

Proposed



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

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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 REGULATIONS**

A public hearing will be conducted at 2:00 p.m. Thursday, November 9th, 2017 in Room 1031 of the Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas 66612 to consider the revision and revocation of existing 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.shreckengauست@ks.gov. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulation revisions and revocations 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 Kim Cott at 785-296-7296. Handicapped parking is located in front of and to the north of the Landon State Office Building.

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The regulations are being proposed for revision or revocation on a permanent basis. A summary of the proposed regulation revocations follows:

K.A.R. 109-1-1. Definitions; has been revised to eliminate certification levels no longer in existence or statutorily referenced, eliminate certification levels proposed for revocation, as well as reflect name changes in the prehospital continuing education accrediting organization.

Anticipated economic impacts, both positive and negative, are delineated in the specific regulatory revisions and revocations associated with the definitions utilized in this regulation.

K.A.R. 109-2-9. Variances; has been revised to assign responsibility for variance application on the sponsoring organization rather than the individual, and eliminates reference to certification levels no longer in existence.

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. 109-5-1. Continuing education; has been revised to reflect the proposed elimination of the certified training officer designation, and apply responsibility for records retention to the sponsoring organization rather than to an individual. It has also been revised to reflect name changes in the prehospital continuing education accrediting organization.

There will be no anticipated 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.

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K.A.R. 109-5-1a. Emergency medical responder (EMR) continuing education; has been revised to eliminate language associated with transitional scope of practice benchmarks which have expired.

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. 109-5-1b. Emergency medical technician (EMT) continuing education; has been revised to eliminate language associated with transitional scope of practice benchmarks which have expired.

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. 109-5-1c. Advanced emergency medical technician (AEMT) continuing education; has been revised to eliminate language associated with transitional scope of practice benchmarks which have expired, in addition to elimination of a certification level no longer in existence.

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

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economic impact on other governmental agencies, private business or individuals with this regulatory revision.

K.A.R. 109-5-1d. Paramedic continuing education; has been revised to eliminate language associated with transitional scope of practice benchmarks which have expired.

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. 109-5-1f. Training officer continuing education; has been proposed for revocation as the Training Officer certification is proposed for elimination, thus negating the requirement for continuing education recertification. The intent of the elimination of this certification requirement is to benefit local agencies by reducing regulatory requirements and create greater accessibility to quality training resources as identified by the local unit. A survey of all Kansas certified EMS providers indicated 70% of the approximately 1,000 respondents felt the elimination of this certification would either not adversely impact, or potentially improve, the accessibility and quality of EMS education offerings.

There will be minimal reductions in revenue to the Kansas Board of Emergency Medical Services associated with this regulatory revision; there are currently 286 individuals holding Training Officer I certification, and 103 individuals holding Training Officer II certification. Bi-annual recertification application fee is \$30, thus average annual reduction in revenues associated with this proposed certification elimination is less than \$6,000. This revenue

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reduction is offset by the resultant reduction in staff time and resources processing these recertification applications.

There will be anticipated positive economic impacts on other governmental agencies, private business, and individuals associated with this proposed revocation. The revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

K.A.R. 109-5-3. Continuing education approval for long-term providers; has been proposed for revision to eliminate required certification levels for individuals and give authority to organizations to select and designate qualified educators and managers for education and training responsibilities.

There will be no anticipated impact to the Kansas Board of Emergency Medical Services associated with this revision. There will be anticipated positive economic impacts on other governmental agencies, private business, and individuals associated with this proposed revision, as the proposed revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

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K.A.R. 109-5-7a, Emergency medical responder (EMR) transition course approval, is proposed for revocation as the designated transition period allowed for delivery of education relating to expanded scope of practice at the specified certification level has expired.

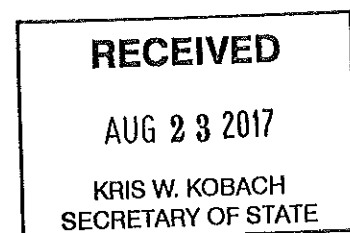
There will be no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revocation. There will be no anticipated economic impact on other governmental agencies, private business or individuals with this regulatory revocation.

K.A.R. 109-5-7b, Emergency medical technician (EMT) transition course approval, is proposed for revocation as the designated transition period allowed for delivery of education relating to expanded scope of practice at the specified certification level has expired.

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. 109-5-7c, Advanced emergency medical technician transition course approval, is proposed for revocation as the designated transition period allowed for delivery of education relating to expanded scope of practice at the specified certification level has expired.

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. 109-5-7d, EMR and EMT train the trainer transition course approval, is proposed for revocation as the designated transition period allowed for delivery of education relating to expanded scope of practice at the specified certification level has expired.

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

K.A.R. 109-6-2. Renewal of attendant, training officer, and instructor-coordinator certificates; has been proposed for revision to support the elimination of the Training Officer certification.

There will be minimal reductions in revenue to the Kansas Board of Emergency Medical Services associated with this regulatory revision; there are currently 286 individuals holding Training Officer I certification, and 103 individuals holding Training Officer II certification. Bi-annual recertification application fee is \$30, thus average annual reduction in revenues associated with this proposed certification elimination is less than \$6,000. This revenue reduction is offset by the resultant reduction in staff time and resources processing these recertification applications.

There will be anticipated positive economic impacts on other governmental agencies, private business, and individuals associated with this proposed revocation. The revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately

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realized and substantial for local units and individuals not bound by this regulatory requirement.

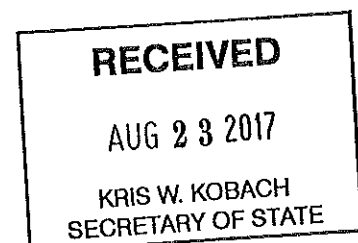
K.A.R. 109-7-1. Schedule of fees; has been proposed for revision to eliminate fees associated with certification levels no longer in existence.

There will be no reductions in revenue to the Kansas Board of Emergency Medical Services associated with this regulatory revision. There will be no anticipated economic impacts on other governmental agencies, private business, and individuals associated with this proposed revision.

K.A.R. 109-8-1. Examination; has been revised to eliminate certification testing requirements for certification levels proposed for revocation, as well as their associated examination process.

There will be minimal reductions in revenue to the Kansas Board of Emergency Medical Services associated with this regulatory revision; as the proposed elimination of the Training Officer certification would result in the loss of an estimated 25-50 annual applicants for initial Training Officer certification, resulting in an anticipated revenue reduction of \$1625 to \$3250. This revenue reduction is offset by the resultant reduction in staff time and resources processing these certification applications.

There will be anticipated positive economic impacts on other governmental agencies, private business, and individuals associated with this proposed revision. The revocation of the Training Officer certification will negate costs incurred with the initial training and certification costs. Although cost savings will vary by the size of the organization and its' number of



Training Officer certification candidates, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

K.A.R. 109-8-2. Scheduling examinations for certification; has been proposed for revision to eliminate certification levels no longer in existence.

There will be no anticipated 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. 109-9-4. Requirements for acceptance into an instructor-coordinator initial course of instruction; has been proposed for revision to correct reference to regulations pertaining to approved instructor-coordinator standards.

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. 109-10-1a. Approved emergency medical responder education standards; has been proposed for revision to eliminate language associated with transitional scope of practice which has expired.

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.

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K.A.R. 109-10-1b. Approved emergency medical technician education standards; has been proposed for revision to eliminate language associated with transitional scope of practice which has expired.

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. 109-10-1c. Approved advanced emergency medical technician education standards; has been proposed for revision to eliminate language associated with transitional scope of practice which has expired.

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. 109-10-1d. Approved paramedic education standards; has been proposed for revision to eliminate language associated with transitional scope of practice which has expired.

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. 109-10-1f. Approved training officer I education standards; has been proposed for

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revocation to support the elimination of the Training Officer certification.

There will be minimal reductions in revenue to the Kansas Board of Emergency Medical Services associated with this regulatory revision; there are currently 286 individuals holding Training Officer I certification, and 103 individuals holding Training Officer II certification. Bi-annual recertification application fee is \$30, thus average annual reduction in revenues associated with this proposed certification elimination is less than \$6,000. This revenue reduction is offset by the resultant reduction in staff time and resources processing these recertification applications.

There will be anticipated positive economic impacts on other governmental agencies, private business, and individuals associated with this proposed revocation. The revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

K.A.R. 109-10-1g, Approved training officer II education standards; has been proposed for revocation to support the elimination of the Training Officer certification.

There will be minimal reductions in revenue to the Kansas Board of Emergency Medical Services associated with this regulatory revision; there are currently 286 individuals holding Training Officer I certification, and 103 individuals holding Training Officer II certification. Bi-annual recertification application fee is \$30, thus average annual reduction in revenues

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associated with this proposed certification elimination is less than \$6,000. This revenue reduction is offset by the resultant reduction in staff time and resources processing these recertification applications.

There will be anticipated positive economic impacts on other governmental agencies, private business, and individuals associated with this proposed revocation. The revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

K.A.R. 109-10-3. Late enrollment; has been proposed for revision to assign responsibility for enrollment processes on the sponsoring organization rather than the individual, and eliminates reference to certification levels proposed for revocation.

There will be no anticipated 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. 109-10-7. Distance learning; has been proposed for revision to assign responsibility for distance education delivery on the sponsoring organization, rather than the individual instructor.

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on other governmental agencies, private business or individuals with this regulatory revision.

K.A.R. 109-11-1a. Emergency medical responder course approval; has been proposed for revision to assign responsibility for course approval on the sponsoring organization, rather than the individual instructor.

There will be no anticipated 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. 109-11-9. Instructor qualifications; has been proposed for revision to eliminate a certification level proposed for revocation, establish the sponsoring organization responsibility in qualifications determination, define the appropriate title for the agency director, and better define roles of the laboratory instructor.

There will be no anticipated 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. 109-13-1. Training officers; has been proposed for revocation. The intent of the elimination of this certification requirement is to benefit local agencies by reducing regulatory requirements and create greater accessibility to quality training resources as identified by the local unit. A survey of all Kansas certified EMS providers indicated 70% of the approximately 1,000 respondents felt the elimination of this certification would either not adversely impact, or potentially improve, the accessibility and quality of EMS education offerings.

There will be minimal reductions in revenue to the Kansas Board of Emergency Medical

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Services associated with this regulatory revision; there are currently 286 individuals holding Training Officer I certification, and 103 individuals holding Training Officer II certification. Bi-annual recertification application fee is \$30, thus average annual reduction in revenues associated with this proposed certification elimination is less than \$6,000. This revenue reduction is offset by the resultant reduction in staff time and resources processing these recertification applications.

There will be anticipated positive economic impacts on other governmental agencies, private business, and individuals associated with this proposed revocation. The revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

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.

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109-1-1. Definitions. Each of the following terms, as used in the board's regulations, shall have the meaning specified in this regulation:

(a) "AEMT" means advanced emergency medical technician.

(b) "Advanced life support" and "ALS" mean the statutorily authorized activities and interventions that may be performed by an ~~emergency medical technician intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate/defibrillator,~~ advanced emergency medical technician, or paramedic.

(c) "Air ambulance" means a fixed-wing or rotor-wing aircraft that is specially designed, constructed or modified, maintained, and equipped to provide air medical transportation and emergency care of patients.

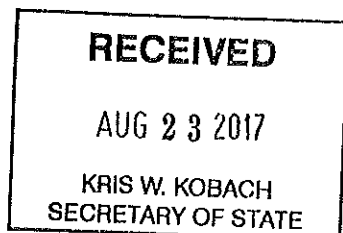
(d) "Air medical director" means a physician as defined by K.S.A. 65-6112, and amendments thereto, who meets the following requirements:

(1) Is trained and experienced in care consistent with the air ambulance service's mission statement; and

(2) is knowledgeable in altitude physiology and the complications that can arise due to air medical transport.

(e) "Air medical personnel" means the attendants listed on the attendant roster, health care personnel identified on the service health care personnel roster of the air ambulance service, specialty patient care providers specific to the mission, and the pilot or pilots necessary for the operation of the aircraft.

