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

A public hearing will be conducted on Tuesday, November 9, 2021 at 10:00 a.m. in Room 560 of the Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas to consider the adoption of proposed administrative regulations of the Board of Emergency Medical Services on a permanent basis.

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, Landon State Office Building, 900 S.W. Jackson, Room 1031, Topeka, Kansas 66612 or by email to Joseph.House@ks.gov. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed amendments to the regulations during the public hearing. In order to provide all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentations to five minutes. Due to continuing concerns over COVID-19, the hearing will also be held via GoToMeeting conferencing. Remote access information will be provided upon request to any person wishing to observe, participate in, or listen to the hearing. Request for access must be submitted prior to Friday, November 5, 2021 at 4:30 p.m. via email to joseph.house@ks.gov.

Any individual with a disability may request an 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 Suzette Smith at 785-296-7296 (or TTY 1-800-
Handicapped parking is located in front of and to the north of the Landon State Office Building.

These regulations will be grouped into topic areas. Summaries of the proposed regulations follow.

**Group 1 – Ambulance service roster notification**

K.A.R. 109-2-1, Ambulance service operator, is an existing regulation that details requirements for operators and service directors. Proposed revision is to shorten the time frame for notification of provider changes on a roster from 90 days to 7 days.

This change is being implemented to better incorporate the provisions of the EMS interstate compact that require medical oversight of anyone granted a privilege to practice. There is no anticipated economic impact to any governmental agency or unit or to the general public in the adoption of this revised regulation.

**Group 2 – Inactive Status**

K.A.R. 109-6-4, Inactive certificate, is a new proposed regulation providing the process for an individual to apply for and maintain an inactive certificate, as well as how to transition from inactive to active.

K.A.R. 109-7-1, Schedule of fees, is an existing regulation that prescribes the fees levied by the board. Proposed revisions utilize a new definition and add the listing of fees related to the inactive certificate.

These proposed regulations are to incorporate and implement the inactive status afforded by the 2019 Legislature.

There is no anticipated economic impact to any governmental agency or unit or to the general public in the adoption of this new regulation and revised regulation.

**Group 3 – Electronic filing**
K.A.R. 109-6-2, Renewal of EMS provider and instructor-coordinator certificates, is an existing regulation that defines the process of renewing an EMS provider or instructor-coordinator certificate. Proposed revision is to eliminate paper submission of renewal forms. There is no anticipated economic impact to any governmental agency or unit or to the general public in the adoption of this revised regulation.

Group 4 – Certification

K.A.R. 109-3-1, Standards for ambulance attendants, is an existing regulation stating an EMS provider must be 17 years of age or older. This regulation is being proposed for revocation due to moving the requirement to K.A.R. 109-15-3.

K.A.R. 109-15-1, Reinstating EMS provider certificate after expiration, is an existing regulation providing the process for an individual to gain certification after the certificate expires. Proposed revisions reflect requesting documentation that the applicant would have been required to maintain and eliminating a component of increasing amounts of continuing education in scenarios where testing must occur.

K.A.R. 109-15-2, Recognition of non-Kansas credentials, is an existing regulation providing the process for an individual to gain Kansas EMS certification based upon their licensure or certification in another state or jurisdiction. Proposed revisions include addressing recognition of an expired out-of-state credential where the person shows they have passed the state's examination within the previous 4 years and provisions for a required criminal history record check afforded by the 2019 Legislature and required of our continued participation in the EMS interstate compact.

K.A.R. 109-15-3, EMS provider certification, is a proposed new regulation providing the process for an individual to gain Kansas EMS certification based upon successful completion of a course of instruction and incorporates the required criminal history record.
check afforded by the 2019 Legislature and required of our continued participation in the EMS
interstate compact.

There is an estimated economic impact of approximately $65,000 annually for
implementation and compliance costs specific to the criminal history record check. These
costs are the responsibility of the applicant – approx. $15 for fingerprinting and $50 for the
criminal history record check.

**Group 5 – Sponsoring Organization**

This grouping of regulations is designed to:

1) clearly define the roles and responsibilities of the sponsoring organization for both
   EMS continuing education and EMS initial courses of instruction;

2) decrease the paperwork submission burden on sponsoring organizations requesting
course approval;

3) clearly identify the Board’s expectation of successful course completion and requiring
   sponsoring organizations that do not meet this expectation to identify how they will
   adjust to ensure this expectation is met;

4) make technical amendments due to terminology changes enacted from the 2019
   Legislative Session; and

5) standardize structure within regulations to aid in making processes simpler and easier
   for constituents to understand.

To achieve this, the following proposed permanent regulations are being amended to
incorporate a new article of regulations, Article 17, designed to take all sponsoring organization
requirements throughout the Board’s existing regulations and to place them into a single article
with four (4) regulations. This design led to the proposed revocation of four (4) existing
regulations as their content was addressed in the new regulations and amendments to ten (10) other regulations. Regulations impacted by this change are as follows:

**K.A.R. 109-1-1, Definitions**, is an existing regulation that defines terms utilized within the Board's regulations. Proposed revisions are for terminology changes from the 2019 Legislature, removal of terms no longer necessary, and addition of new terms to incorporate the previously stated goals.

**K.A.R. 109-5-1, Continuing education**, is an existing regulation that further defines EMS continuing education. Proposed revisions add the definition of "continuing education," clearly identify what is adequate documentation of continuing education and remove areas that are duplicative or are addressed within K.A.R. 109-17-4.

**K.A.R. 109-5-3, Continuing education approval for long-term providers**, is an existing regulation that defines the requirements for organizations desiring to provide continuing education as a long-term provider. Proposed revisions involve reflecting the change in process for requesting approval and removal of areas that are addressed within K.A.R. 109-17-4.

**K.A.R. 109-5-6, Continuing education approval for single-program provider**, is an existing regulation that defines the requirements for organizations desiring to provide continuing education as a single program provider. Proposed revisions involve reflecting the change in requirements of requesting approval for a single-program offering.

**K.A.R. 109-10-3, Late enrollment**, is an existing regulation that describes the process for a sponsoring organization as it relates to an individual enrolling late into an initial course of instruction. Proposing to revoke this regulation due to all sections being addressed within K.A.R. 109-17-3.
K.A.R. 109-10-6, Required training equipment and supplies, is an existing regulation that describes requirements for training equipment and supplies for initial courses of instruction. Proposing to revoke this regulation due to all sections being addressed within K.A.R. 109-17-1 and 109-17-3.

K.A.R. 109-10-7, Distance learning, is an existing regulation that describes what mechanisms must be in place for a sponsoring organization to offer instruction in a distance learning format. Proposing to revoke this regulation due to all sections being addressed within K.A.R. 109-17-3 and 109-17-4.

K.A.R. 109-11-1a, Emergency medical responder (EMR) course approval, is an existing regulation that defines the requirements for gaining EMR course approval.

K.A.R. 109-11-3a, Emergency medical technician (EMT) course approval, is an existing regulation that defines the requirements for gaining EMT course approval.

K.A.R. 109-11-4a, Advanced emergency medical technician (AEMT) course approval, is an existing regulation that defines the requirements for gaining AEMT course approval.

K.A.R. 109-11-6a, Paramedic course approval, is an existing regulation that defines the requirements for gaining paramedic course approval.

K.A.R. 109-11-7, Instructor-coordinator course approval, is an existing regulation that defines the requirements for gaining instructor-coordinator course approval.

Proposed revisions to these previous five (5) regulations are to offer consistency in language and structure and to simplify the application process through utilization of requirements addressed within K.A.R. 109-17-3.

K.A.R. 109-11-8, Successful completion of a course of instruction, is an existing regulation that details the requirements for successful completion of a course of instruction.
Proposed revisions are to provide a single location that outlines the requirements for successful course completion and allows for competency-based educational end metrics.

K.A.R. 109-11-9, Instructor qualifications, is an existing regulation detailing the qualifications necessary to be an instructor of EMS education. Proposing to revoke this regulation due to all sections being addressed within K.A.R. 109-17-1.

