



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

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

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

Laura Kelly, Governor

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

A public hearing will be conducted at 10 a.m. Thursday, November 14th, 2019 in Room 1031 of the Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas 66612 to consider the revision of existing administrative regulations.

Publication of this notice of the public hearing shall open the 60-day period of public comment for submission of written public comments on the proposed amendments to K.A.R. 109-3-3, K.A.R. 109-3-4, K.A.R. 109-5-1a and K.A.R. 109-11-1a. All interested parties may submit written comments to the Kansas Board of Emergency Medical Services, Room 1031, Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas 66612, or by email to carman.m.allen@ks.gov, prior to the scheduled meeting date. During the hearing, interested parties shall be allotted up to five minutes for oral presentations in reference to adoption of the proposed regulatory changes.

Individuals with disabilities may request accommodation to participate in the public hearing and to receive copies of the proposed regulations and economic impact statements in an accessible format. Requests for accommodation shall be received by the Board of Emergency Medical Services at least five business days prior to the hearing date by contacting Suzette Smith at 785-296-7296. Handicapped parking is located on Jackson, in front of the building, and on 9th Street, to the north of the Landon State Office Building.

These regulations are proposed for permanent revision. A summary of the proposed changes follows:

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K.A.R. 109-3-3. Emergency medical responder, authorized activities; requested change is to adopt the medication list approved by the board April 5, 2019.

This change clarifies the medications and routes of administration of such medications by a Kansas-certified emergency medical responder. There are no anticipated costs to the agency, nor any affect to businesses.

K.A.R. 109-3-4. Emergency medical technician; authorized activities; requested change is to adopt the medication list adopted in K.A.R. 109-3-3 by reference.

This change clarifies the medications and routes of administration of such medications by a Kansas-certified emergency medical technician. There are no anticipated costs to the agency, nor any affect to business.

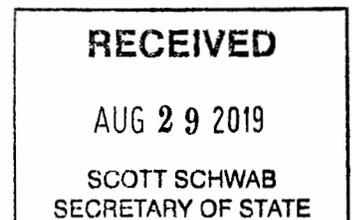
K.A.R. 109-5-1a. Emergency medical responder (EMR) continuing education; requested change is the adoption of the Kansas continuing education plan adopted by the board February 2019.

There are no anticipated costs to the agency, nor any affect to businesses.

K.A.R. 109-11-1a. Emergency medical responder course approval; requested changes include removal of several course application requirements and changing the requirement of a course application to a student registration within the first 20 days of the course. This change will result in students not paying an application fee prior to knowledge of their individual course outcome.

There are no anticipated costs to the agency, nor any affect to business.

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.



109-3-3. Emergency medical responder; authorized activities. Each emergency medical responder shall be authorized to perform any intervention specified in K.S.A. 65-6144, and amendments thereto, and as further specified in this regulation:

(a) Emergency vehicle operations:

(1) Operating each ambulance in a safe manner in nonemergency and emergency situations. "Emergency vehicle" shall mean ambulance, as defined in K.S.A. 65-6112 and amendments thereto; and

(2) stocking an ambulance with supplies in accordance with regulations adopted by the board and the ambulance service's approved equipment list to support local medical protocols;

(b) initial scene management:

(1) Assessing the scene, determining the need for additional resources, and requesting these resources;

(2) identifying a multiple-casualty incident and implementing the local multiple-casualty incident management system;

(3) recognizing and preserving a crime scene;

(4) triaging patients, utilizing local triage protocols;

(5) providing safety for self, each patient, other emergency personnel, and bystanders;

(6) utilizing methods to reduce stress for each patient, other emergency personnel, and bystanders;

(7) communicating with public safety dispatchers and medical control facilities;

(8) providing a verbal report to receiving personnel;