(f) "Airway maintenance," as used in K.S.A. 65-6121 and amendments thereto and as applied to the authorized activities of an advanced emergency medical



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~~technician-intermediate~~ technician, means the use of any invasive oral equipment and procedures necessary to ensure the adequacy and quality of ventilation and oxygenation.

(g) "Basic life support" and "BLS" mean the statutorily authorized activities and interventions that may be performed by a ~~first responder~~, an emergency medical responder, or emergency medical technician.

(h) ~~"CECBEMS" means the national continuing education coordinating board for emergency medical services.~~ "CAPCE" means the commission on accreditation for pre-hospital continuing education.

(i) "Certified mechanic," as used in K.A.R. 109-2-2, means an individual employed or contracted by the ambulance service, city or county, qualified to perform maintenance on licensed ambulances and inspect these vehicles and validate, by signature, that the vehicles meet both mechanical and safety considerations for use.

(j) "Class," as used in these regulations, means the period during which a group of students meets.

(k) "Clinical preceptor" means an individual who is responsible for the supervision and evaluation of students in clinical training in a health care facility.

(l) "Continuing education" means a formally organized learning experience that has education as its explicit principal intent and is oriented towards the enhancement of emergency medical services practice, values, skills, and knowledge.

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(m) "Contrived experience," as used in K.A.R. 109-11-3a, means a simulated ambulance call and shall include dispatch communications, responding to the scene, assessment and management of the scene and patient or patients, biomedical communications with medical control, ongoing assessment, care, and transportation of the patient or patients, transference of the patient or patients to the staff of the receiving facility, completion of records, and preparation of the ambulance for return to service.

(n) "Coordination" means the submission of an application for approval of initial courses of instruction or continuing education courses and the oversight responsibility of those same courses and instructors once the courses are approved.

(o) "Course of instruction" means a body of prescribed EMS studies approved by the board.

(p) "Critical care transport" means the transport by an ambulance of a critically ill or injured patient who receives care commensurate with the care rendered by health care personnel as defined in this regulation or a paramedic with specialized training as approved by service protocols and the medical director.

(q) "Educator" means instructor-coordinator, as defined in K.S.A. 65-6112 and amendments thereto.

(r) "Emergency" means a serious medical or traumatic situation or occurrence that demands immediate action.

(s) "Emergency call" means an immediate response by an ambulance service to a medical or trauma incident that happens unexpectedly.

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(t) "Emergency care" means the services provided after the onset of a medical condition of sufficient severity that the absence of immediate medical attention could reasonably be expected to cause any of the following:

- (1) Place the patient's health in serious jeopardy;
- (2) seriously impair bodily functions; or
- (3) result in serious dysfunction of any bodily organ or part.

(u) "EMS" means emergency medical services.

(v) "EMR" means emergency medical responder.

(w) "EMT" means emergency medical technician.

(x) "~~EMT-D~~" means ~~emergency medical technician-defibrillator~~.

(y) "~~EMT-I~~" means ~~emergency medical technician-intermediate~~.

(z) "~~EMT-I/D~~" means ~~emergency medical technician-intermediate/defibrillator~~.

(aa)"Field internship preceptor" means an individual who is responsible for the supervision and evaluation of students in field training with an ambulance service.

~~(bb)~~(y) "Ground ambulance" means a ground-based vehicle that is specially designed and equipped for emergency medical care and transport of sick and injured persons and meets the requirements in K.A.R. 109-2-8.

~~(cc)~~(z) "Health care personnel" and "health care provider," as used in these regulations, means a physician, physician assistant, licensed professional nurse, advanced practice registered nurse, or respiratory therapist.

~~(dd)~~(aa) "Incompetence," as applied to attendants and as used in K.S.A. 65-

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6133 and amendments thereto, means a demonstrated lack of ability, knowledge, or fitness to perform patient care according to applicable medical protocols or as defined by the authorized activities of the attendant's level of certification.

~~(ee)~~(bb) "Incompetence," as applied to instructor-coordinators and training officers and as used in ~~K.S.A. 65-6133~~ K.S.A. 65-6129b and K.S.A. 65-6129c and amendments thereto, means a pattern of practice or other behavior that demonstrates a manifest incapacity, inability, or failure to coordinate or to instruct attendant training programs.

~~(ff)~~(cc) "Incompetence," as applied to an operator and as used in K.S.A. 65-6132 and amendments thereto, means either of the following:

(1) The operator's inability or failure to provide the level of service required for the type of permit held; or

(2) the failure of the operator or an agent or employee of the operator to comply with a statute or regulation pertaining to the operation of a licensed ambulance service.

~~(gg)~~(dd) "Instructor-coordinator" and "I-C" mean any of the following individuals who are certified to instruct and coordinate attendant training programs:

(1) Emergency medical technician;

(2) emergency medical technician-intermediate;

~~(3) emergency medical technician-defibrillator;~~

(4) physician;

~~(5)~~(3) physician's assistant;

~~(6)~~(4) advanced practice registered nurse;

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~~(7)~~(5) licensed professional nurse;

~~(8)~~(6) advanced emergency medical technician; or

~~(9)~~(7) paramedic.

~~(hh)~~(ee) "Interoperable" means that one system has the ability to communicate or work with another.

~~(ii)~~(ff) "Lab assistant" means an individual who is assisting a primary instructor in the instruction and evaluation of students in classroom laboratory training sessions.

~~(jj)~~(gg) "Long-term provider approval" means that the sponsoring organization has been approved by the executive director to provide any continuing education program as prescribed in K.A.R. 109-5-3.

~~(kk)~~(hh) "Mentoring educator" means an instructor-coordinator, as defined in K.S.A. 65-6112 and amendments thereto, who has obtained additional credentials prescribed by the board.

~~(ll)~~(ii) "Out of service," as used in K.A.R. 109-2-5, means that a licensed ambulance is not immediately available for use for patient care or transport.

~~(mm)~~(jj) "Primary instructor" means an instructor-coordinator or training officer who is listed by the sponsoring organization as the individual responsible for the competent delivery of cognitive, psychomotor, and affective objectives of an approved initial course of instruction or continuing education program and who is the person primarily responsible for evaluating student performance and developing student competency.

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~~(nn)~~(kk) "Prior-approved continuing education" means material submitted by a sponsoring organization, to the board, that is reviewed and subsequently approved by the executive director, in accordance with criteria established by regulations, and that is assigned a course identification number.

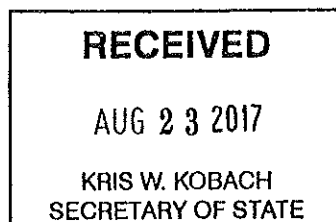
~~(oo)~~(ll) "Public call" means the request for an ambulance to respond to the scene of a medical emergency or accident by an individual or agency other than any of the following:

- (1) A ground ambulance service;
- (2) the Kansas highway patrol or any law enforcement officer who is at the scene of an accident or medical emergency;
- (3) a physician, as defined by K.S.A. 65-6112 and amendments thereto, who is at the scene of an accident or medical emergency; or
- (4) an attendant who has been dispatched to provide emergency first response and who is at the scene of an accident or medical emergency.

~~(pp)~~(mm) "Retroactively approved continuing education" means credit issued to an attendant after attending a program workshop, conference, seminar, or other offering that is reviewed and subsequently approved by the executive director, in accordance with criteria established by the board.

~~(qq)~~(nn) "Roster" means a document whose purpose is to validate attendance at an educational offering and that includes the following information:

- (1) Name of the sponsoring organization;



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- (2) location where the educational offering occurred;
- (3) signature, time of arrival, and time of departure of each attendee;
- (4) course identification number issued by the board;
- (5) title of the educational offering;
- (6) date of the educational offering; and
- (7) printed name and signature of the program manager.

~~(ff)~~(oo) "Service director" means an individual who has been appointed, employed, or designated by the operator of an ambulance service to handle daily operations and to ensure that the ambulance service is in conformance with local, state, and federal laws and ensure that quality patient care is provided by the service attendants.

~~(ss)~~(pp) "Service records" means the documents required to be maintained by state regulations and statutes pertaining to the operation and education within a licensed ambulance service.

~~(tt)~~(qq) "Single-program provider approval" means that the sponsoring organization has been granted approval to offer a specific continuing education program.

~~(uu)~~(rr) "Site coordinator" means a person supervising, facilitating, or monitoring students, facilities, faculty, or equipment at a training site.

~~(vv)~~ "Sponsoring organization" means any professional association, accredited postsecondary educational institution, permitted ambulance service, fire

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~~department, other officially organized public safety agency, hospital, corporation, or emergency medical services regional council approved by the executive director to offer initial courses of instruction and continuing education programs as either a long-term provider or a single program provider.~~

(~~ww~~) (ss) "Syllabus" means a summary of the content of a course of instruction that includes the following:

- (1) A summary of the course goals and objectives;
 - (2) student prerequisites, if any, for admission into the course;
 - (3) instructional and any other materials required to be purchased by the student;
 - (4) student attendance policies;
 - (5) student requirements for successful course completion;
 - (6) a description of the clinical and field training requirements, if applicable;
 - (7) student discipline policies; and
 - (8) instructor, educator, or mentoring educator, ~~trainer, or training officer~~
- information, which shall include the following:

(A) The name of the instructor, educator, or mentoring educator, ~~trainer, or training officer~~;

(B) the office hours of the instructor, educator, or mentoring educator, ~~trainer, or training officer~~ or the hours during which the instructor, educator, or mentoring educator, ~~trainer, or training officer~~ is available for consultation; and

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(C) the electronic mail address of the instructor, educator, or mentoring educator, ~~trainer, or training officer.~~

~~(xx)~~(tt) "Sufficient application" means that the information requested on the application form is provided in full, any applicable fee has been paid, all information required by statute or regulation has been submitted to the board, and no additional information is required to complete the processing of the application.

~~(yy)~~(uu) "Teach" means instruct or coordinate training, or both.

~~(zz) "Training officer I" means a person who has been certified by the board to coordinate attendant continuing education training programs for accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety agencies, hospitals, corporations, professional associations, or emergency medical services regional councils.~~

~~(aaa) "Trainer" means a person who is certified by the board to function as a continuing education training program coordinator, continuing education training program instructor, or both.~~

~~(bbb) "Training officer II" means a person who is certified by the board to function as a continuing education training program coordinator and as a primary instructor of first responder initial courses of instruction.~~

~~(ccc) "Training program accreditation" means the approval granted by the executive director to any of the following, to conduct EMS initial courses of instruction on a long-term basis: accredited postsecondary educational institutions, permitted~~

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~~ambulance services, fire departments, other officially organized public safety agencies, hospitals, or corporations.~~

(~~ddd~~)(vv) "Unprofessional conduct," as applied to attendants and as used in K.S.A. 65-6133 and amendments thereto, means conduct that violates those standards of professional behavior that through professional experience have become established by the consensus of the expert opinion of the members of the emergency medical services profession as reasonably necessary for the protection of the public. This term shall include any of the following:

- (1) Failing to take appropriate action to safeguard the patient;
- (2) performing acts beyond the activities authorized for the level at which the individual is certified;
- (3) falsifying a patient's or an ambulance service's records;
- (4) verbally, sexually, or physically abusing a patient;
- (5) violating statutes or regulations concerning the confidentiality of medical records or patient information obtained in the course of professional work;
- (6) diverting drugs or any property belonging to a patient or an agency;
- (7) making a false or misleading statement on an application for certification renewal or any agency record;
- (8) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an attendant; or

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(9) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the emergency medical services statutes or board regulations, including failing to furnish any documents or information legally requested by the board. Attendants who fail to respond to requests for documents or requests for information within 30 days from the date of request shall have the burden of demonstrating that they have acted in a timely manner.

