

Proposed



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

phone: 785-296-7296
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Dr. Joel E Hornung, Chair
Joseph House, Executive Director

Sam Brownback, Governor

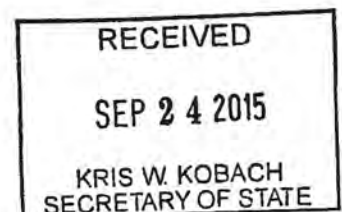
**STATE OF KANSAS
BOARD OF EMERGENCY MEDICAL SERVICES
NOTICE OF HEARING ON AMENDED ADMINISTRATIVE REGULATION**

A public hearing will be conducted at 10 a.m. Tuesday, December 1, 2015 in Room 560 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. 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. 109-5-1, Continuing education, is a regulation that further defines continuing education for EMS attendants and educators. The purpose of this regulation is to address the acceptable forms of continuing education and the supporting documentation needed to validate the training courses taken.

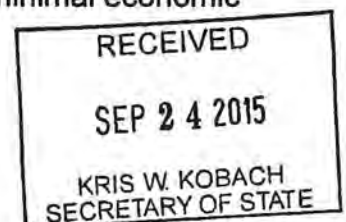
There will be no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision. There will be no anticipated economic impact on other governmental agencies, private business or individuals with this regulatory revision.

K.A.R. 109-5-1a, Emergency medical responder continuing education standards, is a regulation that defines the continuing education requirements for renewal of an emergency medical responder certificate. The regulation was revised to appropriately reflect the continuing education standards approved by the Board and adopted by reference.

There may be a minimal economic impact on other governmental agencies or private business if the agency or private business provides compensation for attendants to complete continuing education. There are 4 additional hours of continuing education to be obtained over each 2 year period. There is not an anticipated economic impact for individuals not regulated by this board with this regulatory revision.

K.A.R. 109-5-1b, Emergency medical technician continuing education, is a regulation that defines the continuing education requirements for renewal of an emergency medical technician certificate. The regulation was revised to appropriately reflect the continuing education standards approved by the Board and adopted by reference.

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

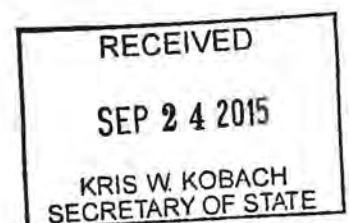


impact on other governmental agencies or private business if the agency or private business provides compensation for attendants to complete continuing education. There are 12 additional hours of continuing education to be obtained over each 2 year period. There is not an anticipated economic impact for individuals not regulated by this board with this regulatory revision.

K.A.R. 109-5-1c, Emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate and defibrillator, and advanced emergency medical technician continuing education, is a regulation that defines the continuing education requirements for renewal of an emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate and defibrillator, and advanced emergency medical technician certificate. The regulation was revised to appropriately reflect the continuing education standards approved by the Board and adopted by reference.

There will be no anticipated economic impact on other governmental agencies, private business or individuals with this regulatory revocation. There may be a minimal economic impact on other governmental agencies or private business if the agency or private business provides compensation for attendants to complete continuing education. There are 14 additional hours of continuing education to be obtained over each 2 year period. There is not an anticipated economic impact for individuals not regulated by this board with this regulatory revision.

K.A.R. 109-5-1d, Paramedic continuing education, is a regulation that defines the continuing education requirements for renewal of a paramedic certificate. The regulation was revised to appropriately reflect the continuing education standards approved by the Board and adopted by reference.



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

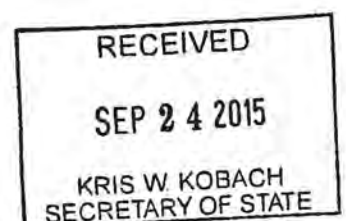
K.A.R. 109-5-2, Documentation of continuing education, is the regulation that defines the requirements of documentation for continuing education. The regulation is being revoked and all pertinent language has been appropriately inserted into other existing regulations.