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- (9) providing a written report to receiving personnel;
- (10) completing a prehospital care report;
- (11) setting up and providing patient and equipment decontamination;
- (12) using personal protection equipment;
- (13) practicing infection control precautions;
- (14) moving patients without a carrying device; and
- (15) moving patients with a carrying device;
- (c) patient assessment and stabilization:
 - (1) Obtaining consent for providing care;
 - (2) communicating with bystanders, other health care providers, and patient family members while providing patient care;
 - (3) communicating with each patient while providing care; and
 - (4) assessing the following: blood pressure manually by auscultation or palpation or automatically by noninvasive methods; heart rate; level of consciousness; temperature; pupil size and responsiveness to light; absence or presence of respirations; respiration rate; and skin color, temperature, and condition;
- (d) cardiopulmonary resuscitation and airway management:
 - (1) Applying cardiac monitoring electrodes;
 - (2) performing any of the following:
 - (A) Manual cardiopulmonary resuscitation for an adult, child, or infant, using one or two attendants;
 - (B) cardiopulmonary resuscitation using a mechanical device;
 - (C) postresuscitative care to a cardiac arrest patient;

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- (D) cricoid pressure by utilizing the sellick maneuver;
- (E) head-tilt maneuver or chin-lift maneuver, or both;
- (F) jaw thrust maneuver;
- (G) modified jaw thrust maneuver for injured patients;
- (H) modified chin-lift maneuver;
- (I) mouth-to-barrier ventilation;
- (J) mouth-to-mask ventilation;
- (K) mouth-to-mouth ventilation;
- (L) mouth-to-nose ventilation;
- (M) mouth-to-stoma ventilation;
- (N) manual airway maneuvers; or
- (O) manual upper-airway obstruction maneuvers, including patient positioning, finger sweeps, chest thrusts, and abdominal thrusts; and
- (3) suctioning the oral and nasal cavities with a soft or rigid device;
- (e) control of bleeding, by means of any of the following:
 - (1) Elevating the extremity;
 - (2) applying direct pressure;
 - (3) utilizing a pressure point;
 - (4) applying a tourniquet;
 - (5) utilizing the trendelenberg position; or
 - (6) applying a pressure bandage;
- (f) extremity splinting, by means of any of the following:
 - (1) Soft splints;

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- (2) anatomical extremity splinting without return to position of function;
- (3) manual support and stabilization; or
- (4) vacuum splints;
- (g) spinal immobilization, by means of any of the following:
 - (1) Cervical collar;
 - (2) full-body immobilization device;
 - (3) manual stabilization;
 - (4) assisting an EMT, an AEMT, or a paramedic with application of an upper-body spinal immobilization device;
 - (5) helmet removal; or
 - (6) rapid extrication;
- (h) oxygen therapy by means of any of the following:
 - (1) Humidifier;
 - (2) nasal cannula;
 - (3) non-rebreather mask;
 - (4) partial rebreather mask;
 - (5) regulators;
 - (6) simple face mask;
 - (7) blow-by;
 - (8) using a bag-valve-mask with or without supplemental oxygen; or
 - (9) ventilating an inserted supraglottic or subglottic airway;
- (i) administration of patient-assisted and non-patient-assisted medications

according to the board's "emergency medical responder approved medication list,"

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dated ~~December 2, 2016~~ April 5, 2019, which is hereby adopted by reference;

(j) recognizing and complying with advanced directives by making decisions based upon a do-not-resuscitate order, living will, or durable power of attorney for health care decisions; and

(k) providing the following techniques for preliminary care:

- (1) Cutting of the umbilical cord;
- (2) irrigating the eyes of foreign or caustic materials;
- (3) bandaging the eyes;
- (4) positioning the patient based on situational need;
- (5) securing the patient on transport devices;
- (6) restraining a violent patient, if technician or patient safety is threatened;
- (7) disinfecting the equipment and ambulance;
- (8) disposing of contaminated equipment, including sharps and personal protective equipment, and material;
- (9) decontaminating self, equipment, material, and ambulance;
- (10) following medical protocols for declared or potential organ retrieval;
- (11) participating in the quality improvement process;
- (12) providing EMS education to the public; and
- (13) providing education on injury prevention to the public. (Authorized by K.S.A.

