CONFERENCE COMMITTEE REPORT

MADAM PRESIDENT and MR. SPEAKER: Your committee on conference on House amendments to **SB 53** submits the following report:

The Senate accedes to all House amendments to the bill, and your committee on conference further agrees to amend the bill as printed with House Committee amendments, as follows:

On page 1, by striking all in lines 6 through 9; following line 9, by inserting:

"New Section 1. (a) (1) There is hereby created the designation of inactive certificate. The board is authorized to issue an inactive certificate to any person currently certified by the board who makes written application for such inactive certificate on a form provided by the board and remits the fee established by the board in rules and regulations. The board may issue an inactive certificate only to a person who is not directly engaged in the provision of emergency medical services for which certification is required and who does not hold oneself out to the public as being professionally engaged in the provision of emergency medical services. An inactive certificate shall not entitle the holder to engage in the practice of emergency medical services. Each inactive certificate may be renewed subject to the provisions of this section. Each inactive certificate holder shall be subject to the provisions of article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, except as otherwise provided in this subsection. The holder of an inactive certificate shall not be required to submit evidence of satisfactory completion of the continuing education requirement prescribed by the board.

(b) Each inactive certificate holder may apply for an active certificate upon filing a written application with the board. The request shall be on a form provided by the board and shall be accompanied by a fee prescribed by the board in rules and regulations. The inactive

certificate holder may be required to complete such additional testing, training or education as the board may deem necessary to establish the inactive certificate holder's current ability to engage in the provision of emergency medical services with reasonable skill and safety.

- (c) This section shall be a part of and supplemental to article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto.
- Sec. 2. K.S.A. 2018 Supp. 8-1,159 is hereby amended to read as follows: 8-1,159. (a) On and after January 1, 2008, any owner or lessee of one or more passenger vehicles, trucks of a gross weight of 20,000 pounds or less or motorcycles, who is a resident of the state of Kansas, and who submits satisfactory proof to the director of vehicles that such person is an emergency medical—services—attendant_service provider, as defined in K.S.A. 65-6112, and amendments thereto, upon compliance with the provisions of this section, may be issued one emergency medical services license plate for each such passenger vehicle, truck or motorcycle. Such license plates shall be issued for the same period of time as other license plates upon proper registration and payment of the regular license fee as provided in K.S.A. 8-143, and amendments thereto.
- (b) Any applicant for a license plate authorized by this section may make application for such distinctive license plates, not less than 60 days prior to such applicant's renewal of registration date, on a form prescribed and furnished by the director of vehicles, and any applicant for the distinctive license plates shall furnish the director with proof as the director shall require under subsection (a). Application for the registration of a passenger vehicle, truck or motorcycle and issuance of the license plates under this section shall be made by the owner or lessee in a manner prescribed by the director of vehicles upon forms furnished by the director.
 - (c) No registration or distinctive license plates plate issued under the authority of this

section shall be transferable to any other person.

- (d) Renewals of registration under this section shall be made annually, upon payment of the fee prescribed in subsection (a), in the manner prescribed in subsection (b) of K.S.A. 8-132(b), and amendments thereto. No renewal of registration shall be made to any applicant until such applicant has filed with the director a form as provided in subsection (b). If such form is not filed, the applicant shall be required to comply with K.S.A. 8-143, and amendments thereto, and return the distinctive license plates to the county treasurer.
- Sec. 3. K.S.A. 2018 Supp. 21-6326 is hereby amended to read as follows: 21-6326. (a) Unlawful interference with an emergency medical—services attendant service provider is knowingly:
- (1) Interfering with any-attendant_emergency medical service provider while engaged in the performance of such-attendant's emergency medical service provider's duties; or
- (2) obstructing, interfering with or impeding the efforts of any-attendant emergency medical service provider to reach the location of an emergency.
- (b) Unlawful interference with an emergency medical—services attendant service provider is a class B person misdemeanor.
- (c) As used in this section, "attendant" "emergency medical service provider" means the same as in K.S.A. 65-6112, and amendments thereto.
- (d) A person who violates the provisions of this section may also be prosecuted for, convicted of, and punished for assault or battery.
- Sec. 4. K.S.A. 2018 Supp. 39-1402 is hereby amended to read as follows: 39-1402. (a) Any person who is licensed to practice any branch of the healing arts, a licensed psychologist, a

licensed master level psychologist, a licensed clinical psychotherapist, a chief administrative officer of a medical care facility, an adult care home administrator or operator, a licensed social worker, a licensed professional nurse, a licensed practical nurse, a licensed marriage and family therapist, a licensed clinical marriage and family therapist, licensed professional counselor, licensed clinical professional counselor, registered alcohol and drug abuse counselor, a teacher, a bank trust officer and any other officers of financial institutions, a legal representative, a governmental assistance provider or an emergency medical-services attendant service provider who has reasonable cause to believe that a resident is being or has been abused, neglected or exploited, or is in a condition-which that is the result of such abuse, neglect or exploitation or is in need of protective services, shall report immediately such information or cause a report of such information to be made in any reasonable manner to the Kansas department for aging and disability services with respect to residents defined under K.S.A. 39-1401(a)(1), and amendments thereto, to the department of health and environment with respect to residents defined under K.S.A. 39-1401(a)(2), and amendments thereto, and to the Kansas department for children and families and appropriate law enforcement agencies with respect to all other residents. Reports made to one department-which that are required by this subsection to be made to the other department shall be referred by the department to which the report is made to the appropriate department for that report, and any such report shall constitute compliance with this subsection. Reports shall be made during the normal working week days and hours of operation of such departments. Reports shall be made to law enforcement agencies during the time the departments are not open for business. Law enforcement agencies shall submit the report and appropriate information to the appropriate department on the first working day that such

department is open for business. A report made pursuant to K.S.A. 65-4923 or 65-4924, and amendments thereto, shall be deemed a report under this section.

- (b) The report made pursuant to subsection (a) shall contain the name and address of the person making the report and of the caretaker caring for the resident, the name and address of the involved resident, information regarding the nature and extent of the abuse, neglect or exploitation, the name of the next of kin of the resident, if known, and any other information which that the person making the report believes might be helpful in an investigation of the case and the protection of the resident.
- (c) Any other person, not listed in subsection (a), having reasonable cause to suspect or believe that a resident is being or has been abused, neglected or exploited; or is in a condition which that is the result of such abuse, neglect or exploitation or is in need of protective services may report such information to the Kansas department for aging and disability services with respect to residents defined under K.S.A. 39-1401(a)(1), and amendments thereto, to the department of health and environment with respect to residents defined under-subsection K.S.A. 39-1401(a)(2), and amendments thereto, and to the Kansas department for children and families with respect to all other residents. Reports made to one the incorrect department which are to be made to the other department under this section shall be referred by the such department—to which the report is made to the appropriate department for that report.
- (d) Notice of the requirements of this act and the department to which a report is to be made under this act shall be posted in a conspicuous public place in every adult care home and medical care facility in this state.
 - (e) Any person required to report information or cause a report of information to be

-6-

made under subsection (a) who knowingly fails to make such report or cause such report to be made shall be guilty of a class B misdemeanor.

Sec. 5. K.S.A. 2018 Supp. 39-1431 is hereby amended to read as follows: 39-1431. (a) Any person who is licensed to practice any branch of the healing arts, a licensed psychologist, a licensed master level psychologist, a licensed clinical psychotherapist, the chief administrative officer of a medical care facility, a teacher, a licensed social worker, a licensed professional nurse, a licensed practical nurse, a licensed dentist, a licensed marriage and family therapist, a licensed clinical marriage and family therapist, licensed professional counselor, licensed clinical professional counselor, registered alcohol and drug abuse counselor, a law enforcement officer, an emergency medical-services attendant service provider, a case manager, a rehabilitation counselor, a bank trust officer or any other officers of financial institutions, a legal representative, a governmental assistance provider, an owner or operator of a residential care facility, an independent living counselor and the chief administrative officer of a licensed home health agency, the chief administrative officer of an adult family home and the chief administrative officer of a provider of community services and affiliates thereof operated or funded by the Kansas department for aging and disability services or licensed under K.S.A. 2018 Supp. 39-2001 et seq., and amendments thereto, who has reasonable cause to believe that an adult is being or has been abused, neglected or exploited or is in need of protective services shall report, immediately from receipt of the information, such information or cause a report of such information to be made in any reasonable manner. An employee of a domestic violence center shall not be required to report information or cause a report of information to be made under this subsection. Other state agencies receiving reports that are to be referred to the Kansas

department for children and families and the appropriate law enforcement agency, shall submit the report to the department and agency within six hours, during normal work days, of receiving the information. Reports shall be made to the Kansas department for children and families during the normal working week days and hours of operation. Reports shall be made to law enforcement agencies during the time the Kansas department for children and families is not in operation. Law enforcement shall submit the report and appropriate information to the Kansas department for children and families on the first working day that the Kansas department for children and families is in operation after receipt of such information.