(~~eee~~)(ww) "Unprofessional conduct," as applied to instructor-coordinators and training officers and as used in ~~K.S.A. 65-6133~~ K.S.A. 65-6129b and K.S.A. 65-6129c and amendments thereto, means any of the following:

(1) Engaging in behavior that demeans a student. This behavior shall include ridiculing a student in front of other students or engaging in any inhumane or discriminatory treatment of any student or group of students;

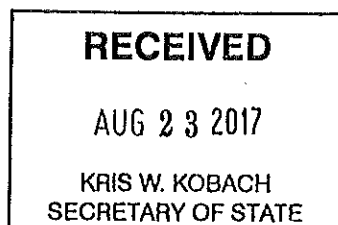
(2) verbally or physically abusing a student;

(3) failing to take appropriate action to safeguard a student;

(4) falsifying any document relating to a student or the emergency medical ~~service agency~~ sponsoring organization;

(5) violating any statutes or regulations concerning the confidentiality of student records;

(6) obtaining or seeking to obtain any benefit, including a sexual favor, from a student through duress, coercion, fraud, or misrepresentation, or creating an



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environment that subjects a student to unwelcome sexual advances, which shall include physical touching or verbal expressions;

(7) an inability to instruct because of alcoholism, excessive use of drugs, controlled substances, or any physical or mental condition;

(8) reproducing or duplicating a state examination for certification without board authority;

(9) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an instructor-coordinator or training officer;

(10) willfully failing to adhere to the course syllabus; or

(11) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the board's statutes or regulations, including failing to furnish any documents or information legally requested by the board. Instructor-coordinators and training officers who fail to respond to requests for documents or requests for information within 30 days of the request shall have the burden of demonstrating that they have acted in a timely manner. (Authorized by K.S.A. 2015 2016 Supp. 65-6110, 65-6111, and 65-6133; implementing K.S.A. 2015 2016 Supp. 65-6110, 65-6111, ~~K.S.A. 65-6129b~~, ~~K.S.A. 2015 Supp. 65-6129c~~, 65-6132, and 65-6133; effective May 1, 1985; amended May 1, 1986; amended, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended March 16, 1992; amended Jan. 31, 1994; amended Jan. 30, 1995; amended Jan. 31, 1997; amended Nov. 12, 1999; amended Jan. 27, 2012; amended March 15, 2013; amended April 29, 2016; amended P-_____.)

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109-2-9. Variances. (a) A temporary variance from any or all portions of an identified regulation may be granted for a time period determined by the board to an applicant, based upon the nature of the variance requested and the needs of the applicant ~~for no more than 30 days. For good cause shown, one extension of a variance may be granted by the board for no more than an additional 30 days.~~

(b) Each applicant for a variance shall submit a written request, no later than 30 calendar days before a regularly scheduled board meeting, that contains the following information:

- (1) The name, address, and certificate level or license type of the applicant;
- (2) a statement of the reason for the variance request;
- (3) the specific portion or portions of an identified regulation from which a variance is requested;
- (4) the period of time for which a variance is requested;
- (5) the number of units or persons involved;
- (6) an explanation of how adherence to each portion or portions of the regulation from which the variance is requested would result in a serious hardship to the applicant; and
- (7) an explanation and, if applicable, supportive documents indicating how a variance would not result in an unreasonable risk to the public interest, safety, or welfare.

(c) In addition to meeting the requirements in subsection (b), each ~~instructor-coordinator or training officer who~~ sponsoring organization that requests a variance

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shall describe how granting a variance will not jeopardize the quality of instruction.

(d) Periodic evaluations of the variance after it is granted may be conducted by the board.

(e) Conditions may be imposed by the board on any variance granted as necessary to protect the public interest, safety, or welfare, including conditions to safeguard the quality of the instruction provided by an instructor-coordinator or training officer a sponsoring organization. (Authorized by and implementing K.S.A. ~~2008~~ 2016 Supp. 65-6111; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended July 10, 2009; amended P-_____.)

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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) 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:

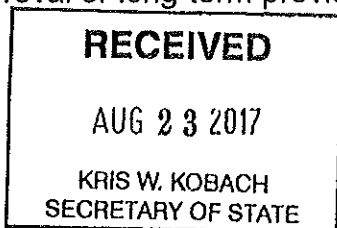
- (1) The name of the provider of the continuing education course;
- (2) the name of the attendant being issued the certificate;
- (3) the title of the course;
- (4) the date or dates on which the course was conducted;
- (5) the location where the course was conducted;
- (6) the amount of approved continuing education credit issued to the individual for attending the course;

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

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

(d)(1) Acceptable continuing education programs shall include the following:

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



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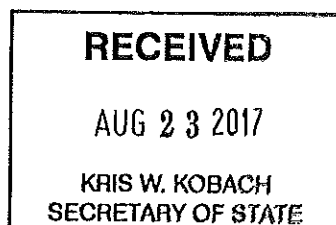
(B) initial courses of instruction provided by a sponsoring organization and approved by the board; and

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

(2) Any program not addressed in this subsection may be submitted for approval by the attendant as specified in K.A.R. 109-5-5.

(e) The number of clock-hours received for continuing education credit during one calendar day shall not exceed 12.

(f) Each attendant, ~~training officer, and instructor coordinator~~ and sponsoring organization 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. ~~2015~~ 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. ~~2015~~ 2016 Supp. 65-6129, ~~K.S.A. and~~ 65-6129b, and K.S.A. ~~2015 Supp. 65-6129c~~; 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 Jan. 4, 2016; amended P-_____.)



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109-5-1a. Emergency medical responder (EMR) continuing education. (a) Each applicant for certification renewal as an EMR ~~on or before January 31, 2017~~ shall have earned at least 16 clock-hours of board-approved continuing education during the initial certification period and during each biennial period thereafter.

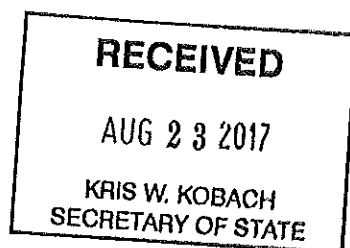
(b) ~~After January 31, 2017, each applicant for certification renewal as an EMR~~ shall meet one of the following requirements:

(1)(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, which is hereby adopted by reference; or

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

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

(B)(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. 2015 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. 2015 2016 Supp. 65-6129; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Jan. 4, 2016; amended Nov. 14, 2016; amended P-_____.)



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109-5-1b. Emergency medical technician (EMT) continuing education. (a) Each applicant for certification renewal as an EMT on or before January 31, 2017 shall have earned at least 28 clock-hours of board-approved continuing education during the initial certification period and during each biennial period thereafter.

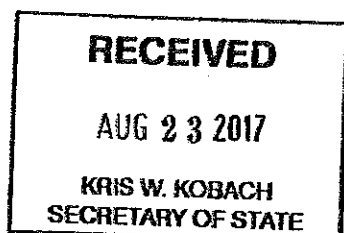
(b) After January 31, 2017, each applicant for certification renewal as an EMT shall meet one of the following requirements:

(1)(a) Have earned at least 28 clock-hours of 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)(b) have met both of the following requirements within the 11 months before the expiration of certification:

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

(B)(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. 2015 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. 2015 2016 Supp. 65-6129; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Jan. 4, 2016; amended Nov. 14, 2016; amended P-_____.)



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109-5-1c. ~~Emergency medical technician-intermediate and Advanced emergency medical technician (AEMT); continuing education.~~ (a) ~~Each applicant for certification renewal as an EMT-I shall have completed one of the board-approved transition courses, as specified in K.S.A. 65-6120 and amendments thereto.~~

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

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

~~(1)(a) Have earned at least 44 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 continuing education plan," which is adopted by reference in K.A.R. 109-5-1a; or~~

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

~~(A)(1) Passed the board-approved AEMT cognitive assessment; and~~

~~(B)(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. 2015 2016 Supp. 65-6110, 65-6111, and 65-6123; implementing K.S.A. 2015 2016 Supp. 65-6120, 65-6123, and 65-6129; effective March 9, 2012; amended Jan. 4, 2016; amended Nov. 14, 2016; amended P-_____.)~~

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109-5-1d. Paramedic continuing education. ~~(a) Each applicant for certification renewal as a paramedic shall have earned at least 60 clock-hours of board-approved continuing education during the preceding biennial period.~~

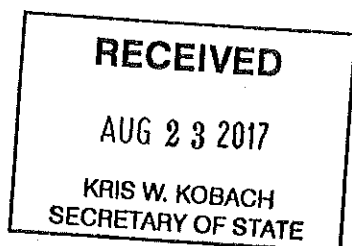
~~(b)~~ After January 31, 2017, Each applicant for certification renewal as a paramedic shall meet one of the following requirements:

~~(1)~~(a) Have earned at least 60 clock-hours of 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)~~(b) have met both of the following requirements within the 11 months before the expiration of certification:

~~(A)~~(1) Passed the board-approved paramedic cognitive assessment; and

~~(B)~~(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. 2015 2016 Supp. 65-6110, and 65-6111, and K.S.A. 65-6119; implementing K.S.A. 2015 2016 Supp. 65-6119 and 65-6129; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Jan. 4, 2016; amended P-_____.)



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109-5-1f. (Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked P-_____.)

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109-5-3. Continuing education approval for long-term providers. (a) Any sponsoring organization may submit an application to the board requesting approval as a long-term provider of continuing education.

(b) Each sponsoring organization ~~desiring~~ seeking long-term provider approval for continuing education courses shall meet the following requirements:

(1) Submit a complete application packet to the executive director at least 30 calendar days before the first initial course to be offered as part of the long-term provider of continuing education training program. A complete application packet shall include the following:

(A) A complete application form provided by the executive director that includes the signatures of the training program manager and the medical director; and

(B) a long-term continuing education training program management plan that describes how the applicant shall meet the requirements of subsection (b);

(2) appoint a training program manager who will serve as the liaison to the board concerning continuing education training. ~~The term "training program manager," as used in this regulation, shall mean one of the following:~~

~~(A) For permitted ambulance services, fire departments, other officially organized public safety agencies, corporations, and professional associations, an instructor-coordinator, educator, mentoring educator, trainer, or training officer, or~~

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~~(B) for postsecondary educational institutions and hospitals, a healthcare provider whose experience in coordinating educational offerings has been documented by the sponsoring organization;~~

(3) appoint a physician who will serve as the medical director for the training program;

(4) provide a sufficient number of lab instructors to maintain a student-to-instructor ratio of 6:1 during laboratory training sessions;

(5) provide a sufficient quantity of EMS training equipment to maintain a student-to-equipment ratio of 6:1 during laboratory training sessions;

(6) provide to each student, upon request, the following:

(A) A course schedule that includes the following:

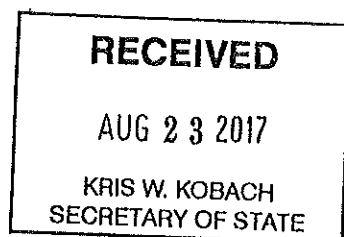
(i) The date and time of each class lesson;

(ii) the title of each lesson; and

(iii) the name of the ~~instructor-coordinator, educator, mentoring educator, trainer, or training officer~~ qualified instructor and that individual's qualifications, as specified in K.A.R. 109-11-9, to teach each lesson; and

(B) a certificate of attendance that includes the following:

(i) The name of the training program;



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(ii) a statement that the training program has been approved by the board as a long-term provider of continuing education training;

(iii) the title of the continuing education offering;

(iv) the date and location of the continuing education offering;

(v) the amount of continuing education credit awarded to each participant for the offering;

(vi) the course identification number issued by the board; and

(vii) the printed name and signature of the program manager;

(7) maintain training program records and continuing education course records for at least three years. The following records shall be maintained:

(A) A copy of the application form and all documents required to be submitted with the application for training program approval;

(B) student attendance rosters;

(C) course educational objectives; and

(D) master copies and completed copies of each student's evaluations of the educational offerings;

(8) establish a continuing education program quality management plan that includes the following:



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(A) A description of the training needs assessment used to determine the continuing education courses to be conducted;

(B) a description of the training program evaluations to be conducted and a description of how a review and analysis of the completed evaluations by the training program's medical director and the training program manager shall be conducted;

(C) equipment use, maintenance, and cleaning policies; and

(D) training program infection-control policies; and

(9) submit quarterly reports to the executive director that include the following:

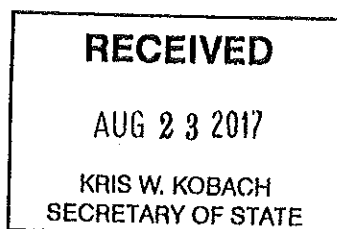
(A) The date, title, and location of each EMS continuing education course offered;

(B) the amount of EMS continuing education credit issued for each EMS course offered; and

(C) the printed name and signature of the training program manager; and

(10) a description of how the program will ensure that all education offered under the auspices of the long-term provider approval meets the definition of continuing education as specified in K.A.R. 109-1-1.