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

K.A.R. 109-8-1, Examination, is the regulation that defines the requirements for the examination process for certification. This regulation was revised to better define the examination process for certification, specifically addressing the number of attempts allowed to pass the examination and the time frame for successful completion.

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

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.



109-5-1. Continuing education. (a) One clock-hour of continuing education credit shall mean at least 50 minutes of instruction for which an individual meets the requirements in subsection (b).

(b) ~~One academic credit hour shall be equivalent to 15 clock-hours for the purpose of continuing education credit. Credit for auditing an academic course shall be for actual clock-hours attended during which instruction was given and shall not exceed the academic credit allowed.~~ Each individual seeking continuing education credit for a course shall submit either of the following:

(1) The individual's certificate of attendance; or

(2) the individual's certificate of completion.

(c) Each acceptable certificate of attendance or certificate of completion shall include the following:

(1) The name of the provider of the continuing education course;

(2) the name of the attendant being issued the certificate;

(3) the title of the course;

(4) the date or dates on which the course was conducted;

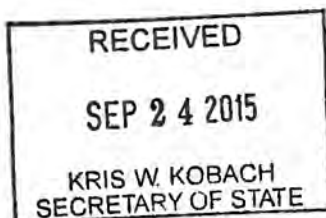
(5) the location where the course was conducted;

(6) the amount of approved continuing education credit issued to the individual

for attending the course;

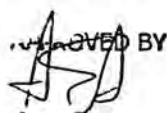
(7) the course identification number issued by the board or by CECBEMS; and

(8) the name of the person or entity authorized by the provider to issue the certificate.



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(d)(1) ~~Acceptable forms of prior approved continuing education programs shall include the following:~~

~~(1) Academic medical courses, whether taken for credit or audited;~~
~~(2) seminars, workshops, or minicourses oriented to the enhancement of EMS practice, values, skills, and knowledge;~~

~~(3)(A) Programs presented by a provider of continuing education sponsoring organization that has single-program provider approval or long-term provider approval, as defined in K.A.R. 109-1-1;~~

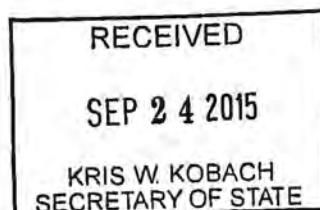
~~(4) medical or nursing continuing education programs approved by the appropriate licensing agency of this or another jurisdiction;~~

~~(5) programs approved by the CECBEMS;~~
~~(6) clinical training that meets the requirements of subsection (d);~~
~~(7) distance learning courses that meet the criteria established in paragraph (e)(2) and K.A.R. 109-10-7; and~~

~~(B) initial courses of instruction provided by a sponsoring organization and approved by the board; and~~

~~(C) programs approved or accredited by the CECBEMS, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirements.~~

~~(8)(2) for instructor coordinators and training officers, an educator conference approved by the board~~ Any program not addressed in this subsection may be submitted



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for approval by the attendant as specified in K.A.R. 109-5-5.

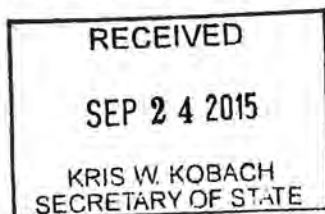
~~(d) All clinical training submitted for approval shall be in the form of prescheduled clinical training sessions. The training coordinator shall provide, to the student and the clinical training faculty, the clinical training objectives to be met during the training session. The clinical training faculty shall complete a clinical training evaluation form for each student.~~

~~(e)(1) Any student may be awarded one clock hour of continuing education credit for each clock hour of distance learning as verified by the certificate of completion, which shall not exceed the amount of credit awarded by CECBEMS or the provider of distance learning. The number of clock-hours received for continuing education credit during one calendar day shall not exceed 12.~~

~~(2) Each distance learning course shall include an examination over the material presented. The provider of the distance learning course shall provide each student with the results of the examination and a certificate of completion.~~

~~(3) Each student using one or more distance learning courses for the purpose of certification renewal shall keep a copy of the certificate of completion for at least three years.~~