- (b) The report made pursuant to subsection (a) shall contain the name and address of the person making the report and of the caretaker caring for the involved adult, the name and address of the involved adult, information regarding the nature and extent of the abuse, neglect or exploitation, the name of the next of kin of the involved adult, if known, and any other information—which_that the person making the report believes might be helpful in the investigation of the case and the protection of the involved adult.
- (c) Any other person, not listed in subsection (a), having reasonable cause to suspect or believe that an adult is being or has been abused, neglected or exploited or is in need of protective services may report such information to the Kansas department for children and families. Reports shall be made to law enforcement agencies during the time the Kansas department for children and families is not in operation.
- (d) A person making a report under subsection (a) shall not be required to make a report under K.S.A. 39-1401 through 39-1410, and amendments thereto.
 - (e) Any person required to report information or cause a report of information to be

made under subsection (a) who knowingly fails to make such report or cause such report not to be made shall be guilty of a class B misdemeanor.

- (f) Notice of the requirements of this act and the department to which a report is to be made under this act shall be posted in a conspicuous public place in every adult family home as defined in K.S.A. 39-1501, and amendments thereto, and every provider of community services and affiliates thereof operated or funded by the Kansas department for aging and disability services or other facility licensed under K.S.A. 2018 Supp. 39-2001 et seq., and amendments thereto, and other institutions included in subsection (a).
- Sec. 6. K.S.A. 2018 Supp. 40-2141 is hereby amended to read as follows: 40-2141. (a) (1) Except as provided in paragraph (2), whenever a municipality provides for the payment of premiums for any health benefit plan for its emergency personnel, it shall pay premiums for the continuation of coverage under COBRA for the surviving spouse and eligible dependent children under the age of 26 years of any emergency personnel who dies in the line of duty. Premiums for continuation of coverage under COBRA shall be paid for 18 months.
- (2) A municipality may not be required to pay the premiums described in paragraph (1) for a surviving spouse:
- (A) On or after the end of the 18th calendar month after the date of death of the deceased emergency personnel;
 - (B) upon the remarriage of the deceased emergency personnel's surviving spouse; or
 - (C) upon the deceased emergency personnel's surviving spouse reaching the age of 65.
 - (b) For the purposes of this section:
 - (1) "Emergency personnel" means an-attendant emergency medical service provider as

such term is defined in K.S.A. 65-6112, and amendments thereto.

- (2) "Health benefit plan" shall have the meaning ascribed to it in K.S.A. 40-4602, and amendments thereto.
 - (3) "Municipality" means a city or county.
- Sec. 7. K.S.A. 2018 Supp. 44-131 is hereby amended to read as follows: 44-131. (a) No employer may discharge any employee by reason of the fact that the employee performs duties as a volunteer firefighter, volunteer certified emergency medical services attendant service provider, as defined in K.S.A. 65-6112, and amendments thereto, volunteer reserve law enforcement officer or volunteer part-time law enforcement officer. The provisions of this section shall not apply to an employer when the employee is employed by the employer as a full-time firefighter or law enforcement officer.
 - (b) For the purposes of this section, the term:
- (1) "Employee" shall have the meaning ascribed to it in K.S.A. 44-313, and amendments thereto.
- (2) "Employer" shall have the meaning ascribed to it in K.S.A. 44-313, and amendments thereto.
- Sec. 8. K.S.A. 2018 Supp. 44-508 is hereby amended to read as follows: 44-508. As used in the workers compensation act:
- (a) "Employer" includes: (1) Any person or body of persons, corporate or unincorporated, and the legal representative of a deceased employer or the receiver or trustee of a person, corporation, association or partnership; (2) the state or any department, agency or authority of the state, any city, county, school district or other political subdivision or

municipality or public corporation and any instrumentality thereof; and (3) for the purposes of community service work, the entity for which the community service work is being performed and the governmental agency—which that assigned the community service work, if any, if either such entity or such governmental agency has filed a written statement of election with the director to accept the provisions under the workers compensation act for persons performing community service work and in such case such entity and such governmental agency shall be deemed to be the joint employer of the person performing the community service work and both shall have the rights, liabilities and immunities provided under the workers compensation act for an employer with regard to the community service work, except that the liability for providing benefits shall be imposed only on the party—which that filed such election with the director; or on both if both parties have filed such election with the director; for purposes of community service work, "governmental agency" shall not include any court or any officer or employee thereof and any case where there is deemed to be a "joint employer" shall not be construed to be a case of dual or multiple employment.

(b) "Workman" or "employee" or "worker" means any person who has entered into the employment of or works under any contract of service or apprenticeship with an employer. Such terms shall include, but not be limited to: Executive officers of corporations; professional athletes; persons serving on a volunteer basis as duly authorized law enforcement officers, attendants emergency medical service providers, as defined in subsection (f) of K.S.A. 65-6112, and amendments thereto, drivers of ambulances as defined in subsection (d) of K.S.A. 65-6112, and amendments thereto, firefighters, but only to the extent and during such periods as they are so serving in such capacities; persons employed by educational, religious and charitable

organizations, but only to the extent and during the periods that they are paid wages by such organizations; persons in the service of the state; or any department, agency or authority of the state, any city, school district, or other political subdivision or municipality or public corporation and any instrumentality thereof, under any contract of service, express or implied, and every official or officer thereof, whether elected or appointed, while performing official duties; persons in the service of the state as volunteer members of the Kansas department of civil air patrol, but only to the extent and during such periods as they are officially engaged in the performance of functions specified in K.S.A. 48-3302, and amendments thereto; volunteers in any employment, if the employer has filed an election to extend coverage to such volunteers; minors, whether such minors are legally or illegally employed; and persons performing community service work, but only to the extent and during such periods as they are performing community service work and if an election has been filed an election to extend coverage to such persons. Any reference to an employee who has been injured shall, where the employee is dead, include a reference to the employee's dependents, to the employee's legal representatives, or, if the employee is a minor or an incapacitated person, to the employee's guardian or conservator. Unless there is a valid election in effect—which that has been filed as provided in K.S.A. 44-542a, and amendments thereto, such terms shall not include individual employers, limited liability company members, partners or self-employed persons.

- (c) (1) "Dependents" means such members of the employee's family as were wholly or in part dependent upon the employee at the time of the accident or injury.
- (2) "Members of a family" means only surviving legal spouse and children; or if no surviving legal spouse or children, then parents or grandparents; or if no parents or grandparents,

then grandchildren; or if no grandchildren, then brothers and sisters. In the meaning of this section, parents include stepparents, children include stepchildren, grandchildren include stepgrandchildren, brothers and sisters include stepbrothers and stepsisters, and children and parents include that relation by legal adoption. In the meaning of this section, a surviving spouse shall not be regarded as a dependent of a deceased employee or as a member of the family, if the surviving spouse shall have for more than six months willfully or voluntarily deserted or abandoned the employee prior to the date of the employee's death.

- (3) "Wholly dependent child or children" means:
- (A) A birth child or adopted child of the employee except such a child whose relationship to the employee has been severed by adoption;
 - (B) a stepchild of the employee who lives in the employee's household;
- (C) any other child who is actually dependent in whole or in part on the employee and who is related to the employee by marriage or consanguinity; or
- (D) any child as defined in subsection (c)(3)(A), (3)(B) or (3)(C) who is less than 23 years of age and who is not physically or mentally capable of earning wages in any type of substantial and gainful employment or who is a full-time student attending an accredited institution of higher education or vocational education.
- (d) "Accident" means an undesigned, sudden and unexpected traumatic event, usually of an afflictive or unfortunate nature and often, but not necessarily, accompanied by a manifestation of force. An accident shall be identifiable by time and place of occurrence, produce at the time symptoms of an injury, and occur during a single work shift. The accident must be the prevailing factor in causing the injury. "Accident" shall in no case be construed to include

repetitive trauma in any form.

(e) "Repetitive trauma" refers to cases where an injury occurs as a result of repetitive use, cumulative traumas or microtraumas. The repetitive nature of the injury must be demonstrated by diagnostic or clinical tests. The repetitive trauma must be the prevailing factor in causing the injury. "Repetitive trauma" shall in no case be construed to include occupational disease, as defined in K.S.A. 44-5a01, and amendments thereto.

In the case of injury by repetitive trauma, the date of injury shall be the earliest of:

- (1) The date the employee, while employed for the employer against whom benefits are sought, is taken off work by a physician due to the diagnosed repetitive trauma;
- (2) the date the employee, while employed for the employer against whom benefits are sought, is placed on modified or restricted duty by a physician due to the diagnosed repetitive trauma;
- (3) the date the employee, while employed for the employer against whom benefits are sought, is advised by a physician that the condition is work-related; or
- (4) the last day worked, if the employee no longer works for the employer against whom benefits are sought.