(c) Each approved long-term provider ~~desiring~~ wanting to offer continuing education in a distance learning format shall incorporate the following items into the provider's long-term continuing education training program management plan:



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(1) A definition of the process by which students can access the ~~instructor-coordinator, educator, mentoring educator, trainer, or training officer~~ qualified instructor, as specified in K.A.R. 109-11-9, during any distance learning offerings;

(2) a definition of the procedures used to ensure student participation in course offerings; and

(3) specification of each learning management system that will be used and how each system is to be used in the course.

(d) Each long-term provider of continuing education courses shall submit any change of program manager or medical director and any change to the long-term continuing education program management plan to the board office no later than 30 calendar days after the change has occurred. Failure to submit any of these changes may result in suspension of approval as a long-term provider of continuing education.

(e) Each approved long-term provider of continuing education training shall provide the executive director with a copy of all training program records and continuing education course records upon the executive director's request. (Authorized by and implementing K.S.A. 2014 2016 Supp. 65-6111; effective, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Nov. 12, 1999; amended May 15, 2009; amended Sept. 10, 2010; amended March 15, 2013; amended P-_____.)

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109-5-7a. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, and K.S.A. 65-6144, as amended by L. 2010, ch. 119, sec. 11; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked P-_____.)

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109-5-7b. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked P-_____.)

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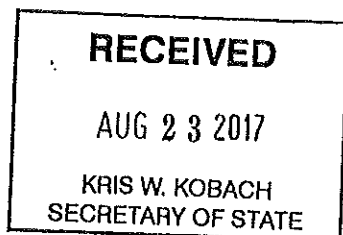
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109-5-7c. (Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6111, and K.S.A. 2010 Supp. 65-6120, as amended by L. 2011, ch. 114, sec. 83; effective, T-109-2-10-12, Feb. 10, 2012; effective May 4, 2012; revoked P-_____.)

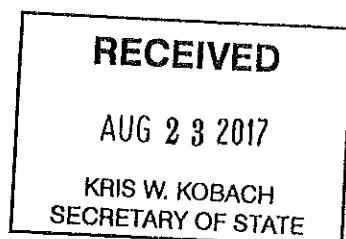


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109-5-7d. (Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked P-_____.)



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109-6-2. Renewal of attendant, training officer, and instructor-coordinator

certificates. (a) Each attendant certificate shall expire on December 31 of the second complete calendar year following the date of issuance.

(b) An attendant, and an instructor-coordinator who is also an attendant, ~~and a training officer who is also an attendant~~ may renew that person's certificate for each biennial period in accordance with this regulation and with K.A.R. ~~109-5-1~~ 109-5-1e.

(c) Each application for certification renewal shall be submitted on a form provided by the executive director or through the online renewal process. Copies, facsimiles, and other reproductions of the certification renewal form shall not be accepted.

(d) Each application for renewal shall be deemed sufficient when the following conditions are met:

(1) The applicant provides in full the information requested on the form, and no additional information is required by the board to complete the processing of the application.

(2) The applicant submits a renewal fee in the applicable amount specified in K.A.R. 109-7-1.

(e) The date receipt of a document shall mean the date stamped on the document when the document is received in the board office. (Authorized by K.S.A. 2016 Supp. 65-6111; implementing K.S.A. ~~2008~~ 2016 Supp. 65-6129, K.S.A. and ~~65-6129b, and K.S.A. 65-6129c~~; effective Nov. 1, 1996; amended Oct. 31, 1997; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Feb. 12, 2010; amended P-_____.)

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Proposed

109-7-1. Schedule of fees. (a) Attendant, I-C, ~~training officer,~~ and ambulance service application fees shall be nonrefundable.

(b) ~~First responder and~~ Emergency medical responder fees:

(1) Application for certification fee.....\$15.00

(2) certification renewal application fee for a renewal that expires on a biennial basis if received before certificate expiration.....20.00

(3) certification renewal application fee if received within 31 calendar days after certificate expiration.....40.00

(4) certification renewal application fee if received on or after the 32nd calendar day after certificate expiration.....80.00

(c) Paramedic fees:

(1) Application for certification.....65.00

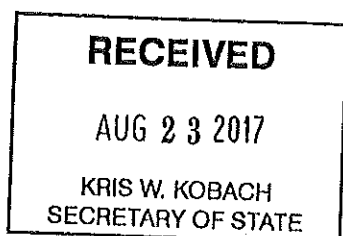
(2) certification renewal application fee if received before certificate expiration50.00

(3) certification renewal application fee if received within 31 calendar days after certificate expiration.....100.00

(4) certification renewal application fee if received on or after the 32nd calendar day after certificate expiration.....200.00

(d) ~~EMT, EMT-I, EMT-D, and EMT-I who is also certified as an EMT-D, and~~
AEMT fees:

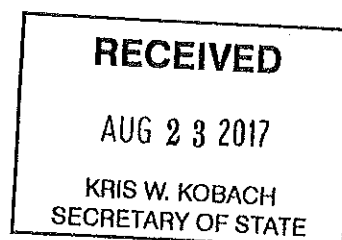
(1) Application for certification.....50.00



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(2) certification renewal application fee if received before certificate expiration	30.00
(3) certification renewal application fee if received within 31 calendar days after certificate expiration	60.00
(4) certification renewal application fee if received on or after the 32nd calendar day after certificate expiration	120.00
(e) Instructor-coordinator and training officer fees:	
(1) Application for certification	65.00
(2) certification renewal application fee if received before certificate expiration	30.00
(3) certification renewal application fee if received within 31 calendar days after certificate expiration	60.00
(4) certification renewal application fee if received on or after the 32nd calendar day after certificate expiration	120.00
(f) Ambulance service fees:	
(1) Service permit application fee	100.00
(2) service permit renewal fee if received on or before permit expiration	100.00
(3) service permit renewal fee if received after permit expiration	200.00
(4) vehicle license application fee	40.00
(5) temporary license for an ambulance	10.00



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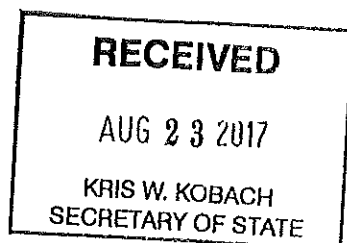
(g) Each application for certification examination shall include payment of the prescribed application for certification fee to the board.

(h) Payment of fees may be made by either of the following:

(1) An individual using a personal, certified, or cashier's check, a money order, a credit card, or a debit card; or

(2) an ambulance service, fire department, or municipality using warrants, payment vouchers, purchase orders, credit cards, or debit cards.

(i) Payment submitted to the board for application for certification fee or renewal fee for more than one attendant, ~~training officer~~, or I-C shall not be accepted, unless the fee amount is correct. (Authorized by K.S.A. ~~2015~~ 2016 Supp. 65-6110, K.S.A. ~~2015~~ 2016 Supp. 65-6111, K.S.A. 65-6127, K.S.A. ~~2015~~ 2016 Supp. 65-6129, and K.S.A. ~~2016~~ Supp. 65-6129b, and K.S.A. ~~2015~~ Supp. 65-6129c; implementing K.S.A. ~~2015~~ 2016 Supp. 65-6111, K.S.A. 65-6127, K.S.A. 65-6128, K.S.A. ~~2015~~ 2016 Supp. 65-6129, and K.S.A. ~~2016~~ Supp. 65-6129b, and K.S.A. ~~2015~~ Supp. 65-6129c; effective July 1, 1990; amended Feb. 3, 1992; amended Nov. 1, 1996; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Oct. 31, 2003; amended March 9, 2012; amended April 29, 2016; amended P-_____.)



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Proposed

109-8-1. Examination. (a) The cognitive certification examination for emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics shall be the national registry of emergency medical technicians' cognitive examination.

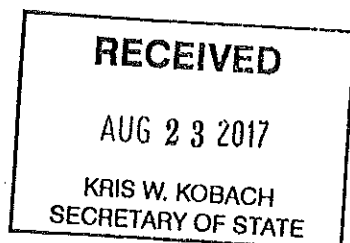
(b) The cognitive certification examination for instructor-coordinator shall be the final cognitive examination developed by the sponsoring organization and approved by the board.

~~(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.~~

(d) Any 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 a new initial course has been received and reviewed by the executive director.

~~(e)~~(d) Each 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.

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



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

(h)(g) 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 the psychomotor skills examination within a 12-month period.

(i)(h) 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~~ 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. 2015 2016 Supp. 65-6111, K.S.A. ~~2015~~ Supp. 65-6129, K.S.A. 65-6129b, and K.S.A. ~~2015~~ Supp. 65-6129c; 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 Jan. 4, 2016; amended P-_____.)



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proposed

109-8-2. Scheduling examinations for certification. (a) Each provider of initial courses of instruction for attendants shall ensure the provision of certification examinations for those students successfully completing the course.

(b) ~~The following scheduling requirements~~ This subsection shall apply to the cognitive knowledge examination:

(1) ~~Emergency medical technician intermediates, sponsoring organizations, and candidates shall schedule with the state contracted vendor for these examinations.~~

(2) ~~For first responder,~~ For emergency medical responder, emergency medical technician, advanced emergency medical technician, ~~mobile intensive care technician,~~ and paramedic, the following requirements shall apply:

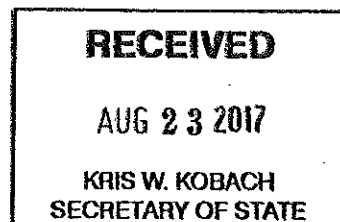
(A) Each candidate shall register with the national registry of emergency medical technicians.

(B) Each candidate shall schedule examinations with the computer-adaptive testing vendor specified by the national registry of emergency medical technicians.

~~(3)~~(2) Each sponsoring organization shall validate each candidate's successful course completion.

(c) The following scheduling requirements shall apply to the psychomotor skills examination:

(1) Each sponsoring organization or candidate shall schedule the examination ~~for first responder,~~ emergency medical responder, and emergency medical technician, ~~and emergency medical technician-intermediate~~ with the state-contracted vendor at least 30 days in advance of the desired examination date.



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(2) Each sponsoring organization or candidate shall schedule the examination for advanced emergency medical technician, ~~mobile intensive care technician~~, and paramedic with the national registry of emergency medical technicians by performing the following:

(A) Negotiating a contractual agreement with a national registry representative to serve as facilitator;

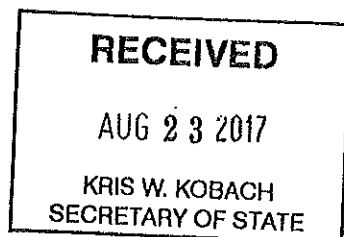
(B) completing the examination host approval process and submitting the request for new examination with the national registry of emergency medical technicians;

(C) negotiating contractual agreements with examiners, as prescribed by the national registry representative, who have attained board approval following a review to ensure current certification, have no disciplinary actions taken or pending against their Kansas emergency medical services certification or certifications, and have held the current certification level for at least two years;

(D) negotiating contractual agreements with currently certified attendant assistants in numbers prescribed by the national registry representative;

(E) ensuring availability of a sufficient number of rooms to be used for examination stations, national registry representative room, candidate waiting area, and other facilities as prescribed by the national registry representative; and

(F) providing sufficient quantities of equipment and supplies as prescribed by the national registry representative.