~~(f) Any attendant may apply for retroactive approval of continuing education programs that did not receive prior approval by the board. The request shall include an application approved by the executive director and the other documentation specified in K.A.R. 109-5-5. The request shall be received in the board office within 90 days~~



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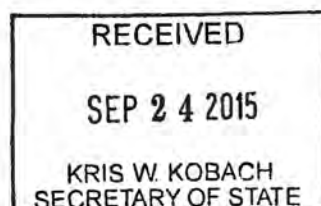
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~~following the end of the program.~~ Each attendant, training officer, and instructor-coordinator shall keep documentation of completion of approved continuing education for at least three years and shall provide this documentation to the board upon request by the executive director. (Authorized by K.S.A. ~~2009~~ 2015 Supp. 65-6110 and 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. ~~2009~~ 2015 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8, K.S.A. 65-6129b, and K.S.A. 2015 Supp. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-88-122, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Feb. 3, 1992; amended Aug. 16, 1993; amended Dec. 19, 1994; amended Nov. 1, 1996; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Aug. 30, 2002; amended Sept. 10, 2010; amended, T-109-2-7-11, Feb. 7, 2011; amended June 3, 2011; amended P-_____.)



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109-5-1a. First responder and Emergency medical responder (EMR) continuing education. (a) Each applicant for certification renewal as a ~~first responder~~ an EMR ~~who is scheduled for renewal on or before December~~ January 31, 2012 2017 shall have completed the ~~board-approved transition course to transition to the emergency medical responder (EMR) certification as specified in K.S.A. 65-6144, and amendments thereto~~ earned at least 16 clock-hours of board-approved continuing education during the initial certification period and during each biennial period thereafter.

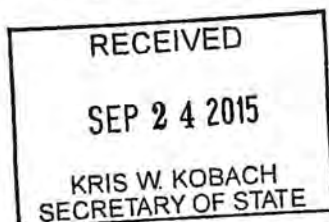
(b) After January 31, 2017, each applicant for certification renewal as an EMR shall meet one of the following requirements:

(1) Have earned at least ~~16~~ 20 clock-hours of ~~documented and~~ board-approved continuing education during the initial certification period and during each biennial period thereafter to meet the requirements for the EMR specified in the "Kansas continuing education plan," except page one, as adopted by the board in April 2015, which is hereby adopted by reference; or

(2) have met both of the following requirements within the 11 months before the expiration of certification:

(A) Passed the board-approved EMR cognitive assessment; and

(B) either passed a board-approved psychomotor skills assessment or received validation of the applicant's psychomotor skills by a medical director affiliated with an ambulance service or a sponsoring organization. (Authorized by K.S.A. ~~2009~~ 2015 Supp. ~~65-6110 and 65-6111, as amended by L. 2010, ch. 119, sec. 4;~~ implementing K.S.A. ~~2009~~ 2015 Supp. ~~65-6129, as amended by L. 2010, ch. 119, sec. 8;~~ effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended P-_____.)



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109-5-1b. Emergency medical technician (EMT) continuing education. (a) Each applicant for certification renewal as an EMT ~~who is scheduled for renewal on or before December~~ January 31, 2012 2017 shall have completed the ~~board approved transition course to transition to the EMT level of certification as specified in K.S.A. 65-6121, and amendments thereto~~ earned at least 28 clock-hours of board-approved continuing education during the initial certification period and during each biennial period thereafter.

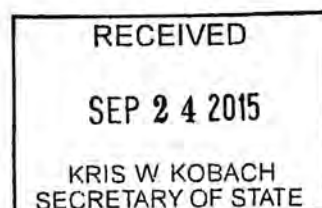
(b) After ~~January 4, 2013~~ 31, 2017, each applicant for certification renewal as an EMT shall meet one of the following requirements:

(1) Have earned at least 28 40 clock-hours of documented and board-approved continuing education during the initial certification period and during each biennial period thereafter to meet the requirements for the EMT specified in the "Kansas continuing education plan," which is adopted by reference in K.A.R. 109-5-1a; or

(2) have met both of the following requirements within the 11 months before the expiration of certification:

(A) Passed the board-approved EMT cognitive assessment; and

(B) either passed a board-approved psychomotor skills assessment or received validation of the applicant's psychomotor skills by a medical director affiliated with an ambulance service or a sponsoring organization. (Authorized by K.S.A. ~~2009~~ 2015 Supp. 65-6110 and 65-6111, as amended by L. 2010, ch. 119, sec. 4; implementing K.S.A. ~~2009~~ 2015 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended P-_____.)