In no case shall the date of accident be later than the last date worked.

- (f) (1) "Personal injury" and "injury" mean any lesion or change in the physical structure of the body, causing damage or harm thereto. Personal injury or injury may occur only by accident, repetitive trauma or occupational disease as those terms are defined.
- (2) An injury is compensable only if it arises out of and in the course of employment. An injury is not compensable because work was a triggering or precipitating factor. An injury is

not compensable solely because it aggravates, accelerates or exacerbates a preexisting condition or renders a preexisting condition symptomatic.

- (A) An injury by repetitive trauma shall be deemed to arise out of employment only if:
- (i) The employment exposed the worker to an increased risk or hazard to which the worker would not have been exposed in normal non-employment life;
- (ii) the increased risk or hazard to which the employment exposed the worker is the prevailing factor in causing the repetitive trauma; and
- (iii) the repetitive trauma is the prevailing factor in causing both the medical condition and resulting disability or impairment.
 - (B) An injury by accident shall be deemed to arise out of employment only if:
- (i) There is a causal connection between the conditions under which the work is required to be performed and the resulting accident; and
- (ii) the accident is the prevailing factor causing the injury, medical condition, and resulting disability or impairment.
- (3) (A) The words "arising out of and in the course of employment" as used in the workers compensation act shall not be construed to include:
- (i) Injury—which that occurred as a result of the natural aging process or by the normal activities of day-to-day living;
- (ii) accident or injury—which that arose out of a neutral risk with no particular employment or personal character;
 - (iii) accident or injury-which that arose out of a risk personal to the worker; or
 - (iv) accident or injury—which that arose either directly or indirectly from idiopathic

causes.

- (B) The words "arising out of and in the course of employment" as used in the workers compensation act shall not be construed to include injuries to the employee occurring while the employee is on the way to assume the duties of employment or after leaving such duties, the proximate cause of which injury is not the employer's negligence. An employee shall not be construed as being on the way to assume the duties of employment or having left such duties at a time when the worker is on the premises owned or under the exclusive control of the employer or on the only available route to or from work—which_that is a route involving a special risk or hazard connected with the nature of the employment, that is not a risk or hazard to which the general public is exposed and—which_that is a route not used by the public except in dealings with the employer. An employee shall not be construed as being on the way to assume the duties of employment, if the employee is a provider of emergency services responding to an emergency.
- (C) The words, "arising out of and in the course of employment" as used in the workers compensation act shall not be construed to include injuries to employees while engaged in recreational or social events under circumstances where the employee was under no duty to attend and where the injury did not result from the performance of tasks related to the employee's normal job duties or as specifically instructed to be performed by the employer.
- (g) "Prevailing" as it relates to the term "factor" means the primary factor, in relation to any other factor. In determining what constitutes the "prevailing factor" in a given case, the administrative law judge shall consider all relevant evidence submitted by the parties.
- (h) "Burden of proof" means the burden of a party to persuade the trier of facts by a preponderance of the credible evidence that such party's position on an issue is more probably

true than not true on the basis of the whole record unless a higher burden of proof is specifically required by this act.

- (i) "Director" means the director of workers compensation as provided for in K.S.A.75-5708, and amendments thereto.
- (j) "Healthcare provider" means any person licensed, by the proper licensing authority of this state, another state or the District of Columbia, to practice medicine and surgery, osteopathy, chiropractic, dentistry, optometry, podiatry, audiology or psychology.
 - (k) "Secretary" means the secretary of labor.
- (l) "Construction design professional" means any person who is an architect, professional engineer, landscape architect or land surveyor who has been issued a license by the state board of technical professions to practice such technical profession in Kansas or any corporation organized to render professional services through the practice of one or more of such technical professions in Kansas under the professional corporation law of Kansas or any corporation issued a certificate of authorization under K.S.A. 74-7036, and amendments thereto, to practice one or more of such technical professions in Kansas.
- (m) "Community service work" means: (1) Public or community service performed as a result of a contract of diversion or of assignment to a community corrections program or conservation camp or suspension of sentence or as a condition of probation or in lieu of a fine imposed by court order; or (2) public or community service or other work performed as a requirement for receipt of any kind of public assistance in accordance with any program administered by the secretary for children and families.
 - (n) "Utilization review" means the initial evaluation of appropriateness in terms of both

the level and the quality of health care and health services provided to a patient, based on accepted standards of the health care profession involved. Such evaluation is accomplished by means of a system—which that identifies the utilization of health care services above the usual range of utilization for such services,—which that is based on accepted standards of the health care profession involved; and—which that refers instances of possible inappropriate utilization to the director for referral to a peer review committee.

- (o) "Peer review" means an evaluation by a peer review committee of the appropriateness, quality and cost of health care and health services provided a patient, which that is based on accepted standards of the health care profession involved and which that is conducted in conjunction with utilization review.
- (p) "Peer review committee" means a committee composed of health care providers licensed to practice the same health care profession as the health care provider who rendered the health care services being reviewed.
- (q) "Group-funded self-insurance plan" includes each group-funded workers compensation pool, which that is authorized to operate in this state under K.S.A. 44-581 through 44-592, and amendments thereto, each municipal group-funded pool under the Kansas municipal group-funded pool act which that is covering liabilities under the workers compensation act, and any other similar group-funded or pooled plan or arrangement that provides coverage for employer liabilities under the workers compensation act and is authorized by law.
- (r) On and after the effective date of this act, "workers compensation board" or "board" means the workers compensation appeals board established under K.S.A. 44-555c, and amendments thereto.

- (s) "Usual charge" means the amount most commonly charged by health care providers for the same or similar services.
- (t) "Customary charge" means the usual rates or range of fees charged by health care providers in a given locale or area.
- (u) "Functional impairment" means the extent, expressed as a percentage, of the loss of a portion of the total physiological capabilities of the human body as established by competent medical evidence and based on the fourth edition of the American medical association guides to the evaluation of impairment, if the impairment is contained therein.
- (v) "Authorized treating physician" means a licensed physician or other health care provider authorized by the employer or insurance carrier, or both, or appointed pursuant to court-order to provide those medical services deemed necessary to diagnose and treat an injury arising out of and in the course of employment.
- (w) "Mail" means the use of the United States postal service or other land based delivery service or transmission by electronic means, including delivery by fax, e-mail or other electronic delivery method designated by the director of workers compensation.
- Sec. 9. K.S.A. 2018 Supp. 44-510h is hereby amended to read as follows: 44-510h. (a) It shall be the duty of the employer to provide the services of a health care provider, and such medical, surgical and hospital treatment, including nursing, medicines, medical and surgical supplies, ambulance, crutches, apparatus and transportation to and from the home of the injured employee to a place outside the community in which such employee resides, and within such community if the director, in the director's discretion, so orders, including transportation expenses computed in accordance with—subsection—(a) of K.S.A. 44-515(a), and amendments

thereto, as may be reasonably necessary to cure and relieve the employee from the effects of the injury.

- (b) (1) If the director finds, upon application of an injured employee, that the services of the health care provider furnished as provided in subsection (a) and rendered on behalf of the injured employee are not satisfactory, the director may authorize the appointment of some other health care provider. In any such case, the employer shall submit the names of two health care providers who, if possible given the availability of local health care providers, are not associated in practice together. The injured employee may select one from the list who shall be the authorized treating health care provider. If the injured employee is unable to obtain satisfactory services from any of the health care providers submitted by the employer under this paragraph, either party or both parties may request the director to select a treating health care provider.
- (2) Without application or approval, an employee may consult a health care provider of the employee's choice for the purpose of examination, diagnosis or treatment, but the employer shall only be liable for the fees and charges of such health care provider up to a total amount of \$500. The amount allowed for such examination, diagnosis or treatment shall not be used to obtain a functional impairment rating. Any medical opinion obtained in violation of this prohibition shall not be admissible in any claim proceedings under the workers compensation act.
- (c) An injured employee whose injury or disability has been established under the workers compensation act may rely, if done in good faith, solely or partially on treatment by prayer or spiritual means in accordance with the tenets of practice of a church or religious denomination without suffering a loss of benefits subject to the following conditions:

- (1) The employer or the employer's insurance carrier agrees thereto in writing either before or after the injury;
- (2) the employee submits to all physical examinations required by the workers compensation act;
- (3) the cost of such treatment shall be paid by the employee unless the employer or insurance carrier agrees to make such payment;
- (4) the injured employee shall be entitled only to benefits that would reasonably have been expected had such employee undergone medical or surgical treatment; and
- (5) the employer or insurance carrier that made an agreement under paragraph (1) or (3) of this subsection may withdraw from the agreement on 10 days' written notice.
- (d) In any employment to which the workers compensation act applies, the employer shall be liable to each employee who is employed as a duly authorized law enforcement officer, firefighter, driver of an ambulance as defined in subsection (b) of K.S.A. 65-6112, and amendments thereto, an ambulance attendant as defined in subsection (d) of an emergency medical service provider as defined in K.S.A. 65-6112, and amendments thereto, or a member of a regional emergency medical response team as provided in K.S.A. 48-928, and amendments thereto, including any person who is serving on a volunteer basis in such capacity, for all reasonable and necessary preventive medical care and treatment for hepatitis to which such employee is exposed under circumstances arising out of and in the course of employment.
- (e) It is presumed that the employer's obligation to provide the services of a health care provider, and such medical, surgical and hospital treatment, including nursing, medicines, medical and surgical supplies, ambulance, crutches, apparatus and transportation to and from the

home of the injured employee to a place outside the community in which such employee resides; and within such community if the director, in the director's discretion, so orders, including transportation expenses computed in accordance with—subsection (a) of K.S.A. 44-515(a), and amendments thereto, shall terminate upon the employee reaching maximum medical improvement. Such presumption may be overcome with medical evidence that it is more probably true than not that additional medical treatment will be necessary after such time as the employee reaches maximum medical improvement.—The term As used in this subsection, "medical treatment"—as used in this subsection (e) means only that treatment provided or prescribed by a licensed health care provider and shall not include home exercise programs or over-the-counter medications.

- Sec. 10. K.S.A. 2018 Supp. 44-511 is hereby amended to read as follows: 44-511. (a) As used in this section:
- (1) The term "money" shall be construed to mean the gross remuneration, on an hourly, output, salary, commission or other basis earned while employed by the employer, including bonuses and gratuities. Money shall not include any additional compensation, as defined in paragraph 2.
- (2) (A) The term "additional compensation" shall include and mean only the following:

 (i) Board and lodging when furnished by the employer as part of the wages, which shall be valued at a maximum of \$25 per week for board and lodging combined, unless the value has been fixed otherwise by the employer and employee prior to the date of the accident or injury, or unless a higher weekly value is proved; and (ii) employer-paid life insurance, disability insurance, health and accident insurance and employer contributions to pension and profit

sharing plans.

- (B) In no case shall additional compensation include any amounts of employer taxes paid by the employer under the old-age and survivors insurance system embodied in the federal social security system.
- (C) Additional compensation shall not be included in the calculation of average wage until and unless such additional compensation is discontinued. If such additional compensation is discontinued subsequent to a computation of average weekly wages under this section, there shall be a recomputation to include such discontinued additional compensation.
- (3) The term "wage" shall be construed to mean the total of the money and any additional compensation—which that the employee receives for services rendered for the employer in whose employment the employee sustains an injury arising out of and in the course of such employment.
- (b) (1) Unless otherwise provided, the employee's average weekly wage for the purpose of computing any compensation benefits provided by the workers compensation act shall be the wages the employee earned during the calendar weeks employed by the employer, up to 26 calendar weeks immediately preceding the date of the injury, divided by the number of calendar weeks the employee actually worked, or by 26 as the case may be.
- (2) If actually employed by the employer for less than one calendar week immediately preceding the accident or injury, the average weekly wage shall be determined by the administrative law judge based upon all of the evidence and circumstances, including the usual wage for similar services paid by the same employer, or if the employer has no employees performing similar services, the usual wage paid for similar services by other employers. The

average weekly wage so determined shall not exceed the actual average weekly wage the employee was reasonably expected to earn in the employee's specific employment, including the average weekly value of any additional compensation.

- (3) The average weekly wage of an employee who performs the same or a very similar type of work on a part-time basis for each of two or more employers, shall be the sum of the average weekly wages of such employee paid by each of the employers.
- (4) In determining an employee's average weekly wage with respect to the employer against whom claim for compensation is made, no money or additional compensation paid to or received by the employee from such employer, or from any source other than from such employer, shall be included as wages, except as provided in this section. No wages, other compensation or benefits of any type, except as provided in this section, shall be considered or included in determining the employee's average weekly wage.
- (5) (A) The average weekly wage of a person serving on a volunteer basis as a duly authorized law enforcement officer, ambulance attendants and drivers emergency medical service provider as provided in subsection (b) of K.S.A. 44-508, and amendments thereto, firefighter or members member of a regional emergency medical response teams team as provided in K.S.A. 48-928, and amendments thereto, who receives no wages for such services, or who receives wages which that are substantially less than the usual wages paid for such services by comparable employers to employees who are not volunteers, shall be computed on the basis of the dollar amount closest to, but not exceeding, 112½% of the state average weekly wage.
- (B) The average weekly wage of any person performing community service work shall be deemed to be \$37.50.

- (C) The average weekly wage of a volunteer member of the Kansas department of civil air patrol officially engaged in the performance of functions specified in K.S.A. 48-3302, and amendments thereto, shall be deemed to be \$476.38. Whenever the rates of compensation of the pay plan for persons in the classified service under the Kansas civil service act are increased for payroll periods chargeable to fiscal years commencing after June 30, 1988, the average weekly wage—which_that is deemed to be the average weekly wage under the provisions of this subsection for a volunteer member of the Kansas department of civil air patrol shall be increased by an amount, adjusted to the nearest dollar, computed by multiplying the average of the percentage increases in all monthly steps of such pay plan by the average weekly wage deemed to be the average weekly wage of such volunteer member under the provisions of this subsection prior to the effective date of such increase in the rates of compensation of the pay plan for persons in the classified service under the Kansas civil service act.
- (D) The average weekly wage of any other volunteer under the workers compensation act, who receives no wages for such services, or who receives wages—which that are substantially less than the usual wages paid for such services by comparable employers to employees who are not volunteers, shall be computed on the basis of the usual wages paid by the employer for such services to employees who are not volunteers, or, if the employer has no employees performing such services for wages who are not volunteers, the average weekly wage shall be computed on the basis of the usual wages paid for such services by comparable employers to employees who are not volunteers. Volunteer employment is not presumed to be full-time employment.
- (c) The state's average weekly wage for any year shall be the average weekly wage paid to employees in insured work subject to Kansas employment security law as determined annually

by the secretary of labor as provided in K.S.A. 44-704, and amendments thereto.

- (d) Members of a labor union or other association who perform services—in_on behalf of the labor union or other association and who are not paid as full-time employees of the labor union or other association and who are injured or suffer occupational disease in the course of the performance of duties—in_on behalf of the labor union or other association shall recover compensation benefits under the workers compensation act from the labor union or other association if the labor union or other association files an election with the director to bring its members who perform such services under the coverage of the workers compensation act. The average weekly wage for the purpose of this subsection shall be based on what the employee would earn in the employee's general occupation if at the time of the injury the employee had been performing work in the employee's general occupation. The insurance coverage shall be furnished by the labor union or other association.
- Sec. 11. K.S.A. 2018 Supp. 44-1204 is hereby amended to read as follows: 44-1204. (a) On and after January 1, 1978, no employer shall employ any employee for a workweek longer than 46 hours, unless such employee receives compensation for employment in excess of 46 hours in a workweek at a rate of not less than $1^{1}/_{2}$ times the hourly wage rate at which such employee is regularly employed.
- (b) No employer shall be deemed to have violated subsection (a) with respect to the employment of any employee who is covered by this section, who is engaged in the public or private delivery of emergency medical services as an—attendant emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto, or who is engaged in fire protection or law enforcement activities, including any member of the security personnel in any

correctional institution, and who is paid compensation at a rate of not less than $1^{1}/_{2}$ times the regular rate at which such employee is employed:

- (1) In any work period of 28 consecutive days in which such employee works for tours of duty—which that in the aggregate exceed 258 hours; or
- (2) in the case of any such employee to whom a work period of at least seven but less than 28 days applies, in any such work period in which such employee works for tours of duty which that in the aggregate exceed a number of hours which bears that bear the same ratio to the number of consecutive days in such work period as 258 hours bears to 28 days.
 - (c) The provisions of this section shall not apply to the employment of:
- (1) Any employee who is covered under the provisions of section 7 of the fair labor standards act of 1938 as amended, 29 U.S.C.A. § 207, and as amended by the fair labor standards amendments of 1974, and amendments thereto; or
- (2) any employee who is primarily engaged in selling motor vehicles, as defined in K.S.A. 8-126, and amendments thereto, for a non-manufacturing employer primarily engaged in the business of selling such vehicles to ultimate purchasers;
- (3) any person who is sentenced to the custody of the secretary of corrections and any person serving a sentence in a county jail.
- (d) For the purposes of this section, the agreement or practice by employees engaged in fire protection or law enforcement activities of substituting for one another on regularly scheduled tours of duty, or a part thereof, shall be deemed to have no effect on hours of work if:
- (1) The substituting is done voluntarily by the employees and not at the behest of the employer;

- (2) the reason for substituting is due not to the employer's business practice but to the employee's desire or need to attend to a personal matter;
- (3) a record is maintained by the employer of all time substituted by the employer's employees; and
- (4) the period during which time is substituted and paid back does not exceed 12 months.
- Sec. 12. K.S.A. 65-16,127 is hereby amended to read as follows: 65-16,127. (a) As used in this section:
- (1) "Bystander" means a family member, friend, caregiver or other person in a position to assist a person who the family member, friend, caregiver or other person believes, in good faith, to be experiencing an opioid overdose.
- (2) "Emergency opioid antagonist" means any drug that inhibits the effects of opioids and that is approved by the United States food and drug administration for the treatment of an opioid overdose.
- (3) "First responder" includes any—attendant_emergency medical service provider, as defined by K.S.A. 65-6112, and amendments thereto, any law enforcement officer, as defined by K.S.A. 22-2202, and amendments thereto, and any actual member of any organized fire department, whether regular or volunteer.
- (4) "First responder agency" includes, but is not limited to, any law enforcement agency, fire department or criminal forensic laboratory of any city, county or the state of Kansas.
- (5) "Opioid antagonist protocol" means the protocol established by the state board of pharmacy pursuant to subsection (b).

