

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



**Proposed**

phone: 785-296-7296  
fax: 785-296-6212  
www.ksbems.org

Dr. Joel E. Hornung, Chair  
Joseph House, Executive Director

Sam Brownback, Governor

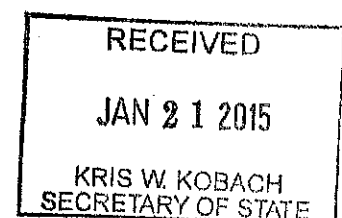
**STATE OF KANSAS  
BOARD OF EMERGENCY MEDICAL SERVICES  
NOTICE OF HEARING ON AMENDED ADMINISTRATIVE REGULATION**

A public hearing will be conducted at 10 a.m. Wednesday, April 1, 2015 in Room 509 of the Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas 66612 to consider the adoption of amended administrative 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 amendments to the regulations. All interested parties may submit written comments prior to the hearing to the Board of Emergency Medical Services, Room 1031, Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas 66612 or by email to [Curt.Shreckengaust@ems.ks.gov](mailto:Curt.Shreckengaust@ems.ks.gov). All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed amendments to the 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 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.

The regulations are being proposed for adoption on a permanent basis. A summary of the proposed regulations follows:



**K.A.R. 109-10-1, Curriculum approval**, is a regulation that is being revoked and language has been appropriately inserted to the specific curriculum approval in the following regulations; K.A.R. 109-10-1(a), K.A.R. 109-10-1(b), K.A.R. 109-10-1(c), K.A.R. 109-10-1(d), K.A.R. 109-10-1(e), K.A.R. 109-10-1(f) and K.A.R. 109-10-1(g).

There will be no economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revocation. There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revocation.

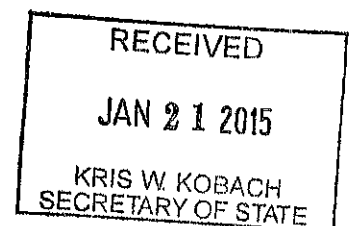
**K.A.R. 109-10-1c, Approved advanced emergency medical technician education standards**, the regulation was revised to appropriately reflect the educational standards that have been revised to the current approved medication list for this scope.

There is no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision. There will be no anticipated economic impact on other governmental agencies, private business or individuals with this regulatory revision.

**K.A.R. 109-10-1e, Approved Instructor-coordinator standards**, the purpose of this regulation defines the curriculum of the initial course of instruction for the Instructor-coordinator. This revision of the current regulation is to appropriately cite the title to the education curriculum and document adopted by reference and to include a practical competency component previously detailed in K.A.R. 109-10-1 (regulation pending revocation).

There will be no economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision. There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revision.

**K.A.R. 109-10-2, Long Term Accreditation of Training Programs for Initial Courses**, the regulation is being revoked as it has been a process unused for 7 years.



There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revocation. There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revocation.

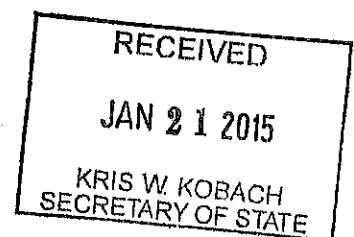
**K.A.R. 109-10-7, Distance learning**, the purpose of this regulation is to prescribe the format of distance learning as it pertains to emergency medical services. Language was implemented to combine Training Officer I and Training Officer II to Training Officer as a qualified instructor and to reference appropriate regulations in paragraph (c).

There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revision. There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision.

**K.A.R. 109-11-3a, Emergency Medical Technician course approval**, changes to this regulation are to correctly reference the appropriate regulation for standard course requirements and to correctly reflect who shall provide course documentation upon request of the board. The current regulation references a revoked regulation.

There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revision. There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision.

**K.A.R. 109-11-4a, Advanced Emergency Medical Technician course approval**, changes to this regulation are to correctly reference the appropriate regulation for standard course requirements and to correctly reflect who shall provide course documentation upon request of the board. The current regulation references a revoked regulation.



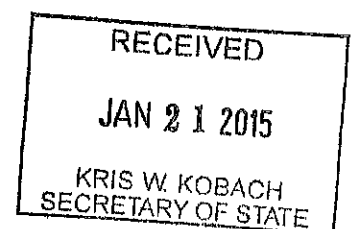
There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revision. There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision.