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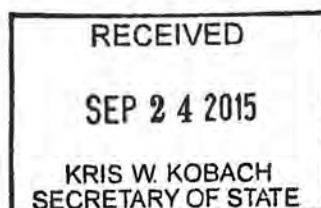
109-5-1c. Emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate who is also certified as an emergency medical technician-defibrillator, and advanced emergency medical technician; continuing education. (a)(1) Each applicant for certification renewal as an EMT-I who is scheduled for renewal before January 1, 2014 shall have earned at least 36 clock hours of documented and approved continuing education during the preceding biennial period.

(2) Each applicant for certification renewal as an EMT-I who is scheduled for renewal on or before December 31, 2014 or December 31, 2015 shall have completed one of the board-approved transition course to transition to the AEMT level of certification courses, as specified in K.S.A. 65-6120 and amendments thereto.

(b)(1) Each applicant for certification renewal as an EMT-D who is scheduled for renewal before January 1, 2014 shall have earned at least 36 clock hours of documented and approved continuing education during the preceding biennial period.

(2) Each applicant for certification renewal as an EMT-D who is scheduled for renewal on or before December 31, 2014 or December 31, 2015 shall have completed one of the board-approved transition course to transition to the AEMT level of certification courses, as specified in K.S.A. 65-6123 and amendments thereto, and an initial emergency medical technician-intermediate course.

(c)(1) Each applicant for certification renewal who is certified both as an EMT-I and as an EMT-D and is scheduled for renewal before January 1, 2014 shall have



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~~earned at least 44 clock-hours of documented and approved continuing education during the preceding biennial period.~~

~~(2) Each applicant for certification renewal who is certified both as an EMT-I and as an EMT-D and is scheduled for renewal on or before December 31, 2014 or December 31, 2015 shall have completed one of the board-approved transition course to transition to the AEMT level of certification courses, as specified in K.S.A. 65-6120 and K.S.A. 65-6123 and amendments thereto.~~

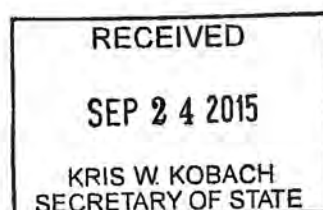
(d) Each applicant for certification renewal as an AEMT on or before January 31, 2017 shall earned at least 36 clock-hours of ~~documented and~~ board-approved continuing education during the initial certification period and during each biennial period thereafter.

(e) Each applicant for certification renewal as an AEMT after January 31, 2017 shall meet one of the following requirements:

(1) Have earned at least 50 clock-hours of board-approved continuing education during the initial certification period and during each biennial period thereafter to meet the requirements for the AEMT specified in the "Kansas continued education plan," which is adopted by reference in K.A.R. 109-5-1a; or

(2) have met both of the following requirements within the 11 months before the expiration of certification:

(A) Passed the board-approved AEMT cognitive assessment; and



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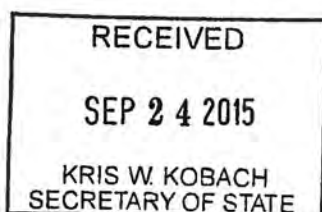
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(B) either passed a board-approved psychomotor skills assessment or received validation of the applicant's psychomotor skills by a medical director affiliated with an ambulance service or a sponsoring organization. (Authorized by K.S.A. 2014 2015 Supp. 65-6110, 65-6111, ~~K.S.A. 2011 Supp. 65-6120~~, and ~~K.S.A. 2011 Supp. 65-6123~~; implementing K.S.A. 2014 2015 Supp. 65-6120, ~~K.S.A. 2011 Supp. 65-6123~~, and ~~K.S.A. 2011 Supp. 65-6129~~; effective March 9, 2012; amended P-_____.)