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(d) Each candidate not successfully completing the examination process during the initial examination shall schedule reexamination as follows:

(1) Cognitive knowledge examination reexaminations.

~~(A) For emergency medical technician-intermediate, the candidate shall schedule the examination with the state-contracted vendor.~~

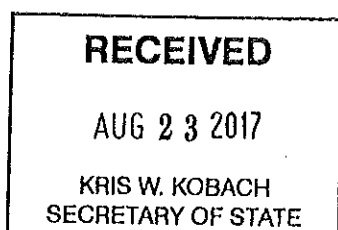
(B) For ~~first responder, emergency medical responder, emergency medical technician, advanced emergency medical technician, mobile intensive care technician,~~ and paramedic, the candidate shall schedule the examination with the national registry of emergency medical technicians.

(2) Psychomotor skills examination reexaminations.

(A) For ~~first responder, emergency medical responder, and~~ emergency medical technician, ~~and emergency medical technician-intermediate,~~ the candidate shall schedule the examination with the state-contracted vendor according to guidelines available at the board's web site.

(B) For the psychomotor skills examination for advanced emergency medical technician, ~~mobile intensive care technician,~~ or paramedic, the candidate shall schedule the examination with the national registry of emergency medical technicians.

(Authorized by and implementing K.S.A. 2010 2016 Supp. 65-6111; effective March 2, 2012; amended P-_____.)



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

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

~~(A) An attendant;~~

~~(B) a physician; or~~

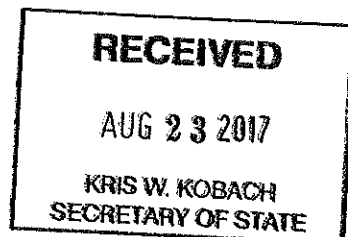
~~(C) a professional nurse;~~

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

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

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

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



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

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

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

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

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

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

~~(C) certification by any United States military organization verifying successful completion of any United States military instructor trainer course that is substantially equivalent to the United States department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum," as identified in K.A.R. 109-10-1.~~

~~(e) Each applicant who meets the requirements in subsection (a) and, if applicable, subsection (b) shall successfully complete an evaluation of~~

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knowledge and skills as follows:

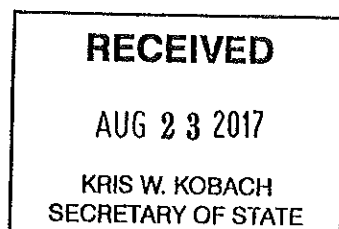
(1) ~~A written medical knowledge examination at the EMT level~~ The board-
approved EMT cognitive assessment; and

(2) ~~a practical~~ the board-approved psychomotor skills examination
assessment at the EMT level.

(d) ~~(b)~~ An applicant meeting the requirements in subsection (a) and, if
applicable, subsection (b) may be approved by the executive director for training
based upon To be considered for acceptance into an instructor-coordinator initial
course of instruction, each applicant shall achieve at least the following criteria:

(1) ~~A score of at least 80% on the written medical knowledge examination~~
~~described in paragraph (c)(1)~~ passing score in each area of the board-approved
EMT cognitive assessment; and

(2) a passing score for in each practical skill board-approved psychomotor
skills assessment station described in paragraph (e)(a)(2). (Authorized by K.S.A.
2016 Supp. 65-6110, K.S.A. 2010 Supp. and 65-6111; implementing K.S.A. 2016
Supp. 65-6110, K.S.A. 2010 Supp. 65-6111, and K.S.A. 65-6129b; effective, T-
109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Feb. 3, 1992;
amended Jan. 31, 1994; amended Nov. 12, 1999; amended Nov. 9, 2001;
amended Sept. 2, 2011; amended P-_____.)



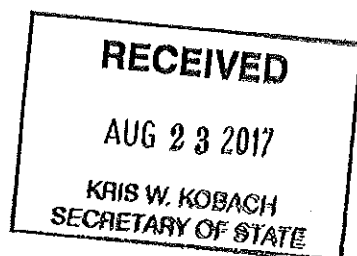
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Proposed

109-10-1a. Approved emergency medical responder education standards. (a) The document titled "Kansas emergency medical services education standards: emergency medical responder (EMR)," dated July 2010, is hereby adopted by reference to implement the new scope of practice pursuant to K.S.A. 65-6144, and amendments thereto, for emergency medical responder 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. 2016 Supp. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2016 Supp. 65-6144, as amended by L. 2010, ch. 119, sec. 44; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended P-_____.)



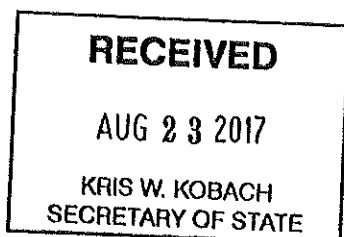
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Proposed

109-10-1b. Approved emergency medical technician education standards. (a) The document titled "Kansas emergency medical services education standards: emergency medical technician-(EMT)," dated July 2010, is hereby adopted by reference to ~~implement the new scope of practice~~ pursuant to K.S.A. 65-6121, and amendments thereto, for emergency medical technician initial courses of instruction ~~under the new emergency medical technician scope of practice.~~

(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. 2016 Supp. 65-6110 and K.S.A. 2009 Supp. 65-6111, ~~as amended by L. 2010, ch. 119, sec. 1;~~ implementing K.S.A. 2016 Supp. 65-6121, ~~as amended by L. 2010, ch. 119, sec. 5;~~ effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended P-_____.)



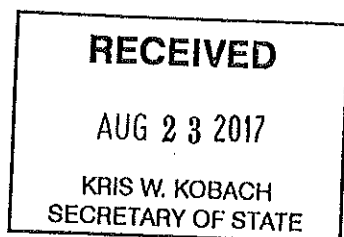
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109-10-1c. Approved advanced emergency medical technician education

standards. (a) The board's document titled "Kansas emergency medical services education standards: advanced emergency medical technician," dated 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 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. 2014 2016 Supp. 65-6111; effective March 2, 2012; amended May 1, 2015; amended P-_____.)



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Proposed

109-10-1d. Approved paramedic education standards. (a) The document titled "Kansas emergency medical services education standards: paramedic," dated July 2010, is hereby adopted by reference to implement the new scope of practice pursuant to K.S.A. 65-6119, and amendments thereto, for paramedic 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. 2016 Supp. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2009 2016 Supp. 65-6119, as amended by L. 2010, ch. 119, sec. 3; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended P-_____.)

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109-10-1f. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked P-_____.)

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109-10-1g. (Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked P-_____.)

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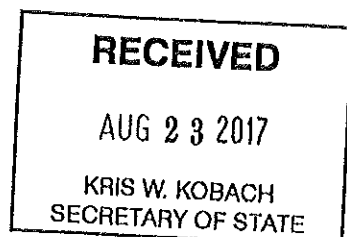
Proposed

109-10-3. Late enrollment. (a) ~~Instructor coordinators and training officers II~~

Sponsoring organizations may allow students to enroll late in an initial course of instruction if the first 10 percent of the didactic and laboratory training sessions in the course as described in the course syllabus has not yet been completed. Once the first 10 percent of the didactic and laboratory training sessions of the course as described in the course syllabus has been completed, an individual shall not be allowed to enroll for the purpose of obtaining state certification.

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

(c) ~~The instructor coordinator or training officer II~~ sponsoring organization shall also submit to the executive director, within 20 days after enrollment, an application for certification and an application fee for each late enrollee. (Authorized by and implementing K.S.A. ~~2010~~ 2016 Supp. 65-6111; effective Jan. 31, 1994; amended Sept. 2, 2011; amended P-_____.)



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109-10-7. Distance learning. (a) Any EMS educational program accredited by the committee on accreditation of educational programs for the emergency medical 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~~ sponsoring organization not affiliated with a program accredited by the committee on accreditation of educational programs for the emergency medical 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.

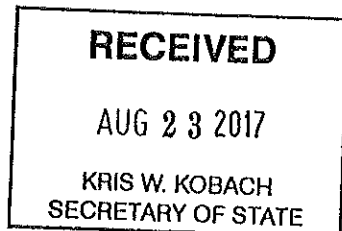
(c) Each ~~instructor-coordinator or training officer~~ sponsoring organization not affiliated with a program specified in subsection (a) shall submit a request for initial course approval or an application for single-program provider to the executive director or the executive director's designee. The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

(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;

(4) the procedures to be followed for ensuring that students are participating in the course;



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Page 2

(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;

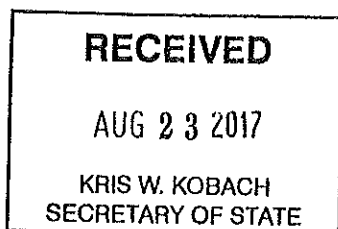
(vi) all communities of interest; and

(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. 2014 2016 Supp. 65-6110 and 65-6111; effective Feb. 12, 2010; amended May 1, 2015; 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) student attendance policies;

(E) student requirements for successful course completion;

(F) a description of the clinical and field training requirements, if applicable;

(G) student discipline policies; and

(H) 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;

(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

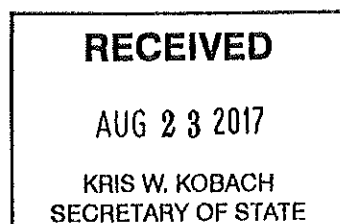
(4) letters from the initial course of instruction medical advisor, the ambulance service director of the ambulance service that will provide field training to the students, if applicable, and the administrator of the medical facility in which the clinical rotation is provided, if applicable, indicating 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 of the ~~Kansas board of EMS~~; and

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



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(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:

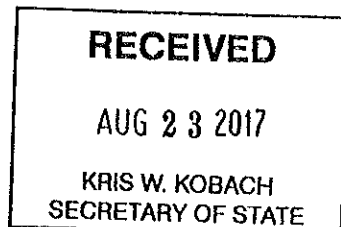
(i) Each student's ability to perform competently in a simulated or actual field situation, or both; and

(ii) each student's ability to integrate cognitive and psychomotor skills to appropriately care for sick and injured patients;

(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.



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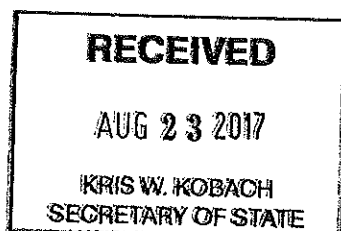
(e) Each primary instructor shall provide the executive director with an application for certification form from each student within 20 days of the date of the first class session.

(f) Each sponsoring organization shall ensure that the sponsoring organization's instructor-coordinators and training officers 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, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 2016 Supp. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1, and K.S.A. 2009 Supp. 65-6129, as amended by L. 2010, ch. 119, sec. 8 and 65-6144; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended P-_____.)



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109-11-9. Instructor qualifications. (a) Each instructor-coordinator, training officer sponsoring organization, and approved-program providers provider shall select qualified instructors as determined by training and knowledge of subject matter as follows:

(1) ~~The minimum qualifications for each didactic instructor shall be as stated in the DOT curricula course guide and instructor lesson plans of the level of training provided. In the absence of available instructors with qualifications as stated in the DOT curricula course guide and instructor lesson plans of the level of training provided, the instructor shall be approved by the administrator.~~

(2)(1) Each medical skills laboratory didactic instructor and each assistant instructor for medical skills shall be one of the following:

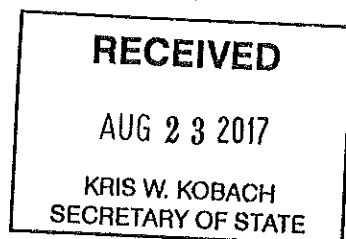
(A) ~~A physician, registered nurse, or allied health personnel who possesses~~ possess certification, registration, or licensure in the subject matter or medical skills being taught; or

(B) ~~an attendant certified at the level authorized to engage in activities associated with the skill being taught.~~

(3)(2) Each skills laboratory instructor and each assistant instructor for non-medical skills for nonmedical skills shall have technical training in and shall possess knowledge and expertise in the skill being taught.