K.A.R. 109-17-1, Sponsoring organization; general requirements; program manager, is a proposed new regulation providing the requirements of a sponsoring organization and responsibilities of a program manager.

K.A.R. 109-17-2, Sponsoring organization; application for approval; approval renewal, is a proposed new regulation providing details on how to apply for approval as a sponsoring organization and the process for renewal of such approval.

K.A.R. 109-17-3, Sponsoring organization; initial course of instruction, is a proposed new regulation providing the additional requirements for sponsoring organizations that choose to provide EMS initial courses of instruction.

K.A.R. 109-17-4, Sponsoring organization; continuing education, is a proposed new regulation providing the additional requirements for sponsoring organizations that choose to provide EMS continuing education.

There is no anticipated economic impact to any governmental agency or unit or to the general public in implementation or compliance to these proposed regulations. The agency estimates that any cost would be savings, but believe the changes simply increase efficiency, simplify the regulations, and make it easier for an organization to maintain compliance without compromising public safety.
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.

Joseph House
Executive Director
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 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 EMS providers listed on the attendant EMS provider 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
technician, means the use of any invasive oral equipment and procedures necessary to ensure the adequacy and quality of ventilation and oxygenation.

(g) "Attendant" means EMS provider.

(h) “Basic life support” and “BLS” mean the statutorily authorized activities and interventions that may be performed by an emergency medical responder or emergency medical technician.

(h) (i) “CAPCE” means the commission on accreditation for pre-hospital continuing education.

(i) (j) “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) (k) “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.

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

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

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

(h) "EMS" "EMR" means emergency medical services responder.

(i) "EMR" "EMS" means emergency medical responder services.

(j) "EMS provider" means emergency medical service provider.

(k) "EMT" means emergency medical technician.

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

(m) "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.

(n) "Health care personnel" and "health care provider," as used in the board's regulations, means a physician, physician assistant, licensed professional nurse, advanced practice registered nurse, or respiratory therapist.

(o) "Incompetence," as applied to attendants EMS providers and as used in K.S.A. 65-6133 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 EMS provider's level of
certification.

(bb) "Incompetence," as applied to instructor-coordinators and training officers
and as used in 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 EMS provider training programs.

(ce) "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.

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

(1) Emergency medical technician;

(2) physician;

(3) physician's assistant;

(4) advanced practice registered nurse;

(5) licensed professional nurse;

(6) advanced emergency medical technician; or

(7) paramedic.

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SECRETARY OF STATE
"Interoperable" means that one system has the ability to communicate or work with another.

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

"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.

"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.

"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.

"Primary instructor" means an instructor-coordinator 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.

"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.
(hh) "Program manager" means an individual who has been appointed, employed, or designated by a sponsoring organization, as defined in K.S.A. 65-6112 and amendments thereto, to ensure that the sponsoring organization is in conformance with applicable regulations and to ensure that quality EMS education is provided by the sponsoring organization's qualified instructors.

(ii) "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 EMS provider who has been dispatched to provide emergency first response and who is at the scene of an accident or medical emergency.

(mm) "Quality management plan" means a written plan developed by a sponsoring organization that describes all processes utilized by the sponsoring organization to ensure that the EMS education provided meets the requirements of the community's EMS training needs assessment or meets the training needs of the intended audience. Each quality management plan shall, at a minimum, include a
review and analysis by the medical director and program manager of each completed course and the instructor evaluations.

(kk) “Reinstatement” means the process by which a person may be issued a certificate at the same level of certification as that of an expired certificate.

(ll) “Retroactively approved continuing education” means credit issued to an attendant EMS provider 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.

(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;
(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.

(oo) (mm) “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 ambulance service attendants EMS providers.

(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.

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

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

(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 information, which shall include the following:

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(A) The name of the instructor, educator, or mentoring educator;

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

(C) the electronic mail address of the instructor, educator, or mentoring educator.

(II) "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.

(III) "Teach" means instruct or coordinate training, or both.

(IV) "Unprofessional conduct," as applied to attendants EMS providers 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 EMS 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 EMS provider; or

(9) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the emergency medical services EMS statutes or board regulations, including failing to furnish any documents or information legally requested by the board. Attendants EMS providers 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.

(www) (ss) "Unprofessional conduct," as applied to instructor-coordinators and as used in 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 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 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. 2046

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109-2-1. Ambulance service operator. (a) Each operator of an ambulance service shall perform the following:

   (1) Notify the board of any change in the service director within seven days of the change; and

   (2) designate a person as the ambulance service director to serve as an agent of the operator.

   (b) The ambulance service director shall meet the following requirements:

   (1) Be responsible for the operation of the ambulance service;

   (2) be available to the board regarding permit, regulatory, and emergency matters;

   (3) be responsible for maintaining a current list of the ambulance service's attendants;

   (4) notify the board of each addition or removal of an attendant from the attendant roster within 90 seven days of the addition or removal;

   (5) notify the board of any known resignation, termination, incapacity, or death of a medical adviser once known and the plans for securing a new medical director; and

109-3-1. (Authorized by and implementing K.S.A. 65-6110; effective July 17, 1989; amended Jan. 31, 1997; amended July 10, 2009; revoked P-__________________.)
109-5-1. Continuing education. (a) "Continuing education" shall mean a formally organized learning experience that has education as its explicit principal intent and is oriented towards the enhancement of EMS practice, values, skills, and knowledge.

(b) Continuing education credit shall be awarded in quarter-hour increments for instruction for which an individual meets the requirements in subsection (b) and shall not be issued for more than one hour of credit for a 60-minute period.

(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, by CAPCE, or by another state's emergency medical services regulatory or accrediting body; and
(8) the name of the person or entity authorized by the provider to issue the certificate.

(d)(4) Acceptable continuing education programs shall include the following:

(A) (1) Initial courses of instruction and prior-approved continuing education provided by a sponsoring organization and approved by the board;

(B) (2) programs approved or accredited by CAPCE, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirements; and

(C) (3) programs or courses approved by another state's emergency medical services EMS regulatory or accrediting body, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirements.

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

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

(f) Each attendant EMS provider and instructor-coordinator 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.
(g) Documentation of completion of approved continuing education shall verify the following for each continuing education course completed:

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

(2) the name of the individual being issued the continuing education credit;

(3) the title of the continuing education course;

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

(5) the location where the course was conducted;

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

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 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 management plan at least 30 calendar days before the first course offering as a long-term provider. 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;

(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 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;
(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:

(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;

(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 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 shall include a description of the plan and all policies or documents demonstrating how the sponsoring organization will utilize its quality management plan to ensure that each continuing education course provided meets the following requirements:

(1) A definition of the process by which students can access the qualified instructor, as specified in K.A.R. 109-11-9, during any distance learning offerings is provided in a manner that protects the health and safety of students and participants;

(2) A definition of the procedures used to ensure student participation in course offerings is oriented towards the enhancement of EMS practice, values, skills, and knowledge; and

(3) Specification of each learning management system that will be used and how each system is to be used in the course issues continuing education credit as specified in K.A.R. 109-5-1.
(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.

109-5-6. Single-program Continuing education approval for single-program providers provider of continuing education. (a) Any entity specified in K.A.R. 109-4f!3bt sponsoring organization may submit an application to the executive director to conduct board requesting approval as a single-program continuing education provider.

(b) Each provider of sponsoring organization seeking single-program continuing education approval shall meet the following requirements:

(1) submit a complete application for single-program approval to the executive director at least 30 days before the requested offering. A complete application shall include the following:

(A) The signatures of the program manager and the program medical advisor;

and

(B) (1) A course schedule that includes the date and time of each continuing education program, the title of each continuing education topic in the program and the instructor educational objectives that are oriented towards the enhancement of EMS practice, values, skills, and knowledge;

(2) provide name of each student with a certificate of attendance that includes the following: qualified instructor for the course; and

(A) The name of the continuing education program;

(B) a statement that the continuing education program has been approved by the board;

(C) the title of the continuing education program;

(D) (3) the date, title, and location of the continuing education program course.
(E) the amount of continuing education credit completed by the attendant for the continuing education program;

(F) the board-assigned course identification number; and

(G) the printed name and signature of the program coordinator; and

(3) maintain the following records for at least three years;

(A) A copy of all documents required to be submitted with the application for single-program approval;

(B) a copy of the curriculum vitae or other documentation of the credentials for each instructor and lab instructor;

(C) student attendance records;

(D) course educational objectives; and

(E) completed copies of student evaluations of the educational offering.