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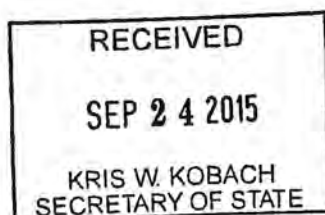
109-5-1d. ~~Mobile intensive care technician (MICT) and Paramedic continuing education.~~ (a) Each applicant for certification renewal as an ~~MICT~~ a paramedic shall have earned at least 60 clock-hours of ~~documented and~~ board-approved continuing education during the preceding biennial period ~~to transition to paramedic.~~

(b) After January 31, 2017, each applicant for certification renewal as a paramedic shall meet one of the following requirements:

(1) Have earned at least 60 clock-hours of ~~documented and~~ board-approved continuing education during the initial certification period and during each biennial period thereafter to meet the requirements for the paramedic as specified in the "Kansas continuing education plan," which is adopted by reference in K.A.R. 109-5-1a;
or

(2) have met both of the following requirements within the 11 months before the expiration of certification:

(A) Passed the board-approved paramedic cognitive assessment; and
(B) either passed a board-approved psychomotor skills assessment or received validation of the applicant's psychomotor skills by a medical director affiliated with an ambulance service or a sponsoring organization. (Authorized by K.S.A. 2009 2015 Supp. 65-6110 and 65-6111, as amended by L. 2010, ch. 119, sec. 1, and K.S.A. 65-6119, as amended by L. 2010, ch. 119, sec. 3; implementing K.S.A. 2009 2015 Supp. 65-6119, as amended by L. 2010, ch. 119, sec. 3, and K.S.A. 65-6129, as amended by L. 2010, ch. 119, sec. 8; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended P-_____.)



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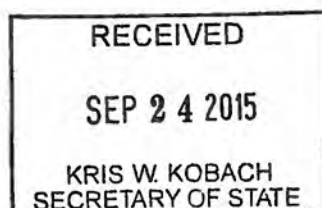
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109-5-2. (Authorized by K.S.A. 65-6111, as amended by L. 2008, ch. 47, sec.1; implementing K.S.A. 65-6129, as amended by L. 2008, ch. 78, sec. 2, K.S.A. 65-6129b, and K.S.A. 65-6129c; effective, T-88-12, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Nov. 12, 1999; amended May 15, 2009; revoked P-_____.)



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109-8-1. Examination. (a)(1) The cognitive certification examination for first responders, emergency medical responders, emergency medical technicians, trained under the 1994 national standard curriculum modified and adopted by the board, emergency medical technicians trained under the "2010 Kansas emergency medical services education standards: emergency medical technician," advanced emergency medical technicians, mobile intensive care technicians, and paramedics shall be the national registry of emergency medical technicians' cognitive examination.

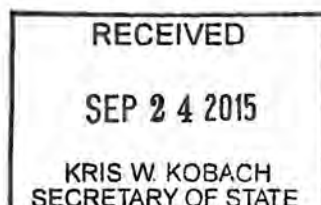
(2) ~~Any applicant for certification who fails the national registry cognitive examination may retake the examination the maximum allowable number of times pursuant to national registry policy.~~

(b) ~~The cognitive certification examination for emergency medical technician-intermediate shall be the examination approved by the board on October 4, 1991.~~

(e) The cognitive certification examination for instructor-coordinator shall be the final cognitive examination developed by the sponsoring organization and approved by the board.

(d)(c) The cognitive certification examinations for training officer I and training officer II approval shall be the final cognitive examinations developed by the sponsoring organization and approved by the board.

(e)(d) Any emergency medical technician-intermediate, instructor-coordinator, training officer I, or training officer II who fails the examination may retake it a maximum of three times. An applicant who has failed the examination three times shall not submit a new application for examination until documentation of successful completion of



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~~additional board approved education~~ a new initial course has been received from the applicant's instructor and reviewed by the executive director.