~~2016 Supp. 65-6111; implementing K.S.A. 2016 Supp. 65-6144; effective March 9, 2012; amended May 5, 2017; amended P-_____.)~~

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109-3-4. Emergency medical technician; authorized activities. Each emergency medical technician shall be authorized to perform any intervention specified in the following:

(a) K.S.A. 65-6144, and amendments thereto, and as further specified in K.A.R. 109-3-3; and

(b) K.S.A. 65-6121, and amendments thereto, and as further specified in the following paragraphs:

(1) Airway maintenance by means of any of the following:

(A) Blind insertion of a supraglottic airway, with the exception of the laryngeal mask airway;

(B) oxygen venturi mask;

(C) gastric decompression by orogastric or nasogastric tube with any authorized airway device providing that capability;

(D) auscultating the quality of breath sounds;

(E) pulse oximetry;

(F) automatic transport ventilator;

(G) manually triggered ventilator;

(H) flow-restricted oxygen-powered ventilation device;

(I) bag-valve-mask with in-line small-volume nebulizer;

(J) carbon dioxide colorimetric detection;

(K) capnometry; or

(L) suctioning a stoma; and

(2) administration of patient-assisted and non-patient-assisted medications

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according to the board's "~~emergency medical technician~~ approved medication list,"
dated ~~December 2, 2016~~, which is hereby adopted by reference in K.A.R. 109-3-3.

(Authorized by K.S.A. ~~2016 Supp.~~ 65-6111; implementing K.S.A. ~~2016 Supp.~~
65-6121; effective March 9, 2012; amended May 5, 2017; amended P-_____.)

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109-5-1a. Emergency medical responder (EMR) continuing education. Each applicant for certification renewal as an EMR shall meet one of the following requirements:

(a) Have earned at least 16 clock-hours of 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 ~~December 2015~~ February 2019, which is hereby adopted by reference; or

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

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

(2) 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. ~~2016-Supp. 65-6110 and 65-6111; implementing K.S.A. 2016-Supp. 65-6129 and 65-6144;~~ effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Jan. 4, 2016; amended Nov. 14, 2016; amended Dec. 29, 2017; amended P-_____.)

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109-11-1a. Emergency medical responder course approval. (a) Emergency medical responder initial courses of instruction pursuant to K.S.A. 65-6144, 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 submit a complete application packet to the executive director, including all required signatures, and the following documents:

- (1) A course syllabus that includes at least the following information:
 - (A) A summary of the course goals and objectives;
 - (B) student prerequisites, if any, for admission into the course;
 - ~~(C)~~ instructional and any other materials required to be purchased by the student;
 - ~~(D)~~ (C) student attendance policies;
 - ~~(E)~~ (D) student requirements for successful course completion;
 - ~~(F)~~ (E) a description of the clinical and field training requirements, if applicable;
 - ~~(G)~~ (F) student discipline policies; and
 - ~~(H)~~ (G) instructor information, which shall include the following:
 - (i) Instructor name;
 - (ii) office hours or hours available for consultation; and
 - (iii) instructor electronic-mail address;
- (2) course policies that include at least the following information:
 - (A) Student evaluation of program policies;
 - (B) student and participant safety policies;
 - (C) Kansas requirements for certification;

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- (D) student dress and hygiene policies;
- (E) student progress conferences; and
- (F) equipment use policies; and
- ~~(G) a statement that the course provides a sufficient number of lab instructors to maintain a 6:1 student to instructor ratio during lab sessions;~~
- (3) a course schedule that identifies the following:
 - (A) The date and time of each class session, unless stated in the syllabus;
 - (B) the title of the subject matter of each class session;
 - (C) the instructor of each class session; and
 - (D) the number of psychomotor skills laboratory hours for each session; and
- (4) letters or contracts ~~from the initial course of instruction medical advisor,~~ the ambulance service director of the ambulance service that will provide field training to the students, if applicable, and the administrator of the medical facility in which the clinical rotation is provided, if applicable, indicating their commitment to provide the support as defined in the curriculum.
- (c) Each application shall be received in the board office not later than 30 calendar days before the first scheduled course session.
- (d) Each approved initial course shall meet the following conditions:
 - (1) Meet or exceed the course requirements described in the board's regulations;

and

 - (2) be approved by the sponsoring organization's medical director; and

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(3) maintain course records for at least three years. The following records shall be maintained:

- (A) A copy of all documents required to be submitted with the application for course approval;
- (B) student attendance;
- (C) student grades;
- (D) student conferences;
- (E) course curriculum;
- (F) lesson plans for all lessons;
- (G) clinical training objectives; if applicable;
- (H) field training objectives; if applicable;
- (I) completed clinical and field training preceptor evaluations for each student;
- (J) master copies and completed copies of the outcome assessment and outcome analyses tools used for the course that address at least the following:
 - (i) Each student's ability to perform competently in a simulated or actual field situation, or both; and
 - (ii) each student's ability to integrate cognitive and psychomotor skills to appropriately care for sick and injured patients;

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(K) a copy of each student's psychomotor skills evaluations as specified in the course syllabus;

(L) completed copies of each student's evaluations of each course, all instructors for the course, and all lab instructors for the course; and

(M) a copy of the course syllabus.