- (6) "Opioid overdose" means an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania or death, resulting from the consumption or use of an opioid or another substance with which an opioid was combined, or that a layperson would reasonably believe to be resulting from the consumption or use of an opioid or another substance with which an opioid was combined, and for which medical assistance is required.
 - (7) "Patient" means a person believed to be at risk of experiencing an opioid overdose.
- (8) "School nurse" means a professional nurse licensed by the board of nursing and employed by a school district to perform nursing procedures in a school setting.
- (9) "Healthcare provider" means a physician licensed to practice medicine and surgery by the state board of healing arts, a licensed dentist, a mid-level practitioner as defined by K.S.A. 65-1626, and amendments thereto, or any person authorized by law to prescribe medication.
- (b) The state board of pharmacy shall issue a statewide opioid antagonist protocol that establishes requirements for a licensed pharmacist to dispense emergency opioid antagonists to a person pursuant to this section. The opioid antagonist protocol shall include procedures to ensure accurate recordkeeping and education of the person to whom the emergency opioid antagonist is furnished, including, but not limited to: Opioid overdose prevention, recognition and response; safe administration of an emergency opioid antagonist; potential side effects or adverse events that may occur as a result of administering an emergency opioid antagonist; a requirement that the administering person immediately contact emergency medical services for a patient; and the availability of drug treatment programs.
 - (c) A pharmacist may furnish an emergency opioid antagonist to a patient or bystander

subject to the requirements of this section, the pharmacy act of the state of Kansas and any rules and regulations adopted by the state board of pharmacy thereunder.

- (d) A pharmacist furnishing an emergency opioid antagonist pursuant to this section may not permit the person to whom the emergency opioid antagonist is furnished to waive any consultation required by this section or any rules and regulations adopted thereunder.
- (e) Any first responder, scientist or technician operating under a first responder agency or school nurse is authorized to possess, store and administer emergency opioid antagonists as clinically indicated, provided that all personnel with access to emergency opioid antagonists are trained, at a minimum, on the following:
 - (1) Techniques to recognize signs of an opioid overdose;
 - (2) standards and procedures to store and administer an emergency opioid antagonist;
- (3) emergency follow-up procedures, including the requirement to summon emergency ambulance services either immediately before or immediately after administering an emergency opioid antagonist to a patient; and
- (4) inventory requirements and reporting any administration of an emergency opioid antagonist to a healthcare provider.
- (f) (1) Any first responder agency electing to provide an emergency opioid antagonist to its employees or volunteers for the purpose of administering the emergency opioid antagonist shall procure the services of a physician to serve as physician medical director for the first responder agency's emergency opioid antagonist program.
- (2) The first responder agency shall utilize the physician medical director or a licensed pharmacist for the purposes of:

- (A) Obtaining a supply of emergency opioid antagonists;
- (B) receiving assistance developing necessary policies and procedures that comply with this section and any rules and regulations adopted thereunder;
 - (C) training personnel; and
- (D) coordinating agency activities with local emergency ambulance services and medical directors to provide quality assurance activities.
- (g) (1) Any healthcare provider or pharmacist who, in good faith and with reasonable care, prescribes or dispenses an emergency opioid antagonist pursuant to this section shall not, by an act or omission, be subject to civil liability, criminal prosecution or any disciplinary or other adverse action by a professional licensure entity arising from the healthcare provider or pharmacist prescribing or dispensing the emergency opioid antagonist.
- (2) Any patient, bystander, or school nurse, or a first responder, scientist or technician operating under a first responder agency, who, in good faith and with reasonable care, receives and administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability or criminal prosecution, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the emergency opioid antagonist.
- (3) Any first responder agency employing or contracting any person that, in good faith and with reasonable care, administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability, criminal prosecution, any disciplinary or other adverse action by a professional licensure entity or any professional review.

- (h) The state board of pharmacy shall adopt rules and regulations as may be necessary to implement the provisions of this section prior to January 1, 2018.
- (i) This section shall be part of and supplemental to the pharmacy act of the state of Kansas.
- Sec. 13. K.S.A. 65-1728 is hereby amended to read as follows: 65-1728. For the purpose of removing an eye or part thereof, any embalmer licensed in accordance with the provisions of article 17 of chapter 65 of the Kansas Statutes Annotated, and acts amendatory thereof amendments thereto, a licensed nurse, technician employed by a nationally certified eye bank, licensed optometrist, attendant emergency medical service provider as defined under by K.S.A. 65-6112, and amendments thereto, or physician assistant, who has completed a course in eye enucleation at a school certified by the department of ophthalmology, college of medicine of the university of Kansas school of medicine, and holds a valid certificate of competence from such certified school, or a person licensed to practice medicine and surgery is hereby authorized to enucleate eyes from any body when the gift of such eye has been made in accordance with the terms of the revised uniform anatomical gift act-(,K.S.A. 65-3220 through 65-3244, and amendments thereto). Persons certified in accordance with this section and persons licensed to practice medicine and surgery who perform the enucleation of eyes in accordance with the provisions of K.S.A. 65-3220 through 65-3244, and amendments thereto, shall incur no liability, civil or criminal, for his acts in performance of enucleation of eyes.
- Sec. 14. K.S.A. 65-2891 is hereby amended to read as follows: 65-2891. (a) Any health care provider who in good faith renders emergency care or assistance at the scene of an emergency or accident including treatment of a minor without first obtaining the consent of the

parent or guardian of such minor shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

- (b) Any health care provider may render in good faith emergency care or assistance, without compensation, to any minor requiring such care or assistance as a result of having engaged in competitive sports, without first obtaining the consent of the parent or guardian of such minor. Such health care provider shall not be liable for any civil damages other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.
- (c) Any health care provider may in good faith render emergency care or assistance during an emergency—which_that occurs within a hospital or elsewhere, with or without compensation, until such time as the physician employed by the patient or by the patient's family or by guardian assumes responsibility for such patient's professional care. The health care provider rendering such emergency care shall not be held liable for any civil damages other than damages occasioned by negligence.
- (d) Any provision herein contained notwithstanding, the ordinary standards of care and rules of negligence shall apply in those cases wherein emergency care and assistance is rendered in any physician's or dentist's office, clinic, emergency room or hospital with or without compensation.
- (e) As used in this section the term "health care provider" means any person licensed to practice any branch of the healing arts, licensed dentist, licensed optometrist, licensed professional nurse, licensed practical nurse, licensed podiatrist, licensed pharmacist, licensed

physical therapist, and any physician assistant who has successfully completed an American medical association approved training program and has successfully completed the national board examination for physician assistants of the American board of medical examiners, any licensed athletic trainer, any licensed occupational therapist, any licensed respiratory therapist, any person who holds a valid attendant's emergency medical service provider's certificate under K.S.A. 65-6129, and amendments thereto, any person who holds a valid certificate for the successful completion of a course in first aid offered or approved by the American red cross, by the American heart association, by the mining enforcement and safety administration of the bureau of mines of the department of interior, by the national safety council or by any instructor-coordinator, as defined in K.S.A. 65-6112, and amendments thereto, and any person engaged in a postgraduate training program approved by the state board of healing arts.