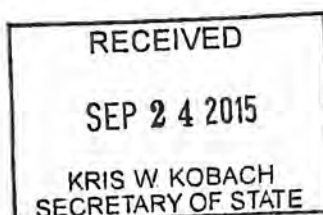
~~(f) Each emergency medical technician intermediate applicant shall be required to obtain a score of at least 70 percent on each cognitive examination and shall be required to demonstrate competency in psychomotor skills as evaluated by the executive director, using criteria approved by the board.~~

~~(g)~~(e) Each first responder, emergency medical responder, or emergency medical technician applicant shall be required to successfully complete the national registry of emergency medical technicians' cognitive examination and shall be required to demonstrate competency in psychomotor skills as evaluated by the vendor contracted by the board, using criteria approved by the board.

~~(h)~~(f) Each advanced emergency medical technician, ~~mobile intensive care technician,~~ or paramedic applicant shall successfully complete the national registry of emergency medical technicians' cognitive examination and psychomotor skills evaluation.

~~(i)~~(g) Any first responder, emergency medical responder, or emergency medical technician applicant who is tested in such psychomotor skills and who fails any psychomotor skill station may retest each failed station a maximum of three times.

~~(j) Any advanced emergency medical technician, mobile intensive care technician, or paramedic applicant who is tested on such psychomotor skills in accordance with national registry criteria and who fails any psychomotor skill station~~



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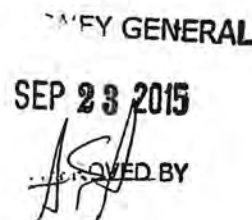
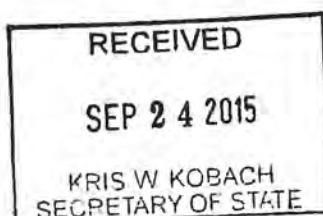
~~may retest each failed portion the maximum allowable times under national registry policies.~~

(h) Each emergency medical responder, emergency medical technician, advanced emergency medical technician, and paramedic shall successfully complete both the cognitive examination and the psychomotor skills examination no later than 24 months after the last date of that individual's initial course of instruction.

Each individual specified in this subsection shall be required to successfully complete both the cognitive examination and psychomotor skills examination within a 12-month period.

~~(k)(i)~~ Any examination for certification may be modified by the board as a pilot project to evaluate proposed changes to the psychomotor skills examination.

(Authorized by K.S.A. 2015 Supp. 65-6110 and ~~K.S.A. 65-6111, as amended L. 2010, ch. 119, sec. 4; implementing K.S.A. 2015 Supp. 65-6111, ~~as amended L. 2010, ch. 119, sec. 4, K.S.A. 2009 2015 Supp. 65-6129, ~~as amended L. 2010, ch. 119, sec. 8, K.S.A. 65-6129b, and K.S.A. 2015 Supp. 65-6129c, ~~as amended L. 2010, ch. 119, sec. 9; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Dec. 19, 1994; amended Jan. 5, 1996; amended Nov. 8, 1996; amended May 16, 1997; amended, T-109-2-7-11, Feb. 7, 2011; amended June 3, 2011; amended P- _____.~~)~~~~~~



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

**Board of
Emergency Medical Services
ECONOMIC IMPACT STATEMENT
K.A.R. 109-5-1**

Sam Brownback, Governor

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-1 is a regulation that further defines continuing education for EMS attendants and educators. The purpose of this regulation is to address the acceptable forms of continuing education and the supporting documentation needed to validate the training courses taken.

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 more adequately reflect the continuing education standards needed by EMS attendants in the state. K.S.A. 65-6110 and 65-6111 allows the board to establish the education standard. This regulation is not mandated by federal law.

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

There will be 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.

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KRIS W. KOBACH
SECRETARY OF STATE

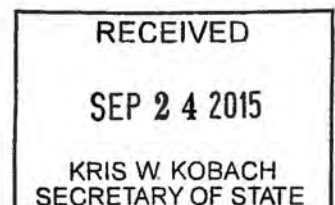
V. Anticipated Economic Impact upon Consumers of the Services

Subject to the Regulation or Its Enforcement.