(4)(3) Each instructor of clinical training being conducted in a clinical health care facility shall be a licensed physician or a licensed professional nurse.

(5)(4) Each instructor of field internship training being conducted with a pre-hospital prehospital emergency medical service shall be an attendant certified at or above the level of training being conducted.

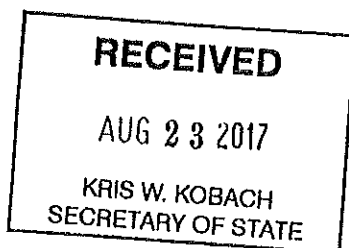


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(b) Each ~~instructor-coordinator, training officer, and approved program provider~~ sponsoring organization shall maintain records of all instructors and lab assistants used to provide training. These records shall include the following:

- (1) The individual's name and qualifications;
- (2) the subject matter that the individual taught, assisted in teaching, or evaluated;
- (3) the dates on which the individual instructed, assisted, or evaluated; and
- (4) the students' evaluations of the instructors. (Authorized by and implementing K.S.A. 4990 2016 Supp. 65-6110 and 65-6111; effective Feb. 3, 1992; amended P-_____.)

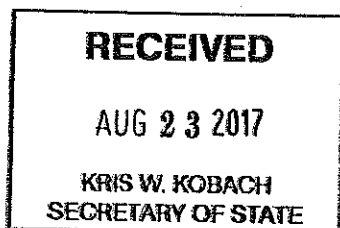


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109-13-1. (Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 2010 Supp. 65-6129c, as amended by L. 2011, ch. 114, sec. 65; effective Jan. 31, 1994; amended Nov. 12, 1999; amended Nov. 13, 2000; amended March 9, 2012; revoked P-_____.)



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

**Board of
Emergency Medical
Services**

Sam Brownback, Governor

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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-1-1 is a current regulation that provides definitions for terms utilized throughout the Kansas Administrative Regulations pertaining to the Board of Emergency Medical Services. The proposed revisions to this regulation include the removal of certification levels no longer in existence or statutorily referenced, eliminate certification levels proposed for revocation, as well as reflect name changes in the prehospital continuing education accrediting organization.

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

This regulation is intended to provide clarity to use of terms utilized within the regulations pertaining to the Board of Emergency Medical Services. This regulation is not mandated by Federal Law.

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

Anticipated economic impacts are delineated in the specific regulatory revisions and revocations associated with the definitions utilized in this regulation.

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

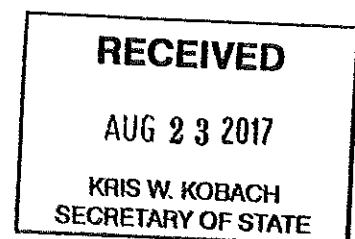
Anticipated economic impacts are delineated in the specific regulatory revisions and revocations associated with the definitions utilized in this regulation.

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

Anticipated economic impacts are delineated in the specific regulatory revisions and revocations associated with the definitions utilized in this regulation.

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

Less costly or intrusive methods that were considered, but rejected, are delineated in the specific regulatory revisions and revocations associated with the definitions utilized in this regulation.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-2-9**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-2-9 is a current regulation that defines the process utilized by the Board of Emergency Medical Services to grant variances from established regulations. The proposed revisions to this regulation are intended to assign responsibility for temporary variance from regulation to the sponsoring organization of the request in matters involving quality of instruction.

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

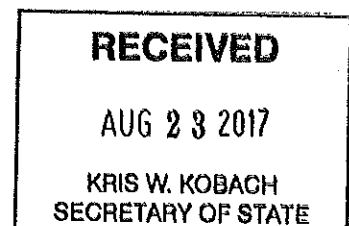
Variance applications are a necessary means of addressing dynamic situations or conditions not explicitly defined by existing regulations. This regulation is not mandated by Federal Law.

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 revision.

IV. Anticipated Economic 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.



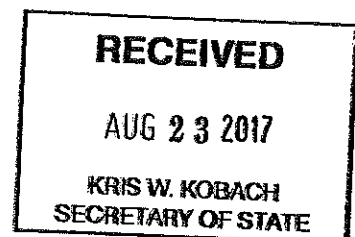
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V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-1 is a current regulation that defines the criteria and documentation process for application and approval of continuing education with the Kansas Board of Emergency Medical Services. This regulation has been proposed for revision to apply responsibility for records retention to the sponsoring organization rather than to an individual. It has also been revised to reflect the name change in the prehospital continuing education accrediting organization.

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

The nationally accredited organization for continuing education recognized by the Board of Emergency Medical Services recently changed their name to the Commission on Approved Prehospital Continuing Education (CAPCE); the revisions correct this reference as defined in K.A.R. 109-1-1 Definitions, and throughout the 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 revision.

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IV. Anticipated Economic 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 upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.

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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-1a is a current regulation that defines continuing education requirements for maintaining Board of Emergency Medical Services certification as an Emergency Medical Responder. This regulation is proposed for revision to eliminate language associated with deadline dates for implementation of the Kansas Continuing Education Plan which have expired.

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

This regulation defines minimum continuing education requirements for maintaining Kansas certification as an Emergency Medical Responder. 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 Economic 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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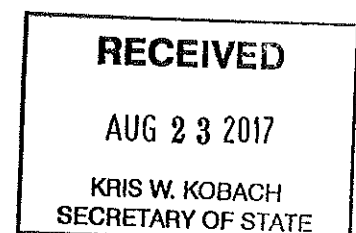
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**V. Anticipated Economic Impact upon Consumers of the Services
Subject to the Regulation or Its Enforcement.**

There will be no anticipated impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



**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 current regulation that defines continuing education requirements for maintaining Board of Emergency Medical Services certification as an Emergency Medical Technician. This regulation is proposed for revision to eliminate language associated with deadline dates for implementation of the Kansas Continuing Education Plan which have expired.

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

This regulation defines minimum continuing education requirements for maintaining Kansas certification as an Emergency Medical Technician. 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 Economic 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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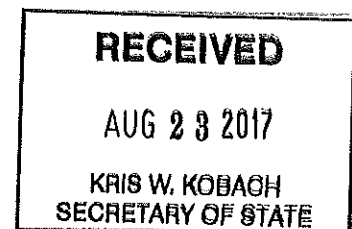
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**V. Anticipated Economic Impact upon Consumers of the Services
Subject to the Regulation or Its Enforcement.**

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



**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 current regulation that defines continuing education requirements for maintaining Board of Emergency Medical Services certification as an Advanced Emergency Medical Technician. This regulation is proposed for revision to eliminate language associated with deadline dates for implementation of the Kansas Continuing Education Plan which have expired, as well as eliminate deadlines associated with completion of a transition course from a certification level no longer in existence, which have expired.

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

This regulation defines minimum continuing education requirements for maintaining Kansas certification as an 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 will be no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.

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

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.

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**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 current regulation that defines continuing education requirements for maintaining Board of Emergency Medical Services certification as a Paramedic. This regulation is proposed for revision to eliminate language associated with deadline dates for implementation of the Kansas Continuing Education Plan which have expired.

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

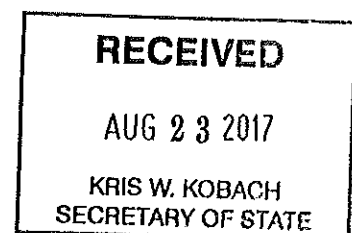
This regulation defines minimum continuing education requirements for maintaining Kansas certification as a Paramedic. This regulation is not mandated by Federal Law.

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 Economic 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.

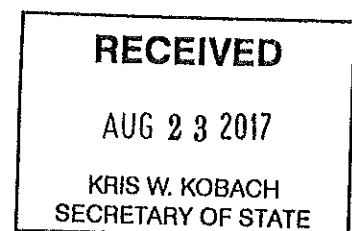


**V. Anticipated Economic Impact upon Consumers of the Services
Subject to the Regulation or Its Enforcement.**

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



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

I. Summary of Proposed Regulation, Including Its Purpose.

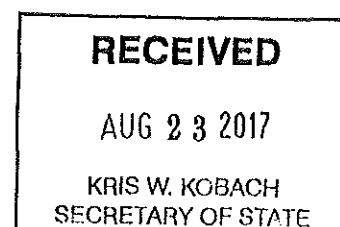
K.A.R. 109-5-1f is a current regulation that defines continuing education requirements for maintaining Board of Emergency Medical Services certification as Training Officer. This regulation is proposed for revocation as the Training Officer certification is proposed for elimination, thus negating the requirement for continuing education recertification. The intent of the elimination of this certification requirement is to benefit local agencies by reducing regulatory requirements and create greater accessibility to quality training resources as identified by the local unit.

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

This regulation defines minimum continuing education requirements for maintaining Kansas certification as a Training Officer, a certification level which has been proposed for revocation. This regulation is not mandated by Federal Law.

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

There will be minimal reductions in revenue to the Kansas Board of Emergency Medical Services associated with this regulatory revocation; there are currently 286 individuals holding Training Officer I certification, and 103 individuals holding Training Officer II certification. Bi-annual recertification



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application fee is \$30, thus average annual reduction in revenues associated with this proposed certification elimination is less than \$6,000. This revenue reduction is offset by the resultant reduction in staff time and resources processing these recertification applications.

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

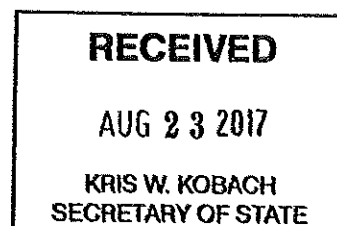
There will be anticipated positive economic impact on other governmental agencies, private business, and individuals associated with this proposed revocation. The revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

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

There will be no anticipated impact upon consumers of the services with this regulatory revocation.

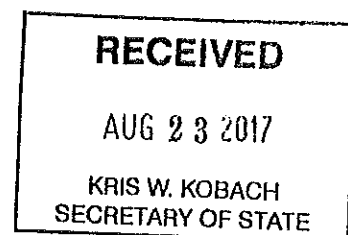
VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

The proposed revocation of the Training Officer certification eliminates the



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costs associated with initial education, certification, continuing education, and recertification previously required by the Kansas Board of Emergency Medical Services. All other alternative methods which would have maintained this certification would have incurred costs for those currently certified or seeking certification, as well as their employers.



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**ECONOMIC IMPACT STATEMENT
K.A.R. 109-5-3**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-3 is a current regulation that defines continuing education approval for long-term program providers- those organizations and agencies which have been pre-approved to offer continuing education courses. This regulation has been proposed for revision to eliminate required certification levels for individuals selected as education Program Managers, and grant authority to organizations to select and designate qualified educators and managers for education and training responsibilities.

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

This regulation defines the process for applying and receiving authorization to conduct continuing education without prior review and approval by the Board of Emergency Medical Services. 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 revision.

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

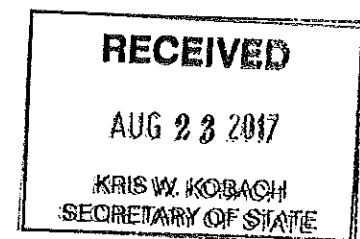
There will be anticipated positive economic impact on other governmental agencies, private business, and individuals associated with this proposed revision, as the proposed revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

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

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

The proposed revision of this regulation will enable sponsoring organizations who desire to offer long-term continuing education programs the ability to select education program managers without requiring these individuals to hold Board of Emergency Medical Services certification as a Training Officer or Instructor-Coordinator. Any other methods considered required certification and its'



~~Proposed~~

associated costs in the initial education, certification, continuing education, and recertification of this position for the individual and/or the employer. This proposed revision is submitted based on our belief these revisions would not result in any unreasonable risk to the public interest, safety or welfare.

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**KRIS W. KOBACH
SECRETARY OF STATE**

**ECONOMIC IMPACT STATEMENT
K.A.R. 109-5-7a**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-7a is a current regulation that defines course approval process for transition to broadened scope of practice for existing certified providers of emergency medical services. The regulation is being revoked as the designated transitional period has expired.