(c) Upon request by the executive director, each provider of single-program continuing education shall provide a copy of all continuing education program records and continuing education course records. (Authorized by and implementing K.S.A. 2020 Supp. 65-6111, as amended by L. 2008, ch. 47, sec. 4; effective May 15, 2009; amended P________________________.)
109-6-2. Renewal of attendant EMS provider and instructor-coordinator certificates. (a) Each attendant EMS provider certificate shall expire on December 31 of the second complete calendar year following the date of issuance.

(b) An attendant EMS provider and an instructor-coordinator who is also an attendant EMS provider may renew that person's certificate for each biennial period in accordance with this regulation and with K.A.R. 109-5-1e upon submission of a sufficient application for renewal as specified in subsection (d).

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

(d) Each application for renewal shall be deemed sufficient when all of 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.

109-6-4. Inactive certificate. (a) Before expiration of an active certificate, any emergency medical service provider may apply for an inactive certificate on a form provided by the board. The application shall be accompanied by the inactive certificate fee specified in K.A.R. 109-7-1.

(b) An inactive certificate may be renewed upon submission of a sufficient renewal application and the inactive certificate renewal fee specified in K.A.R. 109-7-1.

(c) The inactive certificate of a person may be reinstated to an active certificate by the board if the person meets the following requirements:

(1) Submits a completed application to the board on forms provided by the executive director;

(2) pays the applicable fee specified in K.A.R. 109-7-1;

(3) has completed any training necessitated by changes to the authorized activities specific to the person’s level of certification that occurred after issuance of the inactive certificate; and

(4) meets either of the following requirements:

(A) Completed continuing education in an amount to meet or exceed the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic for each two-year period after issuance of the inactive certificate; or

(B) successfully completed the cognitive and psychomotor assessment for the person’s level of certification, within three attempts. (Authorized by K.S.A. 2020 Supp. 65-6110 and 65-6111; implementing K.S.A. 2020 Supp. 65-6129d; effective P-_____.)
109-7-1. **Schedule of fees.** (a) Attendant, I-C, and ambulance service application fees shall be nonrefundable.

(b) 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 reinstatement application fee if received within 31 calendar days after certificate expiration ......................................................... $40.00

4. Certification renewal reinstatement application fee if received on or after the 32nd calendar day after certificate expiration ......................................................... $80.00

(c) Paramedic fees:

1. Application for certification fee ......................................................... $65.00

2. Certification renewal application fee if received before certificate expiration ......................................................... $50.00

3. Certification renewal reinstatement application fee if received within 31 calendar days after certificate expiration ......................................................... $100.00

4. Certification renewal reinstatement application fee if received on or after the 32nd calendar day after certificate expiration ......................................................... $200.00

(d) EMT and AEMT fees:

1. Application for certification fee ......................................................... $50.00

2. Certification renewal application fee if received before certificate expiration ......................................................... $30.00
(3) certification renewal reinstatement application fee if received within 31 calendar days after certificate expiration ........................................................ 60.00
(4) certification renewal reinstatement application fee if received on or after the 32nd calendar day after certificate expiration ..................................................... 120.00

(e) Inactive certificate fees:
(1) Application for inactive certificate ................................................ 10.00
(2) inactive certificate renewal fee .................................................... 25.00
(3) application fee for reinstatement of inactive certificate ............. 20.00

(f) Instructor-coordinator fees:
(1) Application for certification fee ...................................................... 65.00
(2) certification renewal application fee if received before certificate expiration ...................................................................................................................... 30.00
(3) certification renewal reinstatement application fee if received within 31 calendar days after certificate expiration ........................................................ 60.00
(4) certification renewal reinstatement application fee if received on or after the 32nd calendar day after certificate expiration ..................................................... 120.00

(g) 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

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

(h) (i) 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) (j) Payment submitted to the board for application for certification fee,
reinstatement fee, or renewal fee for more than one attendant or I-C shall not be
accepted, unless the fee amount is correct. (Authorized by K.S.A. 2046 2020 Supp. 65-
3, 1992; amended Nov. 1, 1996; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov.
amended Dec. 29, 2017; amended P-_________________.)
effective Feb. 12, 2010; amended May 1, 2015; amended Dec. 29, 2017;
revoked P-____________________________________.)
109-11-1a. Emergency medical responder (EMR) course approval. (a) Emergency medical responder EMR 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 an EMR initial course of instruction shall submit a complete application packet to the executive director, including all required signatures, and the following documents: at least 30 calendar days before the first scheduled course session.

(1) A course syllabus that includes at least the following information:

(A) A summary of the course goals and objectives;

(B) Instructional and any other materials required to be purchased by the student;

(C) Student attendance policies;

(D) Student requirements for successful course completion;

(E) A description of the clinical and field training requirements, if applicable;

(F) Student discipline policies; and

(G) Instructor information, which shall include the following:

(i) Instructor name;

(ii) Office hours or hours available for consultation; and

(iii) Instructor electronic mail address;

(2) Course policies that include at least the following information:

(A) Student evaluation of program policies;
(B) student-and-participant-safety-policies;
(C) Kansas requirements for certification;
(D) student dress and hygiene policies;
(E) student progress conferences; and
(F) equipment use policies;
(3) a course schedule that identifies the following:
   (A) the date and time of each class session, unless stated in the syllabus;
   (B) the title of the subject matter of each class session;
   (C) the instructor of each class session; and
   (D) the number of psychomotor skills laboratory hours for each session; and
(4) letters or contracts from the 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 complete 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

Name of the primary instructor;

(2) be approved by the sponsoring organization's medical director name of each

ambulance service and medical facility utilized for field or clinical training; and

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MAR 10 2021
DIVISION OF THE BUDGET

APPROVED
MAR 16 2021
DEPT. OF ADMINISTRATION

APPROVED
AUG 23 2021
ATTORNEY GENERAL

RECEIVED
AUG 24 2021
SCOTT SCHWAB
SECRETARY OF STATE
(3) maintain course records for at least three years; schedule that identifies the following records shall be maintained:

(A) A copy of all documents required to be submitted with the application for course approval; the date and time of each class session;

(B) student attendance; the title of the subject matter of each class session;

(C) student grades; the qualified instructor for each class session; and

(D) student conferences; the number of psychomotor skills laboratory hours for each class session;

(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.

(e) (d) Each primary instructor approved EMR initial course shall provide the executive director with a student registration form from meet or exceed each student within 20 days of the date of the first class session educational standards specified in K.A.R. 109-10-1a.

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

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

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

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

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

2. In each initial course of instruction, include hospital clinical training and ambulance field training that provide the following:

   A. An orientation to the hospital and to the ambulance service; and

   B. Supervised participation in patient care and assessment, including the performance of submit a complete patient assessment on at least one patient in compliance with K.S.A. 65-6129a and amendments thereto. In application at least 30 days before the absence of participatory clinical or field training, contrived experiences may be substituted first scheduled course session.

(c) Each sponsoring organization complete application shall ensure that the instructor-coordinator provides any course documentation requested by include the executive director following:

1. Name of the primary instructor;

2. Name of each ambulance service and medical facility utilized for field or clinical training; and
(3) a course schedule that identifies the following:

(A) The date and time of each class session;

(B) the title of the subject matter of each class session;

(C) the qualified instructor for each class session; and

(D) the number of psychomotor skills laboratory hours for each class session.