There will be no anticipated 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 were not less costly or less intrusive methods associated with the revision of this regulation.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-5-1a**

Proposed

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-1a is a regulation that defines the continuing education requirements for renewal of an emergency medical responder certificate. The regulation was revised to appropriately reflect the continuing education standards approved by the Board and adopted by reference.

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

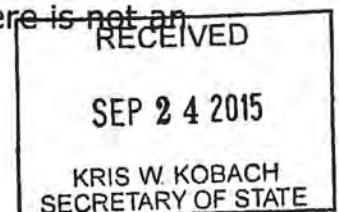
The revision of this regulation is to reference the approved continuing education standards for the emergency medical responder. K.S.A. 65-6110 and 65-6111 allows the board to establish the continuing education standards. This regulation is not mandated by federal law.

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 may be a minimal economic impact on other governmental agencies or private business if the agency or private business provides compensation for attendants to complete continuing education. There are 4 additional hours of continuing education to be obtained over each 2 year period. There is not an



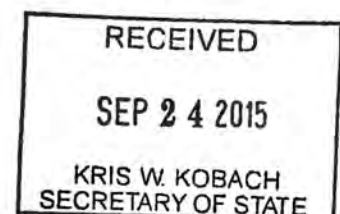
anticipated economic impact for individuals not regulated by this board with this regulatory revision.

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

There may be a minimal economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision if the provision exists for monetary compensation to attendants to complete continuing education. There are 4 additional hours of continuing education to be obtained over each 2 year period. As an alternative to obtaining continuing education hours, this regulation provides the attendant the opportunity to take an assessment exam at the cost of \$65.00.

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.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-5-1b**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-1b is a regulation that defines the continuing education requirements for renewal of an emergency medical technician certificate. The regulation was revised to appropriately reflect the continuing education standards approved by the Board and adopted by reference.

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

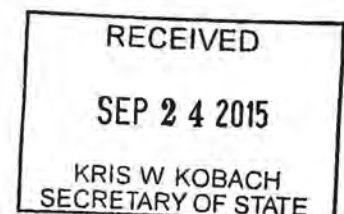
The revision of this regulation is to reference the approved continuing education standards for the emergency medical technician. K.S.A. 65-6110 and 65-6111 allows the board to establish the continuing education standards. This regulation is not mandated by federal law.

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 may be a minimal economic impact on other governmental agencies or private business if the agency or private business provides compensation for attendants to complete continuing education. There are 12 additional hours of continuing education to be obtained over each 2 year period. There is not an



anticipated economic impact for individuals not regulated by this board with this regulatory revision.

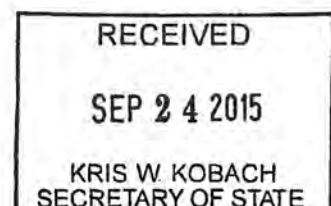
V. Anticipated Economic Impact upon Consumers of the Services

Subject to the Regulation or Its Enforcement.

There may be a minimal economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision if the provision exists for monetary compensation to attendants to complete continuing education. There are 12 additional hours of continuing education to be obtained over each 2 year period. As an alternative to obtaining continuing education hours, this regulation provides the attendant the opportunity to take an assessment exam at the cost of \$70.00.

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

The Kansas Board of Emergency Medical Services considered the option of a six-hour increase or a twelve-hour increase in the amount of continuing education hours within a biennial period. Whereas the six-hour increase would have been less intrusive, the board decided that a 12 hour increase in the biennial period was more appropriate and reflective of the additional education necessary to ensure the safety of the public due to the significant increase in potential scope of practice / authorized activities able to be performed by an emergency medical technician. This is the less costly method.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-5-1c**

I. Summary of Proposed Regulation, Including Its Purpose.

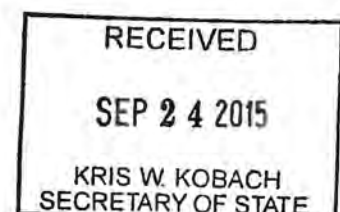
K.A.R. 109-5-1c is a regulation that defines the continuing education requirements for renewal of an emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate and defibrillator, and advanced emergency medical technician certificate. The regulation was revised to appropriately reflect the continuing education standards approved by the Board and adopted by reference.