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 all certified individuals whom were required to complete the transition curriculum have either completed the curriculum or allowed their certification to expire. 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 Economic 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.

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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 upon consumers of the services 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. 109-5-7b**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-7b is a current regulation that defines course approval process for transition to broadened scope of practice for existing certified providers of emergency medical services. The regulation is being revoked as the designated transitional period has expired.

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

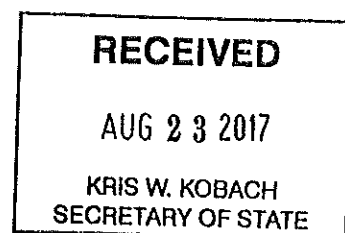
This regulation is no longer necessary as all certified individuals whom were required to complete the transition curriculum have either completed the curriculum or allowed their certification to expire. This regulation is not mandated by Federal Law.

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 Economic 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.

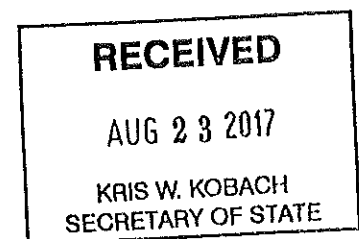


**V. Anticipated Economic Impact upon Consumers of the Services
Subject to the Regulation or Its Enforcement.**

There will be no anticipated economic impact upon consumers of the services 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. 109-5-7c**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-7c is a current regulation that defines course approval process for transition to broadened scope of practice for existing certified providers of emergency medical services. The regulation is being revoked as the designated transitional period has expired.

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

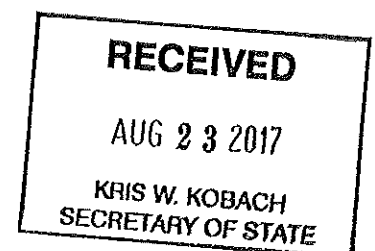
This regulation is no longer necessary as all certified individuals whom were required to complete the transition curriculum have either completed the curriculum or allowed their certification to expire. This regulation is not mandated by Federal Law.

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 Economic 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 upon consumers of the services 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. 109-5-7d**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-5-7d is a current regulation that defines the instructor training course approval process for transition to broadened scope of practice for existing certified providers of emergency medical services. The regulation is being revoked as the designated transitional period has expired.

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

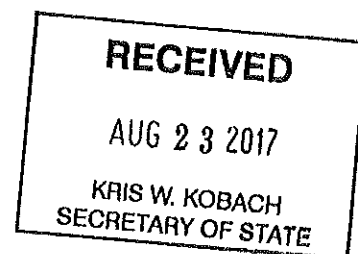
This regulation is no longer necessary as all certified individuals whom were required to complete the transition curriculum have either completed the curriculum or allowed their certification to expire. This regulation is not mandated by Federal Law.

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 Economic 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.

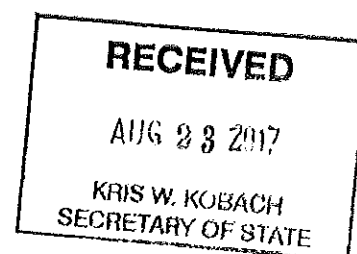


**V. Anticipated Economic Impact upon Consumers of the Services
Subject to the Regulation or Its Enforcement.**

There will be no anticipated economic impact upon consumers of the services 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. 109-6-2**

I. Summary of Proposed Regulation, Including Its Purpose.

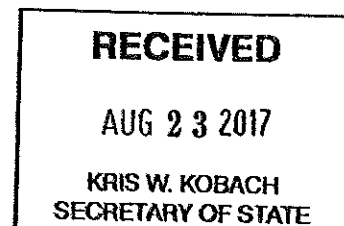
K.A.R. 109-6-2 is a regulation that defines the renewal process for individuals holding certification with the Kansas Board of EMS. This regulation is being proposed for revision to eliminate the renewal requirement for the certified training officer, as this certification level is being proposed for revocation. The intent of the elimination of this certification requirement is to benefit local agencies by reducing regulatory requirements and create greater accessibility to quality training resources as identified by the local unit.

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

This regulation defines the process for applying and receiving approval for renewal of certification with the Kansas Board of Emergency Medical Services. This regulation is not mandated by Federal Law.

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

There will be minimal economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision; there are currently 286 individuals holding Training Officer I certification, and 103 individuals holding Training Officer II certification. Bi-annual recertification application fee is \$30, thus average annual reduction in revenues associated with



this proposed certification elimination is less than \$6,000. This revenue reduction is offset by the resultant reduction in staff time and resources processing these recertification applications.

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

There will be anticipated positive economic impact on other governmental agencies, private business, and individuals associated with this proposed revision, as the proposed revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

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

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

The proposed revision of this regulation will enable sponsoring organizations who desire to offer continuing education programs the ability to select education

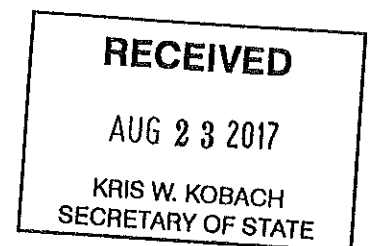
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program managers without requiring these individuals to hold Board of Emergency Medical Services certification as a Training Officer or Instructor-Coordinator. Any other methods considered required certification and its' associated costs in the initial education, certification, continuing education, and recertification of this position for the individual and/or the employer. This proposed revision is submitted based on our belief these revisions would not result in any unreasonable risk to the public interest, safety or welfare.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-7-1**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-7-1 is a current regulation that delineates the fee schedule for the various certification and licenses of the Kansas Board of Emergency Medical Services. This proposed revision eliminates training officer and attendant certification levels no longer in existence.

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

This regulation defines the fees for licensure and certification for individuals and licensed agencies operating under the purview of the Kansas Board of Emergency Medical Services, as well as their recertification and renewal fees. This regulation revision removes certification levels no longer in existence. 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.

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

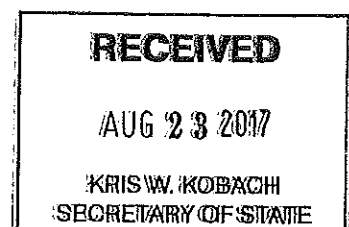
There will be no anticipated economic impact on other governmental agencies, private business, and individuals associated with this proposed revision.

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

There will be no anticipated impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods considered, but rejected, in this regulatory revision. It should be noted there are no proposed fee increases with this proposal, as well as no associated reductions in revenue projected as the same individuals requiring certification, licensure, and recertification retain their status albeit under a different title. For example, the "First Responder" certification level is now retitled as an "Emergency Medical Responder" in accordance with national standards and guidelines.



ECONOMIC IMPACT STATEMENT

K.A.R. 109-8-1

I. Summary of Proposed Regulation, Including Its Purpose.

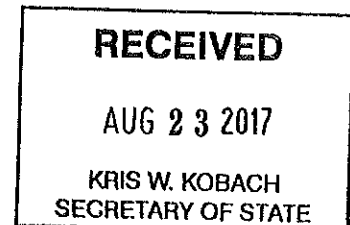
K.A.R. 109-8-1 is a current regulation that defines the examination process for individuals seeking certification with the Kansas Board of Emergency Medical Services. This proposed revision eliminates language associated with training officer certification levels proposed for revocation.

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

This regulation defines the examination process for individuals seeking certification with the Kansas Board of Emergency Medical Services. The proposed revisions eliminate language associated with certification levels which have been proposed for revocation. This regulation is not mandated by Federal Law.

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

There will be minimal economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision; as the proposed elimination of the Training Officer certification would result in the loss of an estimated 25-50 annual applicants for initial Training Officer certification, resulting in an anticipated revenue reduction of \$1625 to \$3250. This revenue reduction is offset by the resultant reduction in staff time and resources processing these certification applications.



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

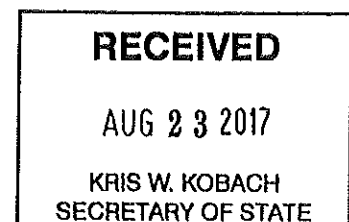
There will be anticipated positive economic impact on other governmental agencies, private business, and individuals associated with this proposed revision. The revocation of the Training Officer certification will negate costs incurred with the initial training and certification. Although cost savings will vary by the size of the organization and its' number of Training Officer certification candidates, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

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

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-8-2**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-8-2 is a current regulation that defines the examination scheduling process for individuals seeking certification with the Kansas Board of Emergency Medical Services. This proposed revision eliminates language associated with attendant certification levels no longer in existence.

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

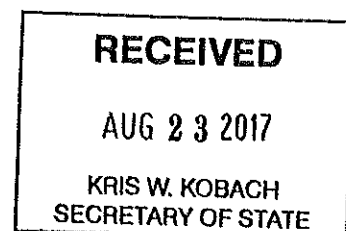
This regulation defines the examination scheduling process for individuals seeking certification with the Kansas Board of Emergency Medical Services. The proposed revisions eliminate language associated with certification levels which have been eliminated or replaced by terms already utilized in the 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 anticipated impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.

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

There will be no anticipated economic impact on other governmental agencies, private business, and individuals associated with this proposed revision.



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

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.

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**ECONOMIC IMPACT STATEMENT
K.A.R. 109-9-4**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-9-4 is a current regulation that defines requirements for acceptance in an instructor-coordinator initial course of instruction. This regulation has been proposed for revision to establish competency of prospective instructors of initial emergency medical courses of instruction by successfully passing the approved cognitive & psychomotor examinations required for certification as an Emergency Medical Technician.

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

This regulation defines the requirements and applications process for individuals seeking certification as an instructor-coordinator with the Kansas Board of Emergency Medical Services. 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.

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

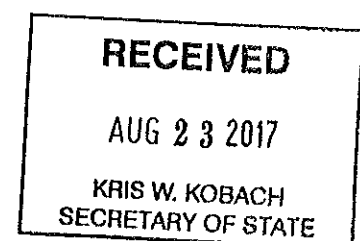
There will be positive economic impact on other governmental agencies, private business, and individuals associated with this proposed revision as it eliminates the requirement that instructor candidates must achieve certification as Training Officer I and Training Officer II.

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

There will be positive economic impact upon consumers of the services with this proposed regulatory revision as it eliminates the requirement that instructor candidates must achieve certification as Training Officer I and Training Officer II.

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

There were no less costly or intrusive methods associated with this regulatory revision.



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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-10-1a is a current regulation that defines approved education standards for certification for the emergency medical responder. This regulation has been proposed for revision to eliminate language associated with transitional scope of practice which has expired.

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

This regulation defines the education standards for initial courses of instruction by the Kansas Board of Emergency Medical Services. The proposed revision eliminates reference to "the new scope of practice", as this reference is now the current standard for all certified attendants 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 Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

There will be no anticipated economic impact on other governmental agencies, private business, and individuals associated with this proposed revision.

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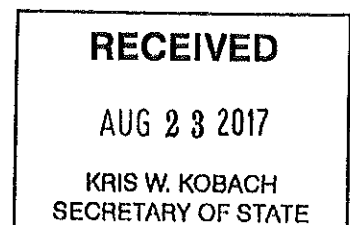
**KRIS W. KOBACH
SECRETARY OF STATE**

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

There will be no anticipated impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-10-1b is a current regulation that defines approved education standards for certification for the emergency medical technician. This regulation has been proposed for revision to eliminate language associated with transitional scope of practice which has expired.

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

This regulation defines the education standards for initial courses of instruction by the Kansas Board of Emergency Medical Services. The proposed revision eliminates reference to "the new scope of practice", as this reference is now the current standard for all certified attendants 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 Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

There will be no anticipated economic impact on other governmental agencies, private business, and individuals associated with this proposed revision.

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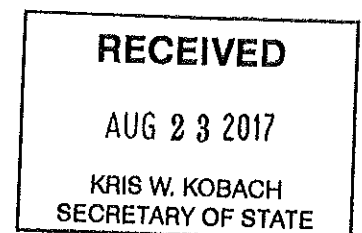
**KRIS W. KOBACH
SECRETARY OF STATE**

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

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-10-1c is a current regulation that defines approved education standards for certification for the advanced emergency medical technician. This regulation has been proposed for revision to eliminate language associated with transitional scope of practice which has expired.