(d) In the absence of participatory field or clinical training, contrived experiences may be substituted. As used in this regulation, "contrived experience" shall mean a simulated ambulance call and shall include dispatch communications; responding to the scene; assessment and management of the scene and the patient or patients; communications with medical control; ongoing assessment, care and transportation of the patient or patients; the transfer of the patient or patients to the staff of the receiving facility; completion of records; and preparation of the ambulance for return to service.

(e) Each approved EMT initial course shall meet or exceed each of the educational standards specified in K.A.R. 109-10-1b.

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

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

(b) Each sponsoring organization requesting approval to conduct an AEMT initial course of instruction shall meet the course requirements in K.A.R. 109-11-1a (b)-(e) and shall submit a complete application at least 30 calendar days before the first scheduled course session.

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

(1) Successfully perform 20 venipunctures, of which 10 shall be for the purpose of initiating intravenous infusions Name of the primary instructor;

(2) administer one nebulized-breathing treatment during name of each ambulance service and medical facility utilized for field or clinical training; and

(3) successfully perform five intraosseous infusions; a course schedule that identifies the following:

(4) (A) The date and time perform a complete patient assessment on each of 15 patients, of which at least 10 shall be accomplished during field internship training each class session;

(5) while directly supervised by an AEMT, a paramedic, a physician, an advanced practice registered nurse, or a professional nurse, respond to 10 ambulance calls;
(6) perform 10 intramuscular or subcutaneous injection procedures;
(7) complete 10 patient charts or patient care reports, or both; and
(8) (B) perform the title application and interpretation of the electrocardiogram on eight
patients during clinical training and field internship training, subject matter of each class
session;
(C) the qualified instructor for each class session; and
(D) the number of psychomotor skills laboratory hours for each class session.
(d) Each approved AEMT initial course shall meet or exceed each of the educational
standards specified in K.A.R. 109-10-1c.
(e) Any approved course may be monitored by the executive director.
(e) Each sponsoring organization shall ensure that the instructor coordinator provides
any course documentation requested by the executive director.
(f) Program Course approval may be withdrawn by the board if the sponsoring
organization fails to comply with or violates any regulation or statute that governs sponsoring
K.S.A. 2020 Supp. 65-6129a; effective March 2, 2012; amended May 1, 2015; amended P-
109-11-6a. Paramedic course approval. (a) Paramedic initial courses of instruction pursuant to K.S.A. 65-6119, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations that are accredited postsecondary educational institutions.

(b) Each sponsoring organization requesting approval to conduct a paramedic initial course of instruction shall meet the following requirements: submit a complete application at least 30 calendar days before the first scheduled class session.

(c) Each complete application shall include the following:

(1) Meet the requirements in K.A.R. 109-11-1a (b) (h) Name of the primary instructor;

(2)(A) Ensure, and establish in writing, how each student is provided with hospital clinical and name of each ambulance service and medical facility utilized for field internship experiences or clinical training; and

(B) provide evidence of agreement to participate in the paramedic education process as follows:

(i) Ambulance service provision of field training for students during the field internship component of the paramedic educational process; and

(ii) health facility provision of clinical training for students during the clinical component of the paramedic educational process;

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

(4)(A) Provide evidence that the sponsoring organization has completed the letter-of-review process with the committee on accreditation of educational programs for emergency medical services professions date and time of each class session; or

(B) provide evidence of accreditation from the title committee on accreditation of allied health education programs before the commencement of the third course subject matter of each class session:

(C) the qualified instructor for each class session; and

(D) the number of psychomotor skills laboratory hours for each class session.

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

(1) Meet or exceed each of the educational standards specified curriculum requirements in K.A.R. 109-10-1d; and

(2) require completion of both clinical and field internship components that provide the students with experiences for integration of assessment findings to formulate a field impression and implement a comprehensive treatment or disposition plan for real patients presenting with any medical or traumatic ailment.

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

(d) (f) Course approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations. (Authorized by K.S.A. 2020 Supp. 65-6110 and K.S.A. 2020
and K.S.A. 2020 Supp. 65-6129a; effective, T-109-2-7-11, Feb. 7, 2011; effective June
3, 2011; amended May 1, 2015; amended March 1, 2019; amended P-
109-11-7. Instructor-coordinator course approval. (a) Each Instructor-coordinator initial course courses of instruction may be approved by the executive director and shall be provided conducted only by the board or by an agency with which the board contracts sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct an approved instructor-coordinator initial course of instruction shall submit a complete application at least 30 calendar days before the first scheduled class session.

(c) Each complete application shall include the following:

1. Meet or exceed the curriculum described in K.A.R. 109-10-1 (g) Name of the primary instructor; and
2. Consist of a course schedule that identifies the following minimum of 90 hours of training; and:
   A. The date and time of each class session;
   B. The title of the subject matter of each class session;
   C. The qualified instructor for each class session; and
   D. Use a text or texts approved by the board the number of psychomotor skills laboratory hours for each class session.

(d) Each approved instructor-coordinator course shall meet or exceed each of the standards specified in K.A.R. 109-10-1e.

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

(f) Course approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs
109-11-8. Successful completion of a course of instruction. (a) To successfully complete an initial course of instruction as an attendant for EMS provider or instructor-coordinator, each student shall meet the following requirements:

(1) Attend at least 90% Demonstrate application of the class sessions as described in the course syllabus a cognitive understanding of each EMS educational standard;

(2) maintain an average grade of at least 70% for all examinations given during the program; and

(3) demonstrate all practical skills to the satisfaction of the course coordinator primary instructor;

(3) for an EMT initial course of instruction, demonstrate successful completion of each of the following:

(A) One complete patient assessment; and

(B) one nebulized breathing treatment during clinical training or field internship training;

(4) for an AEMT initial course of instruction, demonstrate successful completion of the following:

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

(B) five interosseous infusions;

(C) 15 complete patient assessments, of which at least 10 shall be accomplished during field internship training:
(D) 10 ambulance calls while being directly supervised by an AEMT, a paramedic, a physician, an advanced practice registered nurse, or a professional nurse;

(E) 10 intramuscular or subcutaneous injection procedures;

(F) 10 completed patient charts or patient care reports, or both; and

(G) eight electrocardiogram applications and interpretations during clinical training and field internship training; and

(5) for a paramedic initial course of instruction, demonstrate each of the following:

(A) Successful completion of both clinical and field internship components; and

(B) confirmation of eligibility to be conferred, at a minimum, an associate degree in applied science by the postsecondary institution.

(b) The course coordinator primary instructor shall provide written approval verification, within 15 days of the final class and at least seven days before the state examination for certification, that the primary instructor's students have met the requirements of subsection (a) of this regulation have been met. Evidence of a grade of C or better on a course of instruction given by an accredited post-secondary school shall substitute for written approval. (Authorized by K.S.A. 2020 Supp. 65-6110, as amended by L. 1993, Chap. 71, Sec. 4; implementing K.S.A. 2020 Supp. 65-6111, as amended by L. 1993, Chap. 71, Sec. 2, K.S.A. 2020 Supp. 65-6129, as amended by L. 1993, Chap. 71, Sec. 5, and K.S.A. 65-6142; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Jan. 31, 1994; amended P-__________________.)
109-15-1. Reinstating attendant EMS provider certificate after expiration. (a) The certificate of a person who applies for attendant EMS provider certification after the person's certificate has expired may be reinstated by the board if the person meets the following requirements:

(1) Submits a completed application to the board on forms provided by the executive director;

(2) pays the applicable fee specified in K.A.R. 109-7-1;

(3) provides validation of completed education requirements; and

(4) if the applicant is either currently certified or licensed in another jurisdiction or has been certified or licensed in another jurisdiction, provides information adequate for the board to determine the applicant's current status of certification or licensure for the level of certification being sought and confirm that the applicant is in good standing with that jurisdiction.