**K.A.R. 109-11-6a, Paramedic course approval**, changes to this regulation are to correctly reference the appropriate regulation for standard course requirements, allowing student internship with an equal or higher level of certified attendant regardless of service type, a corrected reference to licensure of a registered nurse and to correctly reflect who shall provide course documentation upon request of the board. The current regulation references a revoked regulation.

There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revision. There will be minimal economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision as it will increase the number of available internship sites across the state resulting in reduced drive time for students and less time away from work.

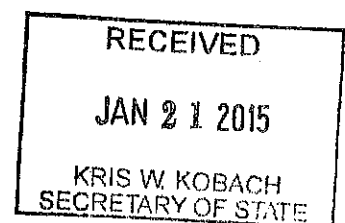
**K.A.R. 109-11-10, Emergency Medical Technician - Basic bridge course approval**, the regulation is being revoked as the course is no longer being offered and the two scopes of practice no longer exist.

There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revocation. There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revocation.



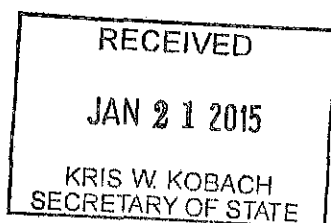
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Copies of the complete regulations and the complete economic impact statements may be obtained from the Board of Emergency Medical Services at the contact information above or can be accessed at [www.ksbems.org](http://www.ksbems.org).



# Proposed

**109-10-1.** (Authorized by and implementing K.S.A. 1999 Supp. 65-6110 and 65-6111; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended April 10, 1995; amended Sept. 22, 1995; amended Nov. 1, 1996; amended Nov. 12, 1999; amended Nov. 13, 2000; amended Nov. 9, 2001; revoked P-\_\_\_\_\_.)



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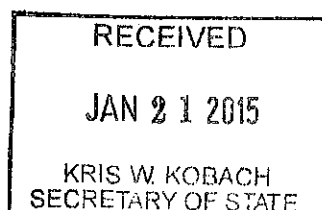
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**Proposed**

**109-10-1c. Approved advanced emergency medical technician education**

**standards.** (a) The board's document titled "Kansas emergency medical services education standards: advanced emergency medical technician," dated ~~July 2010~~ October 2014, is hereby adopted by reference to implement the new scope of practice pursuant to K.S.A. 65-6120, and amendments thereto, for advanced emergency medical technician initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. 2014 Supp. 65-6110, as amended by ~~L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111;~~ implementing K.S.A. ~~2010~~ 2014 Supp. 65-6111; effective March 2, 2012; amended P-\_\_\_\_\_.)



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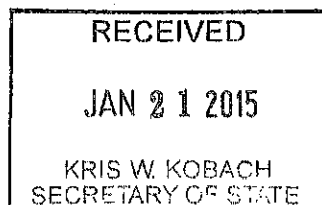
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**109-10-1e. Approved instructor-coordinator standards.** (a) Each instructor-coordinator initial course of instruction shall teach modules 2 through 23 in the "2002 national guidelines for educating EMS instructors," dated August 2002 and published by the United States department of transportation, ~~national highway traffic safety administration~~ United States department of health and human services, and national association of EMS educators, excluding bibliographical references, which are hereby adopted by reference for instructor-coordinator (IC) initial courses of instruction.

(b) ~~These courses~~ Each instructor-coordinator initial course of instruction shall include an evaluated assistant teaching experience for each student as specified in K.A.R. 109-9-1.

(c) Each instructor-coordinator initial course of instruction shall teach and require the student to demonstrate competency in the psychomotor skills examined for certification as EMR and EMT.

(b) (d) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by and implementing K.S.A. 2014 Supp. 65-6110 and K.S.A. 2009-Supp. 65-6111, as amended by L. 2010, ch. 119,



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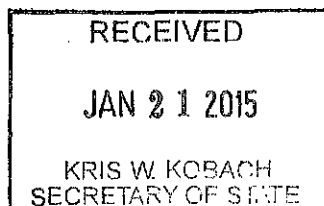
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K.A.R. 109-10-1e  
pg. 2

· ~~sec. 1; implementing K.S.A. 65-6129b; effective, T-109-2-7-11, Feb. 7, 2011; effective~~  
June 3, 2011; amended P-\_\_\_\_\_.)