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

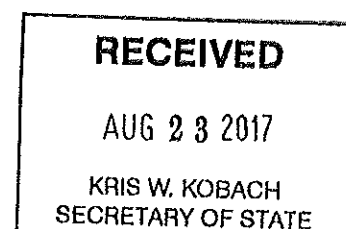
This regulation defines the education standards for initial courses of instruction by the Kansas Board of Emergency Medical Services. The proposed revision eliminates reference to "the new scope of practice", as this reference is now the current standard for all certified attendants in Kansas. This regulation 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 Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

There will be no anticipated economic impact on other governmental agencies, private business, and individuals associated with this proposed revision.

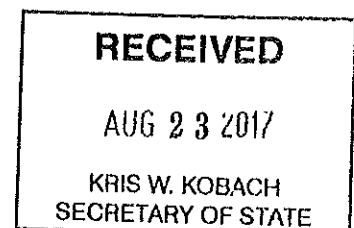


**V. Anticipated Economic Impact upon Consumers of the Services
Subject to the Regulation or Its Enforcement.**

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-10-1d is a current regulation that defines approved education standards for certification for the paramedic. This regulation has been proposed for revision to eliminate language associated with transitional scope of practice which has expired.

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

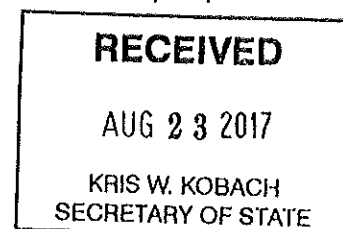
This regulation defines the education standards for initial courses of instruction by the Kansas Board of Emergency Medical Services. The proposed revision eliminates reference to "the new scope of practice", as this reference is now the current standard for all certified attendants in Kansas. This regulation 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 Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

There will be no anticipated economic impact on other governmental agencies, private business, and individuals associated with this proposed revision.

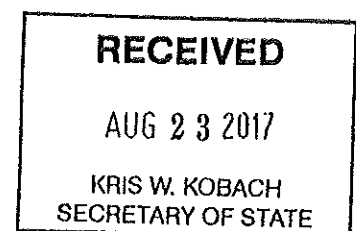


**V. Anticipated Economic Impact upon Consumers of the Services
Subject to the Regulation or Its Enforcement.**

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



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

I. Summary of Proposed Regulation, Including Its Purpose.

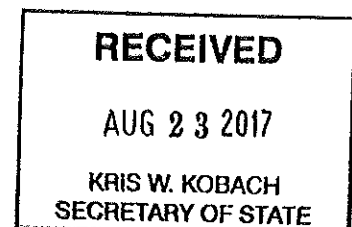
K.A.R. 109-10-1f is a current regulation that defines approved education standards for certification for the Training Officer I. This regulation has been proposed for revocation to support the proposed elimination of the Training Officer certification.

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

This regulation defines the education standards for initial courses of instruction by the Kansas Board of Emergency Medical Services. The proposed revocation of the training officer certification is intended to benefit local agencies by reducing regulatory requirements and create greater accessibility to quality training resources as identified by the local unit. This regulation is not mandated by Federal Law.

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

There will be minimal economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revocation; there are currently 286 individuals holding Training Officer I certification, and 103



individuals holding Training Officer II certification. Bi-annual recertification application fee is \$30, thus average annual reduction in revenues associated with this proposed certification elimination is less than \$6,000. This revenue reduction is offset by the resultant reduction in staff time and resources processing these recertification applications.

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

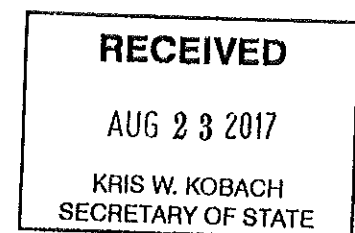
There will be anticipated positive economic impact on other governmental agencies, private business, and individuals associated with this proposed revocation. The revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

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

There will be no anticipated impact upon consumers of the services with this regulatory revocation

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

There were no less costly or intrusive methods associated with this regulatory revocation.



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

I. Summary of Proposed Regulation, Including Its Purpose.

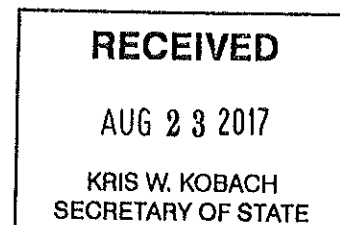
K.A.R. 109-10-1g is a current regulation that defines approved education standards for certification for the Training Officer II. This regulation has been proposed for revocation to support the proposed elimination of the Training Officer certification.

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

This regulation defines the education standards for initial courses of instruction by the Kansas Board of Emergency Medical Services. The proposed revocation of the training officer certification is intended to benefit local agencies by reducing regulatory requirements and create greater accessibility to quality training resources as identified by the local unit. This regulation is not mandated by Federal Law.

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

There will be minimal economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision; there are currently 286 individuals holding Training Officer I certification, and 103 individuals holding Training Officer II certification. Bi-annual recertification application fee is \$30, thus average annual reduction in revenues associated with



this proposed certification elimination is less than \$6,000. This revenue reduction is offset by the resultant reduction in staff time and resources processing these recertification applications.

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

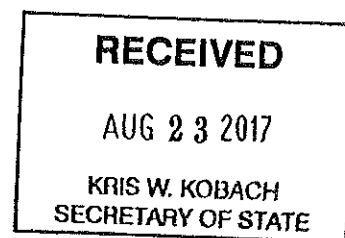
There will be anticipated positive economic impact on other governmental agencies, private business, and individuals associated with this proposed revocation. The revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

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

There will be no anticipated economic impact upon consumers of the services with this regulatory revocation.

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

There were no less costly or intrusive methods associated with this regulatory revocation.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-10-3**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-10-3 is a current regulation that has been proposed for revision to assign responsibility for enrollment processes to the sponsoring organization rather than the individual, and has been revised to eliminate reference to certification levels proposed for revocation.

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

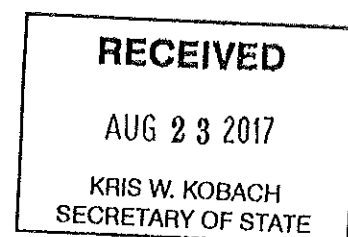
This regulation defines the enrollment process for students who desire to enroll in a course after the initial course roster has been submitted to the Kansas Board of Emergency Medical Services. This regulation is not mandated by Federal Law.

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

There will be no anticipated economic impact on other governmental agencies, private business, and individuals associated with this proposed revision.

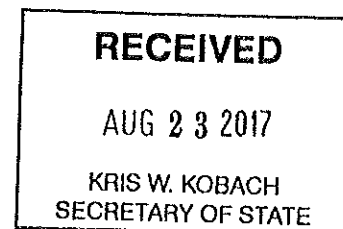


V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-10-7 is a current regulation that has been proposed for revision to assign responsibility for distance education delivery to the sponsoring organization rather than the individual, and has been revised to eliminate reference to certification levels proposed for revocation.

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

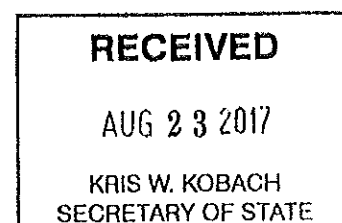
This regulation defines the policies and requirements of the Kansas Board of Emergency Medical Services as it pertains to use of distance education methods and deliveries. This regulation is not mandated by Federal Law.

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, and individuals associated with this proposed revision.

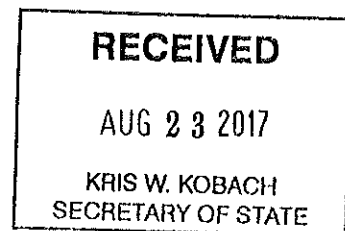


V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



PROPOSED

**ECONOMIC IMPACT STATEMENT
K.A.R. 109-11-1a**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-11-1a is a current regulation that defines Emergency medical responder course approval processes for the Kansas Board of Emergency Medical Services. It has been proposed for revision to place responsibility on the sponsoring organization rather than the individual instructor in matters pertaining to provision of course documentation.

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

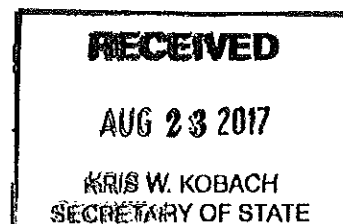
This regulation defines the course approval process for initial courses of instruction submitted to the Kansas Board of Emergency Medical Services. This regulation is not mandated by Federal Law.

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

There will be no anticipated economic impact on other governmental agencies, private business, and individuals associated with this proposed revision.

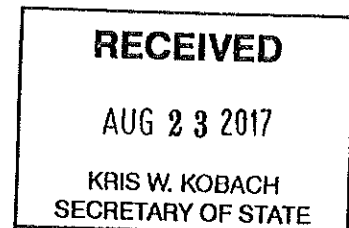


V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-11-9**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-11-9 is a current regulation that defines minimum instructor qualifications for courses approved by the Kansas Board of Emergency Medical Services. It has been proposed for revision to eliminate a certification level proposed for revocation, establish the sponsoring organization responsibility in qualifications determination, define the appropriate title for the agency director, and better define roles of the laboratory instructor.

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

This regulation defines the minimum qualifications for instructors providing approved education by the Kansas Board of Emergency Medical Services. 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 Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

There will be no anticipated economic impact on other governmental agencies, private business, and individuals associated with this proposed revision.

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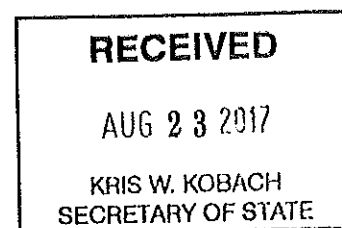
KRIS W. KOBACH
SECRETARY OF STATE

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

There will be no anticipated economic impact upon consumers of the services with this regulatory revision.

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

There were no less costly or intrusive methods associated with this regulatory revision.



**ECONOMIC IMPACT STATEMENT
K.A.R. 109-13-1**

I. Summary of Proposed Regulation, Including Its Purpose.

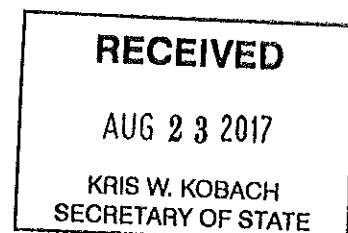
K.A.R. 109-13-1 is a current regulation proposed for revocation that defines the roles and responsibilities of the Training Officer certified by the Kansas Board of Emergency Medical Services. The intent of the elimination of this certification requirement is to benefit local agencies by reducing regulatory requirements and create greater accessibility to quality training resources as identified by the local unit.

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

This regulation defines the roles, responsibilities, certification, and recertification requirements of the Training Officer by the Kansas Board of Emergency Medical Services. The proposed revocation of the training officer certification is intended to benefit local agencies by reducing regulatory requirements and create greater accessibility to quality training resources as identified by the local unit. This regulation is not mandated by Federal Law.

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

There will be anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision; there are currently 286 individuals holding Training Officer I certification, and 103



individuals holding Training Officer II certification. Bi-annual recertification application fee is \$30, thus average annual reduction in revenues associated with this proposed certification elimination is less than \$6,000. This revenue reduction is offset by the resultant reduction in staff time and resources processing these recertification applications.

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

There will be anticipated positive economic impact on other governmental agencies, private business, and individuals associated with this proposed revocation. The revocation of the Training Officer certification will negate costs incurred with the initial training, certification, continuing education, and recertification costs. Although cost savings will vary by the size of the organization and its' number of certified individuals, the savings will be immediately realized and substantial for local units and individuals not bound by this regulatory requirement.

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

There will be no anticipated economic impact upon consumers of the services with this regulatory revocation.

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

There were no less costly or intrusive methods considered, but rejected, in this regulatory revocation.