(e) Each primary instructor shall provide the executive director with ~~an application for certification~~ a student registration form from each student within 20 days of the date of the first class session.

(f) Each sponsoring organization shall provide any course documentation requested by the executive director.

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

(h) 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. ~~2016-Supp.~~ 65-6110, 65-6111; implementing K.S.A. ~~2016-Supp.~~ 65-6110, 65-6111, 65-6129, and 65-6144; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Dec. 29, 2017; amended P-_____.)

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**Kansas Administrative Regulations
Economic Impact Statement
For the Kansas Division of the Budget**

Emergency Medical Services Board

Agency

Joseph House; Executive Director

Agency Contact

785-296-7409

Contact Phone Number

K.A.R. 109-3-3 & 109-3-4

K.A.R. Number(s)

Submit a hard copy of the proposed rule(s) and regulation(s) and any external documents that the proposed rule(s) and regulation(s) would adopt, along with the following to:

Division of the Budget
900 SW Jackson, Room 504-N
Topeka, KS 66612

I. Brief description of the proposed rule(s) and regulation(s).

K.A.R. 109-3-3 & 109-3-4 identify the authorized activities, including the approved medications, adopted by reference, for the Emergency Medical Responder (EMR) and the Emergency Medical Technician (EMT) certification levels of EMS providers licensed in Kansas. These two regulations are existing permanent regulations and revisions proposed are to adopt the new medication list adopted by the board April 5, 2019.

II. Statement by the agency if the rule(s) and regulation(s) is mandated by the federal government and a statement if approach chosen to address the policy issue is different from that utilized by agencies of contiguous states or the federal government. (If the approach is different, then include a statement of why the Kansas rule and regulation proposed is different)

The proposed revisions to these regulations are not mandated by the federal government. The policy issue of approved medications is nearly identical in all four (4) of our contiguous states. The details within the medication lists differ slightly, but all involve approval of medications which can be administered by each level of provider.

III. Agency analysis specifically addressing following:

A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;

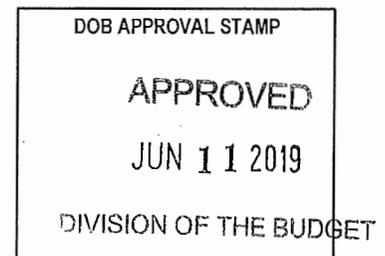
This proposed change will neither enhance nor restrict business activities and growth.

B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;

It is not anticipated that these revisions would have any economic effect.

C. Businesses that would be directly affected by the proposed rule and regulation;

There are no businesses that would be directly affected by the revisions within the proposed regulations.



D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;

There is no anticipated cost to the revisions within the proposed regulations. The benefits to adoption of these revisions is the clarification of medication and routes of administration.

E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;

There is no anticipated cost to the revisions within the proposed regulations. There were no measures necessary to minimize the cost and impact on business and economic development.

F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.

\$0

An estimate, expressed as a total dollar figure, of the total implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.

\$0

Do the above total implementation and compliance costs exceed \$3.0 million over any two-year period?

YES NO

Give a detailed statement of the data and methodology used in estimating the above cost estimate.

The proposed revisions give clarification of approved medications and routes of administration necessary to care for sick and injured patients in a prehospital setting.

Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed \$3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.

YES NO

A Public Hearing will be scheduled during the 60 public comment period.

G. If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas

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Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.

The proposed revisions to these regulations neither increases nor decreases revenues of cities, counties, or school districts. The proposed revisions to these regulations do not impose new functions or responsibilities upon cities, counties, or school districts.