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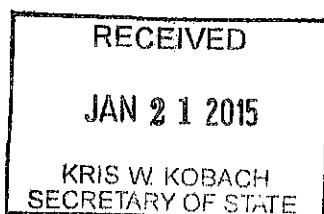
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**109-10-2.** (Authorized by and implementing K.S.A. 1998 Supp. 65-6110 and 65-6111; effective Aug. 30, 1993; amended Nov. 12, 1999; revoked P-\_\_\_\_\_.)



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## Proposed

**109-10-7. Distance learning.** (a) Any EMS educational program accredited by the committee on accreditation of educational programs for the emergency medical services-paramedic services professions or offered by an accredited postsecondary institution may be granted approval to provide an initial course of instruction or continuing education programs in a distance learning format.

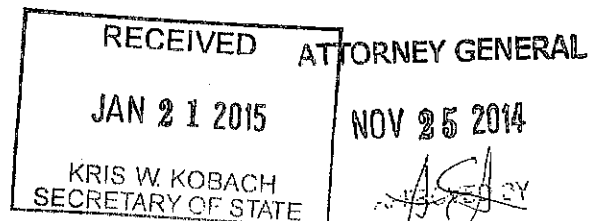
(b) Any instructor-coordinator, or training officer I, or training officer II not affiliated with a program accredited by the committee on accreditation of educational programs for the emergency medical services-paramedic services professions or with an accredited postsecondary institution may be granted approval to offer an initial course of instruction or continuing education programs in a distance learning format if the course or program meets the requirements of this regulation.

(c) Each instructor-coordinator, or training officer I, or training officer II not affiliated with a program specified in subsection (a) shall submit a request for initial course approval or an application for single-program provider to the executive director or the executive director's designee. The request or application shall include the following, in addition to meeting the requirements of K.A.R. 109-5-3, 109-5-6, ~~109-10-2, 109-10-6, 109-11-1, 109-11-3, 109-11-4, 109-11-5, 109-11-6, 109-11-1a, 109-11-3a, 109-11-4a, 109-11-6a, and 109-11-7, or 109-11-~~ 40:

(1) The procedures to be used for conducting progress counseling sessions for all students, including at those sites where distance learning is provided;

(2) the process by which students can access the instructor for an initial course of instruction or continuing education program;

(3) the procedures to be used for ensuring timely delivery of and feedback on written materials at all sites;

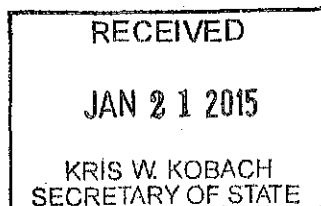


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- (4) the procedures to be followed for ensuring that students are participating in the course;
- (5) the procedures to be used to ensure the competency of those completing didactic and psychomotor skills training;
- (6) identification of the learning management system to be used during the course; and
- (7) identification of each program's quality assurance plan that at a minimum shall include the following:
  - (A) An advisory committee that includes the program coordinator, program medical adviser, and representatives of the following:
    - (i) Current students;
    - (ii) former students;
    - (iii) graduates;
    - (iv) employees;
    - (v) faculty;
    - (vi) all communities of interest; and
    - (vii) local ambulance service;
  - (B) an advisory committee meeting schedule; and
  - (C) a copy of the evaluation tools to be completed by the students, employees, staff, faculty, medical adviser, and program coordinator.
- (d) Any approved class may be monitored by the executive director or the executive director's designee. (Authorized by and implementing K.S.A. 2008 2014 Supp. 65-6110 and 65-6111; implementing K.S.A. 2008 Supp. 65-6111 and 65-6129 and K.S.A. 65-6129b; effective Feb. 12, 2010; amended P-\_\_\_\_\_.)