(b) For the purposes of this regulation, the date of expiration for the certificate shall be one of the following:

(1) The expiration date of the person's Kansas attendant EMS provider certificate;

(2) 31 calendar days after the expiration date of the person's certificate or license, if the person is currently certified or licensed in another jurisdiction; or

(3) the most recent expiration date of the person's certificate or license in another jurisdiction, if the person is not currently certified or licensed in another jurisdiction but previously held a certificate or license in that jurisdiction.
(c) Completion of education requirements shall be validated by submission of the following:

(1) For applications submitted less than two years from the date of expiration and not more than three years from the last date of issuance of the person's Kansas EMS provider certificate, documentation of continuing education for the three years before from that last date of issuance to the date of application in sufficient quantity to meet or exceed the following:

(A) For applications submitted within not more than 31 calendar days from the date of expiration, the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic; and

(B) for applications submitted more than 31 calendar days but less than two years from the date of expiration, two times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic;

(C) for applications submitted two or more years but less than four years from the date of expiration, three times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic;

(D) for applications submitted four or more years but less than six years from the date of expiration, four times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic;

(E) for applications submitted six or more years but less than eight years from the date of expiration, five times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic; and

(F) for applications submitted eight or more years from the date of expiration, six times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic;

(2) for applications submitted less than two years from the date of expiration and three or more years from the last date of issuance of the person’s Kansas EMS provider certificate, documentation of continuing education for the three years before the date of application in sufficient quantity to meet or exceed the following:

(A) For applications submitted not more than 31 calendar days from the date of expiration, the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic; and

(B) for applications submitted more than 31 calendar days but less than two years from the date of expiration, two times the number of clock-hours specified for
renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic; and

(3) for applications submitted two or more than two years from the date of expiration, validation of cognitive and psychomotor competency by the following:

(A) Successful completion of a cognitive assessment for the level of certification being sought, within three attempts;

(B) successful completion of a psychomotor assessment for the level of certification being sought, within three attempts; and

(3) (C) for applications submitted two or more years from the date of expiration, documentation of successful completion of a cardiopulmonary resuscitation course for healthcare providers.

(d) Each person who applies for reinstatement of certification two or more years after the date of expiration shall take an entire initial course of instruction if the person is unable to provide validation of cognitive or psychomotor competency by one of the following, whichever occurs first:

(1) The person has exhausted the allowed attempts.

109-15-2. Recognition of non-Kansas credentials. (a) Any individual who is currently or was previously licensed or certified as an attendant EMS provider in another jurisdiction may apply for Kansas certification through recognition of non-Kansas credentials by submitting the following:

(1) A completed application for recognition of non-Kansas credentials on a form provided by the board;

(2) application for certification fee for the level of certification sought, as specified in K.A.R. 109-7-1;

(3) documentation from another state or jurisdiction verifying one of the following:
   (A) That the applicant is currently licensed or certified for the level of certification sought and is in good standing; or
   (B) that the applicant was previously licensed or certified for the level of certification being sought and was in good standing at the time of expiration of that credential;

(4) documentation from another state or jurisdiction verifying that the applicant has successfully completed coursework that is substantially equivalent to the curriculum prescribed by the board for the level of certification sought, in accordance with subsection (b); and

(5) documentation from another state or jurisdiction verifying that the applicant has successfully completed an examination prescribed by the board for the level of certification sought, in accordance with subsection (b); and
(6) a fingerprint card and criminal history record check fee of $50 for the board to successfully perform a state and national criminal history record check.

(b) Any applicant may validate successful completion of coursework in another state or jurisdiction that is substantially equivalent to the curriculum prescribed by the board for the level of certification sought by submitting one of the following:

(1) Documentation that the applicant is currently registered with the national registry of emergency medical technicians at the level for which certification is sought; or

(2) documentation that the applicant has successfully completed the following within four years before the date of application:

(A) The national registry of emergency medical technicians' cognitive assessment or examination for the level of certification being sought, and

(B) the psychomotor skills examination prescribed by the national registry of emergency medical technicians or by the board for the level of certification being sought, and

(B)(i) For emergency medical responder, coursework that included the United States department of transportation national highway traffic safety administration "emergency medical responder instructional guidelines," DOT HS 811 077B, dated January 2009, which is hereby adopted by reference;

(ii) for emergency medical technician, coursework that included the United States department of transportation national highway traffic safety administration "emergency

(iii) for advanced emergency medical technician, coursework that included the United States department of transportation national highway traffic safety administration "advanced emergency medical technician instructional guidelines," DOT HS 811-077D, dated January 2009, which is hereby adopted by reference; or

(iv) for paramedics, either coursework completed after December 31, 2008 that included the United States department of transportation national highway traffic safety administration "paramedic instructional guidelines," DOT HS 811-077E, dated January 2009, which is hereby adopted by reference, or coursework completed before January 1, 2009 that included the United States department of transportation national highway traffic safety administration "EMT paramedic national standard curriculum," DOT HS 808-862, dated March 1999, which is hereby adopted by reference.

(c) Information obtained from the state and national criminal history record check may be used to verify the identity of each applicant and to assist in determining the qualifications and fitness of the applicant seeking issuance of an EMS provider certificate.

(d) The results from each applicant's criminal history record check shall be received by the board before the issuance of Kansas certification. (Authorized by and implementing K.S.A. 2012 2020 Supp. 65-611 and implementing K.S.A. 2012 2020
Supp. 65-6129, as amended by L. 2013, ch. 95, sec. 4; effective May 15, 2009;

109-15-3. EMS provider certification. (a) Any individual who successfully completed an approved initial course of instruction may apply for Kansas EMS provider certification.

(b) An application for certification shall not be considered complete unless all requested information has been provided and the applicable application for certification fee, as specified in K.A.R. 109-7-1, has been submitted.

(c) Each applicant shall have 15 days to correct all identified deficiencies and submit a complete application. If the applicant fails to correct the deficiencies and submit a complete application within 15 days, the application may be considered by the board as withdrawn. All fees shall be nonrefundable.

(d) Each applicant shall be at least 17 years of age and meet the following requirements before the date of application:

1. Have successfully completed an approved initial course of instruction at the level of certification being sought and within the previous 24 months;

2. Have passed both the cognitive and psychomotor examinations for the level of certification being sought after the date of the last class of the approved initial course of instruction completed and as specified in K.A.R. 109-8-1;

3. If the level of certification being sought is AEMT, currently hold EMS provider certification as an EMT;

4. If the level of certification being sought is paramedic, currently hold EMS provider certification as an EMT or AEMT; and
(5) if the applicant has not previously held an EMS provider certificate in Kansas, have submitted a fingerprint card and criminal history record check fee of $50 for the board to successfully perform a state and national criminal history record check.

(e) Information obtained from the state and national criminal history record check may be used to verify the identity of each applicant and to assist in determining the qualifications and fitness of the applicant seeking issuance of an EMS provider certificate.

(f) The results from each applicant's criminal history record check shall be received by the board before the issuance of an initial EMS provider certificate.

Article 17. Sponsoring Organizations

109-17-1. Sponsoring organization; general requirements; program manager. (a)
Each sponsoring organization, as defined in K.S.A. 65-6112 and amendments thereto, shall perform the following:

(1) Designate a person as the program manager to serve as an agent of the sponsoring organization;
(2) notify the board of any change in the program manager within seven days of the change;
(3) designate a physician to serve as the medical director of the sponsoring organization;
(4) maintain training program records for at least three years from the last date of class;
(5) develop and maintain a quality management plan;
(6) ensure that EMS training equipment and supplies, including simulation models and empty pharmaceutical packages or containers for pharmaceutical training that are necessary to facilitate the teaching of all psychomotor skills being provided, meet the following requirements:
   (A) Are available for use with the class;
   (B) are functional, clean, serviceable, and in sufficient quantity to ensure that no more than six students are practicing together on one piece of equipment at any one time; and
(C) are functional, clean, and provided in sufficient quantity for each student to utilize without sharing if the equipment or supplies are for the purpose of protecting the student from exposure to bloodborne or airborne pathogens;

(7) select qualified instructors as determined by training and knowledge of subject matter as follows:

(A) Each didactic instructor and each instructor for medical skills shall possess certification, registration, or licensure in the subject matter or medical skills being taught;

(B) each instructor for nonmedical skills shall have technical training in and shall possess knowledge and expertise in the skill being taught;

(C) each instructor of clinical training being conducted in a clinical health care facility shall be a licensed physician or a licensed professional nurse; and

(D) each instructor of field internship training being conducted with a prehospital emergency medical service shall be an emergency medical services provider certified at or above the level of training being conducted; and

(8) maintain records of all individuals used as instructors or lab assistants to provide training for at least three years from the last date of class. These records shall include the following:

(A) The individual's name and qualifications;

(B) the subject matter that the individual taught, assisted in teaching, or evaluated;

(C) the dates on which the individual instructed, assisted, or evaluated; and
(D) the students' evaluation of the individual.