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 reference the approved continuing education standards for the emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate and defibrillator and advanced emergency medical technician. K.S.A. 65-6110 and 65-6111 allows the board to establish the continuing education standards. This regulation is not mandated by federal law.

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

There will be 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.

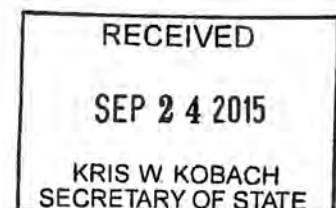
There may be a minimal economic impact on other governmental agencies or private business if the agency or private business provides compensation for attendants to complete continuing education. There are 14 additional hours of continuing education to be obtained over each 2 year period. There is not an anticipated economic impact for individuals not regulated by this board with this regulatory revision.

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

There may be a minimal economic impact on Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision if the provision exists for monetary compensation to attendants to complete continuing education. There are 14 additional hours of continuing education to be obtained over each 2 year period. As an alternative to obtaining continuing education hours, this regulation provides the attendant the opportunity to take an assessment exam at the cost of \$100.00.

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.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-5-1d**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-1d is a regulation that defines the continuing education requirements for renewal of a paramedic certificate. The regulation was revised to appropriately reflect the continuing education standards approved by the Board and adopted by reference.

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 reference the approved continuing education standards for the paramedic. K.S.A. 65-6110 and 65-6111 allows the board to establish the continuing education standards. This regulation is not mandated by federal law.

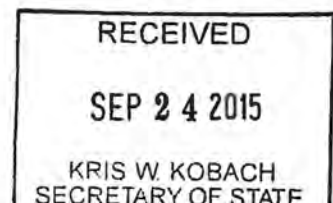
III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

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 is no anticipated economic impact upon other governmental agencies, private business, or individuals not regulated by this board with this regulatory revision.

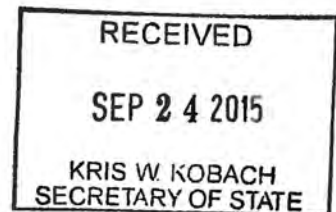
V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.



There is no anticipated economic impact upon Emergency Medical Services attendants, agencies or other Emergency Medical Services related entities associated with this regulatory revision. As an alternative to obtaining continuing education hours, this regulation provides the attendant the opportunity to take an assessment exam at the cost of \$110.00.

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

This is the less costly and less intrusive method.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-5-2**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-2 is the regulation that defines the requirements of documentation for continuing education. The regulation is being revoked and all pertinent language has been appropriately inserted into other existing regulations.

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 into other regulations. This regulation is not mandated by federal law.

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

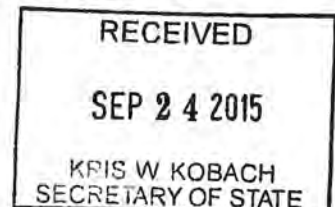
There will be no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revocation.

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

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

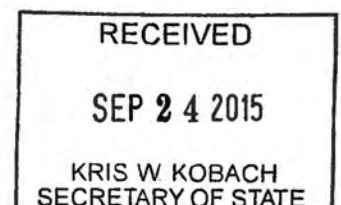
V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no anticipated 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.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-8-1**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-8-1 is the regulation that defines the requirements for the examination process for certification. This regulation was revised to better define the examination process for certification, specifically addressing the number of attempts allowed to pass the examination and the time frame for successful completion.

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

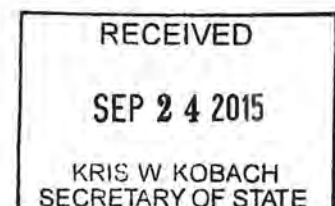
The revision of this regulation is to more clearly define the examination process for individuals attempting to gain EMS certification in Kansas. This regulation is not mandated by federal law.

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

There will be 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 anticipated 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.