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## Proposed

**109-11-3a. Emergency medical technician (EMT) course approval.** (a) Emergency medical technician (EMT) initial courses of instruction pursuant to K.S.A. 65-6121, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct initial courses of instruction shall meet the following requirements:

(1) Meet the course requirements specified in K.A.R. ~~409-11-4 (b)-(f)~~ 109-11-1a (b)-(e); and

(2) in each initial course of instruction, include hospital clinical training and ambulance field training that provide the following:

(A) An orientation to the hospital and to the ambulance service; and

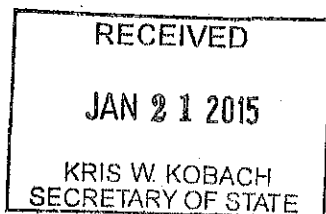
(B) supervised participation in patient care and assessment, including the performance of a complete patient assessment on at least one patient in compliance with K.S.A. 65-6129a and amendments thereto. In the absence of participatory clinical or field training, contrived experiences may be substituted.

(c) Each sponsoring organization shall ensure that the ~~sponsoring organization's instructor-coordinators and training officers provide~~ instructor-coordinator provides any course documentation requested by the executive director.

(d) Any approved course may be monitored by the executive director.

(e) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations.

(Authorized by K.S.A. 2014 Supp. 65-6110, K.S.A. ~~2009 Supp.~~ and 65-6111, ~~as amended by~~



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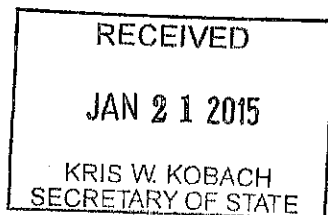
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K.A.R. 109-11-3a

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~~L. 2010, ch. 119, sec. 1; implementing K.S.A. 2014 Supp. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, K.S.A. and 65-6121, as amended by L. 2010, ch. 119, sec. 5, K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8, and K.S.A. 65-6129a; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended P-\_\_\_\_\_.)~~



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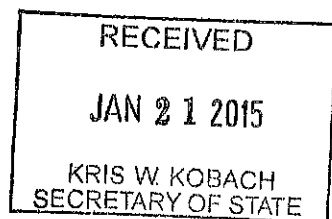
**109-11-4a. Advanced emergency medical technician (AEMT) course approval.** (a) AEMT initial courses of instruction pursuant to K.S.A. 65-6120, and amendments thereto, may be approved by the executive director to be conducted only by sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct AEMT initial courses of instruction shall meet the course requirements in K.A.R. ~~109-11-1(b)-(f)~~ 109-11-1a (b)-(e).

(c) Each approved AEMT course shall ensure, and shall establish in writing, how each student is provided with experiences, which shall include at a minimum the following:

- (1) Successfully perform 20 venipunctures, of which 10 shall be for the purpose of initiating intravenous infusions;
- (2) administer one nebulized breathing treatment during clinical training;
- (3) successfully perform five intraosseous infusions;
- (4) perform a complete patient assessment on each of 15 patients, of which at least 10 shall be accomplished during field internship training;
- (5) while directly supervised by an AEMT, a paramedic, a physician, ~~a physician assistant~~, an advanced practice registered nurse, or a professional nurse, respond to 10 ambulance calls;
- (6) perform 10 intramuscular or subcutaneous injection procedures;
- (7) complete 10 patient charts or patient care reports, or both; and
- (8) perform the application and interpretation of the electrocardiogram on eight patients during clinical training and field internship training.

(d) Any approved course may be monitored by the executive director.



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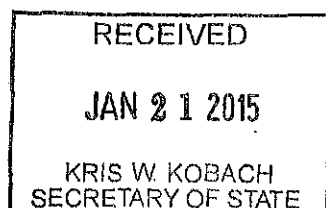
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(e) Each sponsoring organization shall ~~insure~~ ensure that the ~~instructor-coordinators~~ and ~~training officers provide~~ instructor-coordinator provides any course documentation requested by the executive director.

(f) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations.

(Authorized by K.S.A. 2014 Supp. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. ~~2010 Supp. and 65-6111~~; implementing K.S.A. 2014 Supp. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. ~~2010 Supp. and 65-6111~~, K.S.A. ~~2010 Supp. 65-6129~~, as amended by L. 2011, ch. 114, sec. 88, and K.S.A. 65-6129a; effective March 2, 2012; amended P-  
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**109-11-6a. Paramedic course approval.** (a) Paramedic initial courses of instruction pursuant to K.S.A. 65-6119, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations that are accredited postsecondary educational institutions.