Sec. 15. K.S.A. 65-2913 is hereby amended to read as follows: 65-2913. (a) It shall be unlawful for any person who is not licensed under the physical therapy practice act as a physical therapist or whose license has been suspended or revoked in any manner to represent oneself as a physical therapist or to use in connection with such person's name the words physical therapist, physiotherapist, licensed physical therapist or doctor of physical therapy or use the abbreviations P.T., Ph. T., M.P.T., D.P.T. or L.P.T., or any other letters, words, abbreviations or insignia, indicating or implying that such person is a physical therapist. A violation of this subsection shall constitute a class B nonperson misdemeanor. Nothing in this section shall be construed to prohibit physical therapists licensed under K.S.A. 65-2906 and 65-2909, and amendments thereto, from listing or using in conjunction with their name any letters, words, abbreviations or other insignia to designate any educational degrees, certifications or credentials recognized by

the board-which that such licensee has earned. Each licensee when using the letters or term "Dr." or "Doctor" in conjunction with such licensee's professional practice, whether in any written or oral communication, shall identify oneself as a "physical therapist" or "doctor of physical therapy."

- (b) Any person who, in any manner, represents oneself as a physical therapist assistant, or who uses in connection with such person's name the words or letters physical therapist assistant, certified physical therapist assistant, P.T.A., C.P.T.A. or P.T. Asst., or any other letters, words, abbreviations or insignia, indicating or implying that such person is a physical therapist assistant, without a valid existing certificate as a physical therapist assistant issued to such person pursuant to the physical therapy practice act shall be guilty of a class B nonperson misdemeanor. Nothing in this section shall be construed to prohibit physical therapist assistants certified under K.S.A. 65-2906 and 65-2909, and amendments thereto, from listing or using in conjunction with their name any letters, words, abbreviations or other insignia to designate any educational degrees, certifications or credentials—which_that such physical therapist assistant has earned.
- (c) Nothing in this act is intended to limit, preclude or otherwise interfere with the practices of other health care providers formally trained and practicing their profession. The provisions of the physical therapy practice act shall not apply to the following individuals so long as they do not hold themselves out in a manner prohibited under subsection (a) or (b):
 - (1) Persons rendering assistance in the case of an emergency;
 - (2) members of any church practicing their religious tenets;
 - (3) persons whose services are performed pursuant to the delegation of and under the

supervision of a physical therapist who is licensed under this act;

- (4) health care providers in the United States armed forces, public health services, federal facilities and coast guard or other military service when acting in the line of duty in this state;
- (5) licensees under the healing arts act, and practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensee under K.S.A. 65-2872(g), and amendments thereto;
- (6) dentists practicing their professions, when licensed and practicing in accordance with the provisions of law;
- (7) nurses practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensed nurse under K.S.A. 65-1124(m), and amendments thereto;
- (8) health care providers who have been formally trained and are practicing in accordance with their training or have received specific training in one or more functions included in this act pursuant to established educational protocols or both;
- (9) students while in actual attendance in an accredited health care educational program and under the supervision of a qualified instructor;
 - (10) self-care by a patient or gratuitous care by a friend or family member;
- (11) optometrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
 - (12) podiatrists practicing their profession when licensed and practicing in accordance

with the provisions of article 20 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;

- (13) occupational therapists practicing their profession when licensed and practicing in accordance with the occupational therapy practice act and occupational therapy assistants practicing their profession when licensed and practicing in accordance with the occupational therapy practice act;
- (14) respiratory therapists practicing their profession when licensed and practicing in accordance with the respiratory therapy practice act;
- (15) physician assistants practicing their profession when licensed and practicing in accordance with the physician assistant licensure act;
- (16) persons practicing corrective therapy in accordance with their training in corrective therapy;
- (17) athletic trainers practicing their profession when licensed and practicing in accordance with the athletic trainers licensure act;
- (18) persons who massage for the purpose of relaxation, muscle conditioning or figure improvement, so long as no drugs are used and such persons do not hold themselves out to be physicians or healers;
- (19) barbers practicing their profession when licensed and practicing in accordance with the provisions of article 18 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
- (20) cosmetologists practicing their profession when licensed and practicing in accordance with the provisions of article 19 of chapter 65 of the Kansas Statutes Annotated, and

amendments thereto;

- (21) <u>attendants emergency medical service providers</u> practicing their profession when certified and practicing in accordance with the provisions of article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
- (22) naturopathic doctors practicing their profession when licensed and practicing in accordance with the naturopathic doctor licensure act; and
- (23) acupuncturists practicing their profession when licensed and practicing in accordance with the acupuncture practice act.
- (d) Any patient monitoring, assessment or other procedures designed to evaluate the effectiveness of prescribed physical therapy must be performed by or pursuant to the delegation of a licensed physical therapist or other health care provider.
- (e) Nothing in this act shall be construed to permit the practice of medicine and surgery. No statute granting authority to licensees of the state board of healing arts shall be construed to confer authority upon physical therapists to engage in any activity not conferred by the physical therapy practice act.
- Sec. 16. K.S.A. 65-6001 is hereby amended to read as follows: 65-6001. As used in K.S.A. 65-6001 to 65-6007, inclusive, and K.S.A. 65-6008, 65-6009 and through 65-6010, and amendments thereto, unless the context clearly requires otherwise:
 - (a) "AIDS" means the disease acquired immune deficiency syndrome.
 - (b) "HIV" means the human immunodeficiency virus.
- (c) "Laboratory confirmation of HIV infection" means positive test results from a confirmation test approved by the secretary.

- (d) "Secretary" means the secretary of health and environment.
- (e) "Physician" means any person licensed to practice medicine and surgery.
- (f) "Laboratory director" means the person responsible for the professional, administrative, organizational and educational duties of a laboratory.
 - (g) "HIV infection" means the presence of HIV in the body.
- (h) "Racial/ethnic group" shall be designated as either white, black, Hispanic, Asian/Pacific islander or American Indian/Alaskan Native.
- (i) "Corrections officer" means an employee of the department of corrections as defined described in subsections (f) and (g) of K.S.A. 75-5202(f) and (g), and amendments thereto.
- (j) "Emergency services employee" means an—attendant_emergency medical service provider as defined under K.S.A. 65-6112, and amendments thereto, or a firefighter.
 - (k) "Law enforcement employee" means:
- (1) Any police officer or law enforcement officer as defined under K.S.A. 74-5602, and amendments thereto;
- (2) any person in the service of a city police department or county sheriff's office who performs law enforcement duties without pay and is considered a reserve officer;
- (3) any person employed by a city or county who is in charge of a jail or section of jail, including jail guards and those who conduct searches of persons taken into custody; or
- (4) any person employed by a city, county or the state of Kansas who works as a scientist or technician in a forensic laboratory.
- (l) "Employing agency or entity" means the agency or entity employing a corrections officer, emergency services employee, law enforcement employee or jailer.

- (m) "Infectious disease" means AIDS.
- (n) "Infectious disease tests" means tests approved by the secretary for detection of infectious diseases.
- (o) "Juvenile correctional facility staff" means an employee of the juvenile justice authority working in a juvenile correctional facility as defined in K.S.A. 2018 Supp. 38-2302, and amendments thereto.
- Sec. 17. K.S.A. 65-4915 is hereby amended to read as follows: 65-4915. (a) As used in this section:
- (1) "Healthcare provider" means: (A) Those persons and entities defined as a health care provider under K.S.A. 40-3401, and amendments thereto; and (B) a dentist licensed by the Kansas dental board, a dental hygienist licensed by the Kansas dental board, a professional nurse licensed by the board of nursing, a practical nurse licensed by the board of nursing, a mental health technician licensed by the board of nursing, a physical therapist licensed by the state board of healing arts, a physical therapist assistant certified by the state board of healing arts, an occupational therapist licensed by the state board of healing arts, an occupational therapy assistant licensed by the state board of healing arts, a respiratory therapist licensed by the state board of healing arts and attendants emergency medical service provider and ambulance services certified by the emergency medical services board.
 - (2) "Healthcare provider group" means:
- (A) A state or local association of healthcare providers or one or more committees thereof;

- (B) the board of governors created under K.S.A. 40-3403, and amendments thereto;
- (C) an organization of healthcare providers formed pursuant to state or federal law and authorized to evaluate medical and healthcare services;
- (D) a review committee operating pursuant to K.S.A. 65-2840c, and amendments thereto;
- (E) an organized medical staff of a licensed medical care facility as defined by K.S.A. 65-425, and amendments thereto, an organized medical staff of a private psychiatric hospital licensed under K.S.A. 2018 Supp. 39-2001 et seq., and amendments thereto, or an organized medical staff of a state psychiatric hospital or state institution for people with intellectual disability, as follows: Larned state hospital, Osawatomie state hospital, Rainbow mental health facility, Kansas neurological institute and Parsons state hospital and training center;
 - (F) a healthcare provider;
 - (G) a professional society of healthcare providers or one or more committees thereof;
- (H) a Kansas corporation whose stockholders or members are healthcare providers or an association of healthcare providers, which corporation evaluates medical and health care services;
- (I) an insurance company, health maintenance organization or administrator of a health benefits plan—which_that engages in any of the functions defined as peer review under this section; or
 - (J) the university of Kansas medical center.
 - (3) "Peer review" means any of the following functions:
 - (A) Evaluate and improve the quality of healthcare services rendered by healthcare

providers;

