicle providing emergency medical services and replaces the list with a reference to an attendant certified under statutes applicable to those listed categories.