(b) Each sponsoring organization requesting approval to conduct paramedic initial courses of instruction shall meet the following requirements:

(1) Meet the requirements in K.A.R. ~~109-11-1(b)-(f)~~ 109-11-1a (b)-(e);

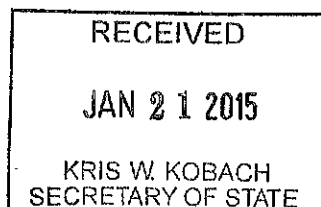
(2) provide letters from the director of each ambulance service that will provide field training to the students and the administrator or the administrator's designee of each hospital in which the clinical training is provided, indicating their commitment to provide the support as defined in the curriculum;

(3) require that, on or before completion of the required paramedic course, each student provide confirmation of eligibility to be conferred, at a minimum, an associate degree in applied science by the postsecondary institution; and

(4)(A) Provide verification that the sponsoring organization has applied for accreditation to the committee on accreditation of allied health education programs' joint review committee for emergency medical technician-paramedic; or

(B) provide evidence of accreditation from the committee on accreditation of allied health education programs' joint review committee for emergency medical technician-paramedic before the commencement of the third course.

(c) Each application shall be received in the board office not later than 30 calendar days before the first scheduled class. Only a complete application packet shall be processed.



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(d) Each approved paramedic course shall meet the following requirements:

(1) Meet or exceed the curriculum requirements in K.A.R. ~~409-10-4~~ 109-10-

1d;

(2) consist of at least 1,200 hours of training, including at least the following:

(A) 400 hours of didactic and psychomotor skills laboratory instruction by qualified instructors;

(B) 232 hours of clinical training at a hospital by qualified instructors; and

(C) 400 hours of field internship training with ~~a type-I~~ an ambulance service by ~~qualified instructors operating with a valid permit and under the direct supervision of~~ a paramedic; and

(3) ensure, and establish in writing, how each student is provided with experiences, which shall include at least the following:

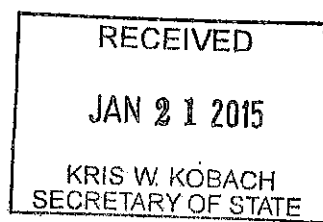
(A) The performance of 20 successful venipunctures, of which at least 10 shall be for the purpose of initiating intravenous infusions;

(B) successful performance of three endotracheal intubations on live patients, with written verification by a physician or certified licensed registered nurse anesthetist competent in the procedure that the student is competent in performing the procedure;

(C) successful performance of five intraosseous infusions;

(D) administration of one nebulized breathing treatment during clinical training;

(E) performance of a complete patient assessment on 50 patients, of which at least 25 shall be accomplished during field internship training;



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(F) participation in, as an observer or as an assistant, three vaginal-delivered childbirths during clinical training;

(G) in increasing positions of responsibility, being a part of a type-I service crew responding to 30 ambulance calls for an ambulance service operating with a valid permit;

(H) performance of 10 intramuscular or subcutaneous injections;

(I) completion of 30 patient charts or patient care reports, or both; and

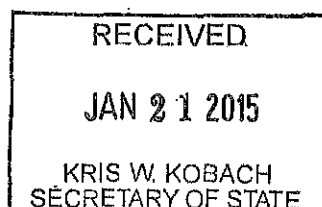
(J) performance of monitoring and interpreting the electrocardiogram on 30 patients during clinical training and field internship training.

(e) The primary instructor shall provide the executive director with an application for certification form from each student within 20 days after the first class session.

(f) Any approved class may be monitored by the executive director.

(g) Each sponsoring organization shall ensure that the sponsoring organization's instructor coordinators and training officers provide instructor-coordinator provides any program course documentation requested by the executive director.

(h) Program Course approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations. (Authorized by K.S.A. 2014 Supp. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2014 Supp. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, K.S.A. 2009 Supp. and 65-6119, as amended by L. 2010, ch. 119,



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K.A.R. 109-11-6a

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~~sec. 3, and K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 110, sec. 8~~

K.S.A. 65-6129a; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011;

amended P-\_\_\_\_\_.)