(b) Each program manager shall meet the following requirements:

(1) Be responsible for the EMS education provided by the sponsoring organization;

(2) be available to the board regarding regulatory and emergency matters;

(3) be responsible for maintaining a current list of the sponsoring organization's qualified instructors;

(4) submit written notification of each addition or removal of a qualified instructor to the board within seven days of the addition or removal;

(5) submit written notification and the content of each change in the quality management plan to the board no later than seven days after the effective date of the change;

(6) submit written notification and the content of each change in the long-term provider continuing education program management plan to the board no later than seven days after the effective date of the change;

(7) submit written notification of any known resignation, termination, incapacity, or death of a medical director once known and the plans for securing a new medical director to the board; and

(8) submit written notification of each change in the medical director to the board within seven days of the change. (Authorized by K.S.A. 2020 Supp. 65-6110; implementing K.S.A. 2020 Supp. 65-6111; effective P-__________________.)
109-17-2. Sponsoring organization; application for approval; approval renewal. (a) Each applicant for sponsoring organization approval shall indicate the EMS education that the applicant requests to provide as one or both of the following:

(1) Initial course of instruction; and

(2) continuing education.

(b) All sponsoring organization approval application and renewal forms shall be submitted in a format required by the executive director.

(c) Each applicant that submits an insufficient initial application or renewal application for a sponsoring organization approval shall have 30 days to correct all identified deficiencies and submit a sufficient application. If the applicant or operator fails to correct the deficiencies and submit a sufficient application, the application may be considered by the board as withdrawn.

(d) Each initial application for sponsoring organization approval shall meet the following requirements:

(1) Designate a program manager;

(2) designate a medical director;

(3) designate an office address where all training program records shall be maintained;

(4) provide a list of training equipment and supplies, or a copy of each equipment-sharing agreement, necessary to support training requirements; and

(5) provide a copy of the quality management plan, as defined in K.A.R. 109-1-1.
(e) Each sponsoring organization approval shall expire on April 30 of each year.

Any approval may be renewed annually in accordance with this regulation.

(f) Each renewal application for sponsoring organization approval shall affirm that the following information is current and accurate:

(1) Personnel affiliated with the sponsoring organization, including the program manager, medical director, and qualified instructors;

(2) the EMS education that the sponsoring organization requests approval to provide;

(3) the business address where all training program records shall be maintained;

(4) list of training equipment and supplies, or a copy of each equipment-sharing agreement, necessary to support training requirements;

(5) quality management plan; and

(6) all of the following that are applicable to the sponsoring organization:

(A) Initial course of instruction course policies;

(B) clinical and field training agreements; and

(C) long-term provider continuing education program management plan.

109-17-3. Sponsoring organization; initial course of instruction. (a) Any sponsoring organization may conduct an approved initial course of instruction through in-person instruction or distance learning, or a combination of both.

(b) Each sponsoring organization shall provide an enrollment roster listing each student enrolled in the course to the executive director within 20 days of the date of the first scheduled class session.

(c) Each sponsoring organization providing an initial course of instruction shall permit each student and the board access at each scheduled class session for in-person inspection of the course syllabus and all policies or documents addressing the following:

1. Student evaluation of course;
2. Student attendance;
3. Student discipline;
4. Student and participant safety;
5. Student requirements for successful course completion;
6. Kansas requirements for certification;
7. Student dress and hygiene;
8. Student progress conferences;
9. Equipment use;
10. Infection control; and
11. Acknowledgement of the commitment to provide the support as defined in the course curriculum from each of the following:

[Signatures and dates of approval and receipt]
(A) Educational medical director;

(B) ambulance service director for each ambulance service utilized for field training; and

(C) administrator of each medical facility utilized for clinical training.

(d) The course syllabus shall include at least the following information:

(1) A summary of 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) a description of the clinical and field training requirements, if applicable; and

(5) instructor information, which shall include the following:

(A) Instructor name;

(B) office hours or hours available for consultation; and

(C) instructor electronic-mail address.

(e) Each sponsoring organization providing an initial course of instruction shall provide confirmation of each student's successful course completion to the board.

(f) Each sponsoring organization shall schedule a psychomotor skills examination for the student's initial examination as specified in K.A.R. 109-8-2.

(g) Each sponsoring organization shall maintain the following course records for each initial course of instruction for at least three years from the last date of class:

(1) Course syllabus;

(2) all policies or documents addressing the listed items in subsection (c);
(3) student attendance;

(4) student grades;

(5) student conferences;

(6) course curriculum;

(7) lesson plans for all lessons;

(8) clinical training objectives;

(9) field training objectives;

(10) completed clinical and field training preceptor evaluations for each student;

(11) a copy of each student's psychomotor skills evaluations;

(12) a completed copy of each student's evaluations of each course, all instructors for the course, and all lab instructors for the course; and

(13) a completed copy of the outcome assessment and outcome analyses tools used for the course that address at least the following:

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

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

(h) Each sponsoring organization providing initial courses of instruction shall maintain an average pass rate of at least 70 percent on the cognitive examination for certification at each level of certification that the sponsoring organization instructs for all attempts made by the students in the preceding calendar year. Each sponsoring
organization that fails to meet or exceed this average pass rate shall submit to the board a plan for ensuring that future cognitive examination pass rates meet or exceed this average no later than March 1.

(i) Any sponsoring organization may allow a student to enroll late in an initial course of instruction upon submitting to the executive director a make-up schedule that includes the provision of educational standards that the late enrollee missed, within seven days of the student’s enrollment.

(j) Each sponsoring organization providing a paramedic initial course of instruction shall provide one of the following:

(1) Evidence that the sponsoring organization has been issued and maintains a current letter-of-review from the committee on accreditation of educational programs for emergency medical services professions; or

(2) evidence that the sponsoring organization holds accreditation from the committee on accreditation of allied health education programs.

(k) Each sponsoring organization shall provide any course documentation requested by the executive director within 30 days of the request.

(l) Violation of any provision of this regulation may subject the sponsoring organization to a civil fine and may result in a suspension of sponsoring organization approval. (Authorized by K.S.A. 2020 Supp. 65-6110; implementing K.S.A. 2020 Supp. 65-6111; effective ________________.)
109-17-4. Sponsoring organization; continuing education. (a) Any sponsoring organization may provide prior-approved continuing education as a long-term provider or a single-program provider through in-person instruction or distance learning, or a combination of both.

(b) Each sponsoring organization providing prior-approved continuing education shall submit a training report on a form provided by the board.

(c) The training report shall include the following:

(1) The date or dates, title, and location of the class;

(2) a list of all qualified instructors used in the class;

(3) the name and certification number of each attendee; and

(4) the amount of continuing education awarded to each attendee.

(d) Each sponsoring organization shall maintain the following course records for each prior-approved continuing education class for at least three years from the last date of class:

(1) Course educational objectives;

(2) completed course attendance sheet;

(3) a completed copy of each student’s evaluation of the class and each instructor; and

(4) a copy of the submitted training report.

(e) Each completed course attendance sheet shall have the name and signature of each attendee of the prior-approved continuing education class.
(f) Each sponsoring organization providing prior-approved continuing education as a long-term provider shall develop and maintain a long-term continuing education program management plan.