- H. **Describe how the agency consulted and solicited information from businesses, associations, local governments, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s).**

These proposed regulatory changes have been a topic upon Board and Committee meeting agendas and have been discussed during regional council meetings since December 2016. The public has encouraged clarification and additional medication administration routes during board and regional council meetings held throughout the state.

- I. **For environmental rule(s) and regulation(s) describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, as well as the persons would bear the costs and would be affected by the failure to adopt the rule(s) and regulation(s).**

These regulations do not have an environmental impact.

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**Kansas Administrative Regulations
Economic Impact Statement
For the Kansas Division of the Budget**

Emergency Medical Services Board
Agency

Joseph House; Executive Director
Agency Contact

785-296-7409
Contact Phone Number

K.A.R. 109-5-1a
K.A.R. Number(s)

Submit a hard copy of the proposed rule(s) and regulation(s) and any external documents that the proposed rule(s) and regulation(s) would adopt, along with the following to: Division of the Budget
900 SW Jackson, Room 504-N
Topeka, KS 66612

I. Brief description of the proposed rule(s) and regulation(s).

K.A.R. 109-5-1a identifies the continuing education requirements for the Emergency medical responder and is adopted by reference in K.A.R. 109-5-1b Emergency medical technician continuing education, 109-5-1c Advanced emergency medical technician continuing education and 109-5-1d Paramedic continuing education. K.A.R. 109-5-1a is an existing permanent regulation and revision proposed is to adopt the new version of the Kansas continuing education plan adopted by the board February 2019, which removes the requirement of completing subcategories within the primary categories of continuing education. The proposed language references a newly adopted version of the Kansas continuing education plan adopted by the board February 2019.

II. Statement by the agency if the rule(s) and regulation(s) is mandated by the federal government and a statement if approach chosen to address the policy issue is different from that utilized by agencies of contiguous states or the federal government. (If the approach is different, then include a statement of why the Kansas rule and regulation proposed is different)

The proposed revision to this regulation is not mandated by the federal government. The policy issue of Kansas continuing education requirements for emergency medical responders, emergency medical technicians, advanced emergency medical technicians and paramedics differs, but is similar to, our four (4) contiguous states and is slightly less prescriptive than the requirements set forth by the National Registry of Emergency Medical Technicians (NREMT). Our four (4) contiguous states require EMS providers desiring to renew certification in their States to adhere to NREMT continuing education requirements. While these details differ slightly, all involve the process of obtaining continuing education in order to renew EMS provider certification.

III. Agency analysis specifically addressing following:

A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;

This proposed change will neither enhance nor restrict business activities and growth.

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- B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;**

It is not anticipated that this revision will have any economic effect.

- C. Businesses that would be directly affected by the proposed rule and regulation;**

There are no businesses that would be directly affected by the revision within the proposed regulation.

- D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;**

There is no anticipated cost to the revision within the proposed regulation. The benefits to adoption of this revision is the newly adopted Kansas continuing education plan removes the previous requirement of completion of subcategories of continuing education under global categories. This change will decrease the burden on EMS providers, educators and board staff.

- E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;**

There is no anticipated cost to the revision within the proposed regulation. There were no measures necessary to minimize the cost and impact on business and economic development.

- F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.**

\$0

Do the above total implementation and compliance costs exceed \$3.0 million over any two-year period?

YES NO

Give a detailed statement of the data and methodology used in estimating the above cost estimate.

The proposed revision removes extra subcategory requirements that currently must be completed for an EMS provider to renew their certification, but maintains the assurance that acquired continuing education will cover the spectrum of knowledge necessary to care for sick and injured patients in a prehospital setting.

Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed \$3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable,

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document when the public hearing was held, those in attendance, and any pertinent information from the hearing.

YES NO

A Public Hearing will be scheduled during the 60 public comment period.

- G. **If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.**

The proposed revision to this regulation neither increases nor decreases revenues of cities, counties, or school districts. The proposed revision to this regulation does not impose new functions or responsibilities upon cities, counties, or school districts.

- H. **Describe how the agency consulted and solicited information from businesses, associations, local governments, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s).**

This proposed regulatory change has been a topic upon Board and Committee meeting agendas and has been discussed during regional council meetings since December 2017. The public has encouraged removal of these subcategories during board and regional council meetings held throughout the state. Written comment was received from two of the six regional councils prior to the adopted Kansas continuing education plan change. This proposed revision changes the current policy, by removing the current subcategories, but maintains assurance that acquired continuing education will cover the spectrum of knowledge necessary to care for sick and injured patients in a prehospital setting.