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KRIS W. KOBACH  
SECRETARY OF STATE

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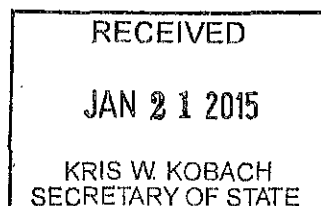
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**109-11-10.** (Authorized by K.S.A. 2000 Supp. 65-6110, 65-6111; implementing K.S.A. 2000 Supp. 65-6111; effective Nov. 9, 2001; revoked P-\_\_\_\_\_.)



ATTORNEY GENERAL

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APPROVED BY  
*[Signature]*

APPROVED

MAR 14 2014

DEPT. OF ADMINISTRATION

**Proposed**

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Dr. Joel E. Hornung, Chair  
Joseph House, Executive Director

**Board of  
Emergency Medical Services  
ECONOMIC IMPACT STATEMENT  
K.A.R. 109-10-1**

Sam Brownback, Governor

**I. Summary of Proposed Regulation, Including Its Purpose.**

K.A.R. 109-10-1 is a regulation that defines curriculum approval. The regulation is being revoked and language has been appropriately inserted to the specific curriculum approval in the following regulations; K.A.R. 109-10-1(a), K.A.R. 109-10-1(b), K.A.R. 109-10-1(c), K.A.R. 109-10-1(d), K.A.R. 109-10-1(e), K.A.R. 109-10-1(f) and K.A.R. 109-10-1(g).

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

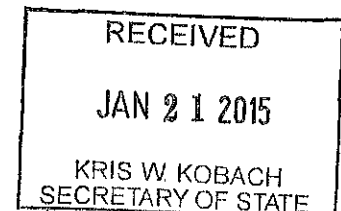
This regulation is no longer necessary as the language has been appropriately inserted to the previously referenced regulations. This regulation is not mandated by federal law.

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

There will be no economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revocation.

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

There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revocation.

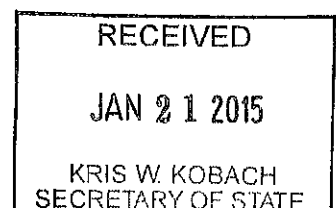


**V. Anticipated Economic Impact upon Consumers of the Services  
Subject to the Regulation or Its Enforcement.**

There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revocation.

**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 the revocation of this regulation.



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**ECONOMIC IMPACT STATEMENT**  
**K.A.R. 109-10-1c**

Sam Brownback, Governor

**I. Summary of Proposed Regulation, Including Its Purpose.**

K.A.R. 109-10-1c is a regulation that defines the approved advanced emergency medical technician education standards. The regulation was revised to appropriately reflect the educational standards that have been revised to the current approved medication list for this scope.

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

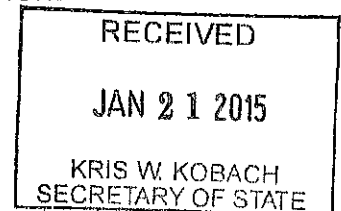
The revision of this regulation is to ensure the educational standards adequately reflect all emergency medications allowed in the scope of the advanced emergency medical technician. This regulation is not mandated by federal law.

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

There is no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.

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

There will be no anticipated economic impact on other governmental agencies, private business or individuals with this regulatory revision.



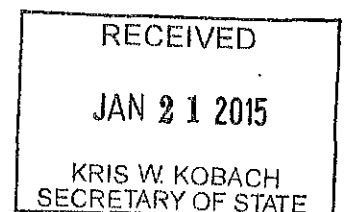


**V. Anticipated Economic Impact upon Consumers of the Services  
Subject to the Regulation or Its Enforcement.**

There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision.

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

This is the less costly and less intrusive method.



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**ECONOMIC IMPACT STATEMENT**  
**K.A.R. 109-10-1e**

Sam Brownback, Governor

**I. Summary of Proposed Regulation, Including Its Purpose.**

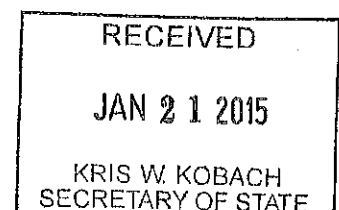
K.A.R. 109-10-1e is a regulation that defines the approved Instructor-coordinator standards. The purpose of this regulation defines the curriculum of the initial course of instruction for the Instructor-coordinator. This revision of the current regulation is to appropriately cite the title to the education curriculum and document adopted by reference and to include a practical competency component previously detailed in K.A.R. 109-10-1 (regulation pending revocation).