(g) Each sponsoring organization shall provide any continuing education documentation requested by the executive director within 30 days of the request.

(h) Violation of any provision of this regulation may subject the sponsoring organization to a civil fine and may result in a suspension of sponsoring organization approval. (Authorized by K.S.A. 2020 Supp. 65-6110; implementing K.S.A. 2020 Supp. 65-6111; effective P-___________________.)
Kansas Administrative Regulations
Economic Impact Statement
For the Kansas Division of the Budget

Emergency Medical Services Board  Joseph House; Executive Director  785-296-7409
Agency Contact  Contact Phone Number

K.A.R. 109-2-1
K.A.R. Number(s)

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

I. Brief description of the proposed rule(s) and regulation(s).
This regulatory revision reduces the number of days for notification to the Board of changes in personnel rosters from 90 days to 7 days.

II. Statement by the agency if the rule(s) and regulation(s) is mandated by the federal government and a statement if approach chosen to address the policy issue is different from that utilized by agencies of contiguous states or the federal government. (If the approach is different, then include a statement of why the Kansas rule and regulation proposed is different)
This proposed revision is not mandated by the federal government. The EMS Compact that Kansas belongs to requires us to ensure that each EMS provider with the privilege to practice has active medical oversight. In Kansas, this is achieved by appearing on the personnel roster for an ambulance service. Colorado and Missouri have no requirements for ambulance services to report their personnel. Nebraska receives the information upon initial licensing and updates approximately every three years. Oklahoma receives the information upon initial licensing and updates every 2 years. Each of our contiguous states has a different method of verifying medical oversight. Kansas’ approach allows us to know what service, or services, a person is affiliated with during the investigation of complaints as well. This has been a reported shortcoming of current laws/regulations in each of our contiguous states to which they have looked to Kansas’ approach as being a very workable solution.

III. Agency analysis specifically addressing following:
A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;
This proposed change will neither enhance nor restrict business activities and growth. It simply changes a ninety-day notification to seven.

B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;
There are no anticipated implementation costs as this is already being done, just being afforded additional time.

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SECRETARY OF STATE
C. Businesses that would be directly affected by the proposed rule and regulation;
None.

D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;
There are no anticipated costs associated with the proposed regulatory revision due to the process already being in place and online mechanisms for ambulance service operators, or their designee(s), to add/delete personnel 24 hours a day every day.

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

F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.
$0

An estimate, expressed as a total dollar figure, of the total implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.
$0

Do the above total implementation and compliance costs exceed $3.0 million over any two-year period?
YES □ NO ☒

Give a detailed statement of the data and methodology used in estimating the above cost estimate.
There is no cost for implementation as this functionality already exists.

Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed $3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.
YES □ NO ☒

G. If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the
The proposed revision to these regulations neither increases nor decreases revenues of cities, counties, or school districts. The proposed revision to these regulations does not impose new functions or responsibilities upon cities, counties, or school districts.

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

This proposed regulatory change is the result of discussions at the June 2021 Kansas Board of EMS Committee and Board meetings and stemmed from a recommended approach to being able to verify medical oversight on a near real-time basis. Initial recommendation was within 24 hours and the Board felt that within 7 days would suffice at this time with the thought to revisit if it is determined to be too lenient or too short. No public comment submitted at the June 2021 meeting related to this revision. Revision was presented at regional meetings within the state during the month of June and no concerns expressed at these meetings by those in attendance.

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

Not applicable.
Emergency Medical Services Board
Agency
K.A.R. 109-6-2
K.A.R. Number(s)

Joseph House; Executive Director
Agency Contact
785-296-7409
Contact Phone Number

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

I. Brief description of the proposed rule(s) and regulation(s).
This regulatory revision removes submission of paper application as a mechanism for renewal of EMS Provider and Instructor Coordinator certifications.

II. Statement by the agency if the rule(s) and regulation(s) is mandated by the federal government and a statement if approach chosen to address the policy issue is different from that utilized by agencies of contiguous states or the federal government. (If the approach is different, then include a statement of why the Kansas rule and regulation proposed is different)
This proposed revision is not mandated by the federal government. Three of the four contiguous states use the same or a very similar electronic submission platform and only accept online renewal. The fourth allows walk-in renewals with a paper application.

III. Agency analysis specifically addressing following:
A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth; This proposed change will neither enhance nor restrict business activities and growth.

B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole; There are no anticipated implementation costs as renewal through the license management system has been in place since 2017. Costs associated with compliance will decrease due to decreased staff time for data entry of paper applications.

C. Businesses that would be directly affected by the proposed rule and regulation; None.

D. Benefits of the proposed rule(s) and regulation(s) compared to the costs; There are no anticipated costs associated with the proposed regulatory revision due to renewal through the license.

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SCOTT SCHWAB
SECRETARY OF STATE
management system being in place since 2017. The benefits associated with adoption of this revision include the ability to gather statistical data through required questions, ease of data collection and annual reporting, and decreased costs associated with paper, printing, postage, storage, etc.

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

These regulations minimize the cost and impact on business and economic development, if any such cost exists.

F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public. $0

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

$0

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

YES ☐ NO ☒

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

There is no cost for implementation as this functionality already exists and has been in use since 2017. With internet access readily available at public libraries, schools, and other locations, there is no cost associated to the public to be compliant with this regulation. There will be a slight savings from a lack of postage for those that have chosen to mail in a paper application.

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

YES ☐ NO ☒

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

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

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

Currently, over 95% of certified EMS providers and instructor coordinators submit renewal documents through the online license management system. This proposed regulatory change is the result of discussions at the August 2020 and October 2020 Kansas Board of EMS Committee and Board meetings and stemmed from recommendations on streamlining and automating the renewal process. This change facilitates consistency of EMS provider and instructor coordinator renewal processes. No comments were received from the public at either of these meetings or at any of the meetings in December 2020, February 2021, April 2021, and June 2021.

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

Not applicable. This regulation is designed to reduce the usage of paper, but is not an environmental rule or regulation.
Kansas Administrative Regulations
Economic Impact Statement
For the Kansas Division of the Budget

Emergency Medical Services Board  Joseph House; Executive Director  785-296-7409
Agency Contact  Contact Phone Number
K.A.R. 109-6-4 and K.A.R. 109-7-1
K.A.R. Number(s)

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

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

K.A.R. 109-6-4 is a new permanent regulation that provides the requirements for being issued an inactive certificate and returning from an inactive certificate to an active certificate. K.A.R. 109-7-1 is a permanent regulation detailing the fees associated with certification of EMS providers, licensing of ambulances, and permitting of ambulance services. These proposed regulations provide the Board the ability to issue an inactive certificate pursuant to L. 2019, ch. 64, §1. These regulations prescribe the fee for an inactive certificate and the process by which the board will determine the certificate’s holder ability to engage in the provision of EMS with reasonable skill and safety if the inactive certificate holder seeks to apply for an active certificate.

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

The proposed regulations are not mandated by the federal government. None of our four contiguous states have this policy in place for EMS providers, but all four have similar policies for other health care occupations (nursing, physicians, physician assistants, etc.). Having the ability to have an “inactive” status was a request by EMS providers in Kansas that desired to have an ability to continue to hold that certification, not actively practice in EMS, and not be considered expired.

III. Agency analysis specifically addressing following:

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

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

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

There are no anticipated implementation and/or compliance costs due to the proposed regulations.
C. Businesses that would be directly affected by the proposed rule and regulation;
None.

D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;
This allows an individual the choice to retain their certificate in an inactive status and to reinstate that certificate rather than to let it lapse and to reinstate an expired certificate. There are some circumstances where an individual needs to continue to hold a certificate, but not be active within Kansas EMS.

E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;
There is no anticipated cost to the revisions within these proposed regulations. There were no measures necessary to minimize the cost and impact on business and economic development.

F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.
$0
An estimate, expressed as a total dollar figure, of the total implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.
$0
Do the above total implementation and compliance costs exceed $3.0 million over any two-year period?
YES □    NO ☒
Give a detailed statement of the data and methodology used in estimating the above cost estimate.
There is no cost for the implementation of or compliance with these proposed regulations as continued certification is a voluntary process.

Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed $3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.
YES □    NO ☒

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

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

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

The enactment of the inactive certificate was a request from individuals holding certification in Kansas. They stated that scenarios existed whereby they would need to hold a certificate, but not be practicing EMS in Kansas. The pathway to return simply verifies that the same continuing education requirement exists upon their return to an “active” status. No other comment was received upon these changes in the public Board meetings since enactment of the authorizing legislation.

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

These regulations do not have an environmental impact.
Kansas Administrative Regulations
Economic Impact Statement
For the Kansas Division of the Budget

Emergency Medical Services Board
Agency
Joseph House; Executive Director 785-296-7409
Agency Contact Contact Phone Number

K.A.R. Number(s)

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

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

These regulatory revisions reflect the addition of the criminal history record check into initial licensing and take the opportunity to streamline each of the certification regulations. Additional revisions to 109-15-1 reflect only requesting documentation that the applicant would have been required to maintain; and eliminating the component of increasing amounts of continuing education in addition to required testing. Additional revisions to 109-15-2 reflect allowing the ability to recognize an out-of-state credential that is expired if the person was in good standing at the time of expiration and has passed the same examination Kansas requires within the previous 4 years. Additional revisions to 109-15-3 place all requirements for gaining initial certification in Kansas through completion of a Kansas course into a single regulation. This allowed for the proposed revocation of 109-3-1.

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

This proposed revision is not mandated by the federal government. The EMS Compact that Kansas belongs to requires us to ensure that each EMS provider granted initial licensure/certification in Kansas complete a criminal history record check as part of the licensing/certification process beginning no later than October 7, 2022. This is required and being performed in 3 of our 4 contiguous states (Oklahoma excluded). These revisions would make Kansas more consistent with our contiguous states in our approach for reinstatement of an expired certificate and recognition of an out-of-state credential.

III. Agency analysis specifically addressing following:

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

This proposed change will neither enhance nor restrict business activities and growth.
B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;

There are no anticipated implementation costs as this is already being done.

C. Businesses that would be directly affected by the proposed rule and regulation;
None.

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

This should allow for a more streamlined, clear, and concise process for obtaining certification in the state of Kansas. It does implement the cost of fingerprinting and the criminal history record check which were addressed when the Kansas Legislature approved the Board’s ability to do this check in 2019. The benefit of performing this once is to better protect the citizens of Kansas from those providing care to them in emergency situations.

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

These regulations minimize the cost and impact on business and economic development, if any such additional cost exists.

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

$65,000/year

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

YES □      NO □

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

We estimate the applicant to incur a fingerprinting fee of approximately $15. The applicant will incur a criminal history record check fee of $50. We estimated approximately 1000 new applicants annually.

Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed $3.0 million over any two-year period to find that the estimated cost is reasonable?

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SCOTT SCHWAB
SECRETARY OF STATE
costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.

YES □  NO ☒

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

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

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

This proposed regulatory change is the result of discussions at the June 2021 Kansas Board of EMS Committee and Board meetings and the criminal history record check piece has been discussed at multiple meetings since 2015. There was no public comment submitted at the June 2021 meeting related to this revision. Revision was presented at regional meetings within the state during the month of June and no concerns expressed at these meetings by those in attendance.

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

Not applicable.
I. **Brief description of the proposed rule(s) and regulation(s).**

This grouping of regulations is designed to:

1) clearly define the roles and responsibilities of the sponsoring organization for both EMS continuing education and EMS initial courses of instruction;
2) decrease the paperwork submission burden on sponsoring organizations requesting course approval;
3) clearly identify the Board’s expectation of successful course completion and requiring sponsoring organizations that do not meet this expectation to identify how they will adjust to ensure this expectation is met;
4) make technical amendments due to terminology changes enacted from the 2019 Legislative Session; and
5) standardize structure within regulations to aid in making processes simpler and easier for constituents to understand.

This is being done through the enactment of a new article of regulations – Article 17 – and moving sponsoring organization requirements from other areas of regulation into the applicable regulation within the new Article 17.

K.A.R. 109-17-1 – patterned after our regulation on ambulance services, this regulation identifies the general requirements of all sponsoring organizations and the requirements of the program manager for the sponsoring organization.

K.A.R. 109-17-2 – describes the process of application for approval and approval renewal.

K.A.R. 109-17-3 – provides the standards and requirements necessary if the sponsoring organization chooses to provide initial courses of instruction.

K.A.R. 109-17-4 – provides the standards and requirements necessary if the sponsoring organization chooses to offer EMS continuing education.

K.A.R. 109-1-1 – revisions are for terminology changes from the 2019 Legislative Session and removing terms that were used only once within the regulations. The definition is now incorporated into the regulation where it was used.

K.A.R. 109-5-1 – revisions add the definition of “continuing education”, remove subsection (b) due to that being duplicative of another regulation, and clearly identifies what is adequate documentation of completed continuing education. Areas addressed within K.A.R. 109-17-4 are proposed to be stricken from this regulation.
K.A.R. 109-5-3 – revisions involve a change in process for requesting approval to become a long­
term provider of EMS continuing education from an application packet and supporting
documentation to providing a program management plan and defining what must be present in the
program management plan. Areas addressed within K.A.R. 109-17-4 are proposed to be stricken
from this regulation.
K.A.R. 109-5-6 – revisions are to address the requirements of requesting approval of a single
program offering of EMS continuing education.
K.A.R. 109-10-3 – regulation is proposed to be revoked as all sections were transferred into K.A.R.
109-17-3.
K.A.R. 109-10-6 – regulation is proposed to be revoked as all sections were transferred into K.A.R.
109-17-1 or 109-17-3.
K.A.R. 109-10-7 – regulation is proposed to be revoked as all sections were transferred into K.A.R.
109-17-3.
– revisions are to:
1) offer consistency in language and structure; and
2) simplifying the application process to just the minimum information needed that is most likely to
change from course to course and utilizing the requirements within K.A.R. 109-17-3.
K.A.R. 109-11-8 – revisions are to provide a single location that outlines the requirements for
successful course completion and allows for competency-based education end metrics.
K.A.R. 109-11-9 – regulation is proposed to be revoked as all sections were transferred into K.A.R.
109-17-1.

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

These regulations are not mandated by the federal government. These changes better align the
Kansas education approval process requirements to our contiguous states who approve or accredit
training and/or educational programs/organizations and provide course approval based upon that
accreditation or organizational approval process.

III. Agency analysis specifically addressing following:
A. The extent to which the rule(s) and regulation(s) will enhance or restrict business
activities and growth;

This proposed addition and change will neither enhance nor restrict business activities and
growth.
B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;

There are no anticipated implementation and/or compliance costs due to the proposed regulations. It can be expected that there would be less time involved with the course approval process and less resources utilized to ensure that transmission of the materials needed for a course approval are submitted in a timely manner. These regulations still require those policies and items to be present, but available during the course and any audit rather than prior to the course being approved.

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

Sponsoring organizations are typically ambulance services, hospitals, etc. that have chosen to provide EMS education. These organizations will see fewer submission requirements specific to each course offering due to the proposed approach.

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

There is no increased cost associated with the proposed regulations and the improvement and simplification of the process should result in less cost associated with adherence to regulations while still preserving the safety and welfare of the public.

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

These regulations minimize the cost and impact on business and economic development, if any such cost exists.

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

$0

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

$0

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

YES □ NO ☒

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

Any cost would be savings; however, we believe the changes simply increase efficiency, simplify the regulations, and make it easier for an organization to maintain compliance.
Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed $3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.

YES □ NO ☒

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

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

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

These regulations have been the topic of Board discussion over the past 16 months and were the primary focus of 2 separate public stakeholder meetings with a combined attendance of over 200 individuals. All concerns brought forth in these two meetings have been addressed within these proposed regulations.

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

These regulations do not have an environmental impact.