- (B) determine that health services rendered were professionally indicated or were performed in compliance with the applicable standard of care;
- (C) determine that the cost of healthcare rendered was considered reasonable by the providers of professional health services in this area;
- (D) evaluate the qualifications, competence and performance of the providers of healthcare or to act upon matters relating to the discipline of any individual provider of healthcare;
 - (E) reduce morbidity or mortality;
- (F) establish and enforce guidelines designed to keep within reasonable bounds the cost of healthcare;
 - (G) conduct of research;
 - (H) determine if a hospital's facilities are being properly utilized;
- (I) supervise, discipline, admit, determine privileges or control members of a hospital's medical staff;
 - (J) review the professional qualifications or activities of healthcare providers;
- (K) evaluate the quantity, quality and timeliness of healthcare services rendered to patients in the facility;
- (L) evaluate, review or improve methods, procedures or treatments being utilized by the medical care facility or by healthcare providers in a facility rendering healthcare.
 - (4) "Peer review officer or committee" means:
 - (A) An individual employed, designated or appointed by, or a committee of or

employed, designated or appointed by, a healthcare provider group and authorized to perform peer review; or

- (B) a healthcare provider monitoring the delivery of healthcare at correctional institutions under the jurisdiction of the secretary of corrections.
- (b) Except as provided by K.S.A. 60-437, and amendments thereto, and by subsections (c) and (d), the reports, statements, memoranda, proceedings, findings and other records submitted to or generated by peer review committees or officers shall be privileged and shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity or be admissible in evidence in any judicial or administrative proceeding. Information contained in such records shall not be discoverable or admissible at trial in the form of testimony by an individual who participated in the peer review process. The peer review officer or committee creating or initially receiving the record is the holder of the privilege established by this section. This privilege may be claimed by the legal entity creating the peer review committee or officer, or by the commissioner of insurance for any records or proceedings of the board of governors.
- (c) Subsection (b) shall not apply to proceedings in which a healthcare provider contests the revocation, denial, restriction or termination of staff privileges or the license, registration, certification or other authorization to practice of the healthcare provider. A licensing agency in conducting a disciplinary proceeding in which admission of any peer review committee report, record or testimony is proposed shall hold the hearing in closed session when any such report, record or testimony is disclosed. Unless otherwise provided by law, a licensing agency conducting a disciplinary proceeding may close only that portion of the hearing in which

disclosure of a report or record privileged under this section is proposed. In closing a portion of a hearing as provided by this section, the presiding officer may exclude any person from the hearing location except the licensee, the licensee's attorney, the agency's attorney, the witness, the court reporter and appropriate staff support for either counsel. The licensing agency shall make the portions of the agency record in which such report or record is disclosed subject to a protective order prohibiting further disclosure of such report or record. Such report or record shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity. No person in attendance at a closed portion of a disciplinary proceeding shall at a subsequent civil, criminal or administrative hearing, be required to testify regarding the existence or content of a report or record privileged under this section that was disclosed in a closed portion of a hearing, nor shall such testimony be admitted into evidence in any subsequent civil, criminal or administrative hearing. A licensing agency conducting a disciplinary proceeding may review peer review committee records, testimony or reports but must prove its findings with independently obtained testimony or records that shall be presented as part of the disciplinary proceeding in open meeting of the licensing agency. Offering such testimony or records in an open public hearing shall not be deemed a waiver of the peer review privilege relating to any peer review committee testimony, records or report.

(d) Nothing in this section shall limit the authority that may otherwise be provided by law of the commissioner of insurance, the state board of healing arts or other healthcare provider licensing or disciplinary boards of this state to require a peer review committee or officer to report to it any disciplinary action or recommendation of such committee or officer; to transfer to it records of such committee's or officer's proceedings or actions to restrict or revoke the license,

registration, certification or other authorization to practice of a healthcare provider; or to terminate the liability of the fund for all claims against a specific healthcare provider for damages for death or personal injury pursuant to K.S.A. 40-3403(i), and amendments thereto. Reports and records so furnished shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity and shall not be admissible in evidence in any judicial or administrative proceeding other than a disciplinary proceeding by the state board of healing arts or other healthcare provider licensing or disciplinary boards of this state.

- (e) A peer review committee or officer may report to and discuss its activities, information and findings to other peer review committees or officers or to a board of directors or an administrative officer of a healthcare provider without waiver of the privilege provided by subsection (b) and the records of all such committees or officers relating to such report shall be privileged as provided by subsection (b).
- (f) Nothing in this section shall be construed to prevent an insured from obtaining information pertaining to payment of benefits under a contract with an insurance company, a health maintenance organization or an administrator of a health benefits plan.
- Sec. 18. K.S.A. 65-6102 is hereby amended to read as follows: 65-6102. (a) There is hereby established the emergency medical services board. The office of the emergency medical services board shall be located in the city of Topeka, Kansas.
- (b) The emergency medical services board shall be composed of 15 members to be appointed as follows:
 - (1) Eleven members shall be appointed by the governor. Of such members:
 - (A) Three shall be physicians who are actively involved in emergency medical services;

- (B) two shall be county commissioners of counties making a levy for ambulance service, at least one of whom shall be from a county having a population of less than 15,000;
 - (C) one shall be an instructor-coordinator;
- (D) one shall be a hospital administrator actively involved in emergency medical services;
- (E) one shall be a member of a firefighting unit—which that provides emergency medical service; and
- (F) three shall be <u>attendants</u> emergency medical service providers who are actively involved in emergency medical service. At least two classifications of <u>attendants</u> emergency <u>medical service providers</u> shall be represented. At least one of such members shall be from a volunteer emergency medical service; and
 - (2) four members shall be appointed as follows:
- (A) One shall be a member of the Kansas senate to be appointed by the president of the senate;
- (B) one shall be a member of the Kansas senate to be appointed by the minority leader of the senate;
- (C) one shall be a member of the Kansas house of representatives to be appointed by the speaker of the house of representatives; and
- (D) one shall be a member of the Kansas house of representatives to be appointed by the minority leader of the house of representatives.
- (c) All members of the board shall be residents of the state of Kansas. Appointments to the board shall be made with due consideration that representation of the various geographical

areas of the state is ensured. The governor may remove any member of the board upon recommendation of the board. Any person appointed to a position on the board shall forfeit such position upon vacating the office or position—which that qualified such person to be appointed as a member of the board.

- (e)(d) Members shall be appointed for terms of four years and until their successors are appointed and qualified. In the case of a vacancy in the membership of the board, the vacancy shall be filled for the unexpired term.
- (d)(e) The board shall meet at least—six_four times annually and at least once each quarter and at the call of the chairperson or at the request of the executive director of the emergency medical services board or of any seven members of the board. At the first meeting of the board after January 1 each year, the members shall elect a chairperson and a vice-chairperson who shall serve for a term of one year. The vice-chairperson shall exercise all of the powers of the chairperson in the absence of the chairperson. If a vacancy occurs in the office of the chairperson or vice-chairperson, the board shall fill such vacancy by election of one of its members to serve the unexpired term of such office. Members of the board attending meetings of the board or attending a subcommittee meeting thereof authorized by the board shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K.S.A. 75-3223, and amendments thereto.
- (e)(f) Except as otherwise provided by law, all vouchers for expenditures and all payrolls of the emergency medical services board shall be approved by the emergency medical services board or a person designated by the board.
 - Sec. 19. K.S.A. 65-6110 is hereby amended to read as follows: 65-6110. (a) The board

shall adopt any rules and regulations necessary for the regulation of ambulance services. Such rules and regulations shall include: (1) A classification of the different types of ambulance services; (2) requirements as to equipment necessary for ambulances—and rescue vehicles; (3) qualifications and training of—attendants; emergency medical service providers and instructor-coordinators—and—training—officers; (4) requirements and fees for the licensure, temporary licensure; and renewal of licensure for ambulances—and—rescue vehicles; (5) records and equipment to be maintained by operators, instructor-coordinators,—training—officers, providers of training sponsoring organizations and—attendants_emergency medical service providers; (6) requirements for a quality assurance and improvement program for ambulance services; and (7) such other matters as the board deems necessary to implement and administer the provisions of this act.