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

K.S.A. 65-6110 and K.S.A. 65-6111 allows for the board to establish the education standard for the initial course of instruction for the Instructor-coordinator. This regulation is not mandated by federal law.

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

There will be no economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.



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

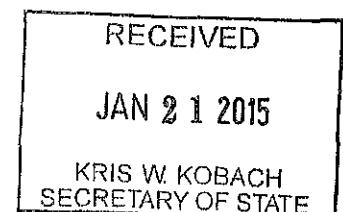
There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revision.

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

There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision.

**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 the revision of this regulation.



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**K.A.R. 109-10-2**

Sam Brownback, Governor

**I. Summary of Proposed Regulation, Including Its Purpose.**

K.A.R. 109-10-2 is a regulation that defined Long Term Accreditation of Training Programs for Initial Courses. The regulation is being revoked as it has been a process unused for 7 years.

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

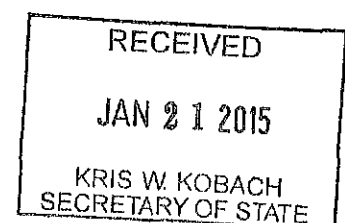
This regulation is being revoked as it details an unused process. This regulation is not mandated by federal law.

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

There will be no economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revocation.

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

There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revocation.

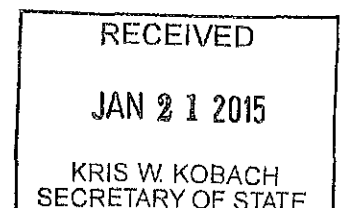


**V. Anticipated Economic Impact upon Consumers of the Services  
Subject to the Regulation or Its Enforcement.**

There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revocation.

**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 the revocation of this regulation.



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**ECONOMIC IMPACT STATEMENT**  
**K.A.R. 109-10-7**

Sam Brownback, Governor

**I. Summary of Proposed Regulation, Including Its Purpose.**

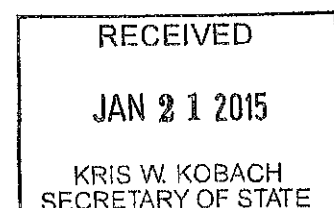
K.A.R. 109-10-7 is a regulation that defines the distance learning model of education programs for emergency medical services. The purpose of this regulation is to prescribe the format of distance learning as it pertains to emergency medical services. Language was implemented to combine Training Officer I and Training Officer II to Training Officer as a qualified instructor and to reference appropriate regulations in paragraph (c).

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

The Kansas Board of Emergency Medical Services is charged with developing rules and regulations establishing a minimum standard for emergency medical service training programs and examinations. This revision is to allow for a specific reference to the educators of courses and methods for delivery. This regulation is not mandated by federal law.

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

There will be no economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.



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

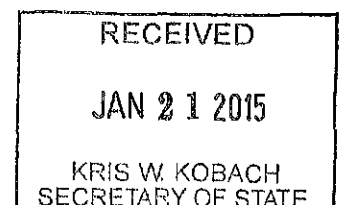
There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revision.

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

There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision.

**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 the revision of this regulation.



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**ECONOMIC IMPACT STATEMENT**  
**K.A.R. 109-11-3a**

Sam Brownback, Governor

**I. Summary of Proposed Regulation, Including Its Purpose.**

K.A.R. 109-11-3a is the regulation that defines the requirements for Emergency Medical Technician course approval. Changes to this regulation are to correctly reference the appropriate regulation for standard course requirements and to correctly reflect who shall provide course documentation upon request of the board.

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

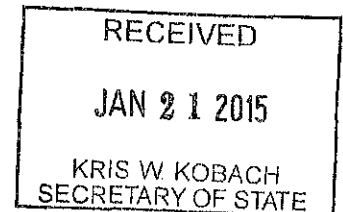
The current regulation references a revoked regulation. This regulation is not mandated by federal law.

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

There will be no economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.

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

There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revision.