- I. **For environmental rule(s) and regulation(s) describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, as well as the persons would bear the costs and would be affected by the failure to adopt the rule(s) and regulation(s).**

This regulation does not have an environmental impact.

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**Kansas Administrative Regulations
Economic Impact Statement
For the Kansas Division of the Budget**

Kansas Board of Emergency Medical Services
Agency

Joseph House; Executive Director
Agency Contact

785-296-7409
Contact Phone Number

K.A.R. 109-11-1a
K.A.R. Number(s)

Submit a hard copy of the proposed rule(s) and regulation(s) and any external documents that the proposed rule(s) and regulation(s) would adopt, along with the following to: Division of the Budget
900 SW Jackson, Room 504-N
Topeka, KS 66612

I. Brief description of the proposed rule(s) and regulation(s).

K.A.R. 109-11-1a identifies the course approval process for Emergency Medical Responder initial courses of instruction. The proposed changes include removal of syllabus requirements for course prerequisites and a statement reference 6:1 student to lab instructor ratio; the addition of contracts as a form of commitment to provide support for field and clinical training and course approval by the sponsoring organization's medical director; and a change for requirement of student application for certification to student course registration.

II. Statement by the agency if the rule(s) and regulation(s) is mandated by the federal government and a statement if approach chosen to address the policy issue is different from that utilized by agencies of contiguous states or the federal government. (If the approach is different, then include a statement of why the Kansas rule and regulation proposed is different)

The proposed revisions to this regulation are not mandated by the federal government. The policy issues associated with approval of initial courses for certification in Kansas differs from the four (4) contiguous states in that they approve training programs through an accreditation type process, as opposed to Kansas' process of requiring submission and review of all course documentation with each course application. The contiguous states do not have a student registration process, but rather requirement persons seeking certification to make application after successfully completing training. The proposed change from student application for certification to student registration during the initial course, will bring Kansas process closer to the processes of the four (4) contiguous states. Students will no longer make application and pay an application fee at the beginning of the initial course, rather they will make application and pay a fee after successfully completing the initial course and examinations for certification.

III. Agency analysis specifically addressing following:

A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;

These proposed changes will neither enhance nor restrict business activities and growth.

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- B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;**

It is not anticipated that these revisions would have any economic effect.

- C. Businesses that would be directly affected by the proposed rule and regulation;**

No businesses would be directly affected by the revisions within the proposed regulation.

- D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;**

There is no anticipated cost to the revisions within the proposed regulations. The benefit to adoption of these revisions is persons enrolling in EMS initial courses of instruction will no longer pay a non-refundable certification fee prior to successfully completing the course.

- E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;**

There is no anticipated cost to the revisions within the proposed regulations. There were no measures necessary to minimize the cost and impact on business and economic development.

- F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.**

\$0

Do the above total implementation and compliance costs exceed \$3.0 million over any two-year period?

YES NO

Give a detailed statement of the data and methodology used in estimating the above cost estimate.

The proposed revisions remove unnecessary regulatory requirements, maintains the assurance of medical direction and decreases costs to students prior to ensuring they have successfully completed and desire to obtain certification.

Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed \$3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.

YES NO

A Public Hearing will be scheduled during the 60 day public comment period.

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- G. **If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.**

The proposed revisions to these regulations neither increases nor decreases revenues of cities, counties, or school districts. The proposed revisions to these regulations do not impose new functions or responsibilities upon cities, counties, or school districts.

- H. **Describe how the agency consulted and solicited information from businesses, associations, local governments, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s).**

These proposed regulatory changes have been discussed during Board and Committee meetings and with sponsoring organizations throughout the state. Sponsoring organizations have encouraged change to bring the process inline with current practices and to remove the application for certification process from within initial course requirements due to the non-refundable fee being charged to students prior to successful course completion.

- I. **For environmental rule(s) and regulation(s) describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, as well as the persons would bear the costs and would be affected by the failure to adopt the rule(s) and regulation(s).**

These regulations do not have an environmental impact.

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