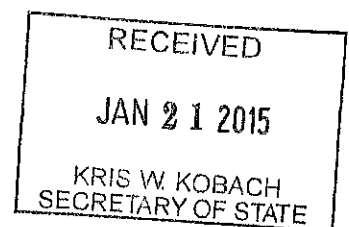
**V. Anticipated Economic Impact upon Consumers of the Services**

**Subject to the Regulation or Its Enforcement.**

There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision.

**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 the revision of this regulation.



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**Board of  
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ECONOMIC IMPACT STATEMENT  
K.A.R. 109-11-4a**

Sam Brownback, Governor

**I. Summary of Proposed Regulation, Including Its Purpose.**

K.A.R. 109-11-4a is the regulation that defines the requirements for Advanced Emergency Medical Technician course approval. Changes to this regulation are to correctly reference the appropriate regulation for standard course requirements and to correctly reflect who shall provide course documentation upon request of the board.

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

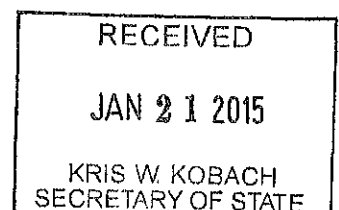
The current regulation references a revoked regulation. This regulation is not mandated by federal law.

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

There will be no economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.

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

There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revision.

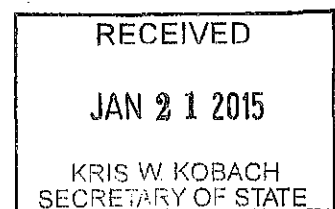


**V. Anticipated Economic Impact upon Consumers of the Services  
Subject to the Regulation or Its Enforcement.**

There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision.

**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 the revision of this regulation.



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**Board of  
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ECONOMIC IMPACT STATEMENT  
K.A.R. 109-11-6a**

Sam Brownback, Governor

**I. Summary of Proposed Regulation, Including Its Purpose.**

K.A.R. 109-11-6a is the regulation that defines the requirements for Paramedic course approval. Changes to this regulation are to correctly reference the appropriate regulation for standard course requirements, allowing student internship with an equal or higher level of certified attendant regardless of service type, a corrected reference to licensure of a registered nurse and to correctly reflect who shall provide course documentation upon request of the board.

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

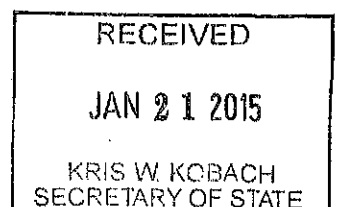
The current regulation references a revoked regulation. This regulation is not mandated by federal law.

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

There will be no economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.

**III. Anticipated Financial Impact upon Other Governmental Agencies and upon Private Business or Individuals.**

There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revision.

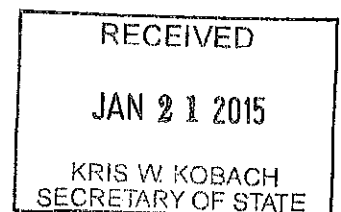


**IV. Anticipated Economic Impact upon Consumers of the Services  
Subject to the Regulation or Its Enforcement.**

There will be minimal economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision as it will increase the number of available internship sites across the state resulting in reduced drive time for students and less time away from work.

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

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



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**ECONOMIC IMPACT STATEMENT**  
**K.A.R. 109-11-10**

Sam Brownback, Governor

**I. Summary of Proposed Regulation, Including Its Purpose.**

K.A.R. 109-11-10 is a regulation that defined the process and course for a bridge to Emergency Medical Technician - Basic from the First Responder scope of practice. The regulation is being revoked as the course is no longer being offered and the two scopes of practice no longer exist.

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

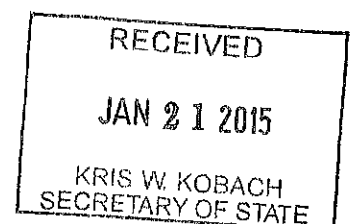
The regulation is being revoked as the course is no longer being offered. This regulation is not mandated by federal law.

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

There will be no economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revocation.

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

There will be no economic impact on other governmental agencies, private business or individuals with this regulatory revocation.



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

There will be no economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revocation.

**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 the revocation of this regulation.