- (b) The provisions of this act shall not apply to rescue vehicles operated by a fire-department.
- (e)—Nothing in this act or in the provisions of article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, shall authorize the board to specify the individuals who may or may not ride on a helicopter while used as an ambulance.
- Sec. 20. K.S.A. 65-6111 is hereby amended to read as follows: 65-6111. (a) The emergency medical services board shall:
 - (1) Adopt any rules and regulations necessary to carry out the provisions of this act;
- (2) review and approve the allocation and expenditure of moneys appropriated for emergency medical services;
 - (3) conduct hearings for all regulatory matters concerning ambulance services,

attendants emergency medical service providers, instructor-coordinators, training officers and sponsoring organizations;

- (4) submit a budget to the legislature for the operation of the board;
- (5) develop a state plan for the delivery of emergency medical services;
- (6) enter into contracts as may be necessary to carry out the duties and functions of the board under this act;
- (7) review and approve all requests for state and federal funding involving emergency medical services projects in the state or delegate such duties to the executive director;
- (8) approve all training programs for-attendants, emergency medical service providers and instructor-coordinators and training officers and prescribe certification application fees by rules and regulations;
- (9) approve methods of examination for certification of attendants, training officers emergency medical service providers and instructor-coordinators and prescribe examination fees by rules and regulations;
- (10) appoint a medical advisory council of not less than six members, including one board member who shall be a physician and not less than five other physicians who are active and knowledgeable in the field of emergency medical services who are not members of the board to advise and assist the board in medical standards and practices as determined by the board. The medical advisory council shall elect a chairperson from among its membership and shall meet upon the call of the chairperson; and
- (11) approve sponsoring organizations by prescribing standards and requirements by rules and regulations and withdraw or modify such approval in accordance with the Kansas

administrative procedure act and the rules and regulations of the board.

- (b) The emergency medical services board may grant a temporary variance from an identified rule or regulation when a literal application or enforcement of the rule or regulation would result in serious hardship and the relief granted would not result in any unreasonable risk to the public interest, safety or welfare.
- (c) (1) In addition to or in lieu of any other administrative, civil or criminal remedy provided by law, the board, in accordance with the Kansas administrative procedure act, upon the finding of a violation of a provision of this act or the provisions of article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, or rules and regulations adopted pursuant to such provisions may impose a fine on:
- (A) May impose a fine on Any person granted a certificate by the board in an amount not to exceed \$500 for each violation; or
- (B) may impose a fine on an ambulance service which that holds a permit to operate in this state or on a sponsoring organization in an amount not to exceed \$2,500 for each violation.
- (2) All fines assessed and collected under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.
- (d) (1) In connection with any investigation by the board, the board or its duly authorized agents or employees shall at all reasonable times have access to, for the purpose of examination and the right to copy any document, report, record or other physical evidence of any person being investigated, or any document, report, record or other evidence maintained by and

in possession of any clinic, laboratory, pharmacy, medical care facility or other public or private agency, if such document, report, record or evidence relates to professional competence, unprofessional conduct or the mental or physical ability of the person to perform activities the person is authorized to perform.

- (2) For the purpose of all investigations and proceedings conducted by the board:
- (A) The board may issue subpoenas compelling the attendance and testimony of witnesses or the production for examination or copying of documents or any other physical evidence if such evidence relates to professional competence, unprofessional conduct or the mental or physical ability of a person being investigated to perform activities the person is authorized to perform. Within five days after the service of the subpoena on any person requiring the production of any evidence in the person's possession or under the person's control, such person may petition the board to revoke, limit or modify the subpoena. The board shall revoke, limit or modify such subpoena if in its opinion the evidence required does not relate to practices which that may be grounds for disciplinary action, is not relevant to the charge—which that is the subject matter of the proceeding or investigation; or does not describe with sufficient particularity the physical evidence—which that is required to be produced. Any member of the board, or any agent designated by the board, may administer oaths or affirmations, examine witnesses and receive such evidence.
- (B) Any person appearing before the board shall have the right to be represented by counsel.
- (C) The district court, upon application by the board or by the person subpoenaed, shall have jurisdiction to issue an order:

- (i) Requiring such person to appear before the board or the board's duly authorized agent to produce evidence relating to the matter under investigation; or
- (ii) revoking, limiting or modifying the subpoena if in the court's opinion the evidence demanded does not relate to practices—which that may be grounds for disciplinary action, is not relevant to the charge—which that is the subject matter of the hearing or investigation or does not describe with sufficient particularity the evidence—which that is required to be produced.
- (3) Disclosure or use of any such information received by the board or of any record containing such information, for any purpose other than that provided by this subsection is a class A misdemeanor and shall constitute grounds for removal from office, termination of employment or denial, revocation or suspension of any certificate or permit issued under article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto. Nothing in this subsection shall be construed to make unlawful the disclosure of any such information by the board in a hearing held pursuant to this act.
- (4) Patient records, including clinical records, medical reports, laboratory statements and reports, files, films, other reports or oral statements relating to diagnostic findings or treatment of patients, information from which a patient or a patient's family might be identified, peer review or risk management records or information received and records kept by the board as a result of the investigation procedure outlined in this subsection shall be confidential and shall not be disclosed.
- (5) Nothing in this subsection or any other provision of law making communications between a physician and the physician's patient a privileged communication shall apply to investigations or proceedings conducted pursuant to this subsection. The board and its

employees, agents and representatives shall keep in confidence the names of any patients whose records are reviewed during the course of investigations and proceedings pursuant to this subsection.

- (e) The emergency medical services board shall prepare an annual report on or before January 15 of each year on the number, amount and reasons for the fines imposed by the board and the number of and reasons for subpoenas issued by the board during the previous calendar year. The report shall be provided to the senate committee on federal and state affairs and the house committee on federal and state affairs.
- Sec. 21. K.S.A. 65-6112 is hereby amended to read as follows: 65-6112. As used in this act:
- (a) "Administrator" means the executive director of the emergency medical services board.
- (b) "Advanced emergency medical technician" means a person who holds an advanced emergency medical technician certificate issued pursuant to this act.
- (c) "Advanced practice registered nurse" means an advanced practice registered nurse as defined in K.S.A. 65-1113, and amendments thereto.
- (d) "Ambulance" means any privately or publicly owned motor vehicle, airplane or helicopter designed, constructed, prepared, staffed and equipped for use in transporting and providing emergency care for individuals who are ill or injured.
- (e) "Ambulance service" means any organization operated for the purpose of transporting sick or injured persons to or from a place where medical care is furnished, whether or not such persons may be in need of emergency or medical care in transit.

- (f) "Attendant" means a first responder, an emergency medical responder, emergency medical technician, emergency medical technician-intermediate, emergency medical technician-intermediate/defibrillator, advanced emergency medical technician or paramedic certified pursuant to this act.
- (g) "Board" means the emergency medical services board established pursuant to K.S.A. 65-6102, and amendments thereto.
- (h)(g) "Emergency medical service" means the effective and coordinated delivery of such care as may be required by an emergency—which that includes the care and transportation of individuals by ambulance services and the performance of authorized emergency care by a physician, advanced practice registered nurse, professional nurse, a licensed physician assistant or attendant emergency medical service provider.
- (h) "Emergency medical service provider" means an emergency medical responder, advanced emergency medical technician, emergency medical technician or paramedic certified by the emergency medical services board.
- (i) "Emergency medical technician" means a person who holds an emergency medical technician certificate issued pursuant to this act.
- (j) "Emergency medical technician-defibrillator" means a person who holds an emergency medical technician-defibrillator certificate issued pursuant to this act.
- (k) "Emergency medical technician-intermediate" means a person who holds an emergency medical technician-intermediate certificate issued pursuant to this act.
- (l) "Emergency medical technician-intermediate/defibrillator" means a person whoholds both an emergency medical technician-intermediate and emergency medical technician-

defibrillator certificate issued pursuant to this act.

- (m) "Emergency medical responder" means a person who holds an emergency medical responder certificate issued pursuant to this act.
- (n) "First responder" means a person who holds a first responder certificate issued pursuant to this act.
- (0)(k) "Hospital" means a hospital as defined by K.S.A. 65-425, and amendments thereto.
- (p)(1) "Instructor-coordinator" means a person who is certified under this act to teach or coordinate both initial certification and continuing education classes.
 - (q)(m) "Medical director" means a physician.
- (r)(n) "Medical protocols" mean written guidelines—which that authorize attendants—emergency medical service providers to perform certain medical procedures prior to contacting a physician, physician assistant authorized by a physician, advanced practice registered nurse authorized by a physician or professional nurse authorized by a physician. The medical protocols shall be approved by a county medical society or the medical staff of a hospital to which the ambulance service primarily transports patients, or if neither of the above are able or available to approve the medical protocols, then the medical protocols shall be submitted to the medical advisory council for approval.
- (s)(o) "Municipality" means any city, county, township, fire district or ambulance service district.
- (t)(p) "Nonemergency transportation" means the care and transport of a sick or injured person under a foreseen combination of circumstances calling for continuing care of such person.

As used in this subsection, transportation includes performance of the authorized level of services of the attendant emergency medical service provider whether within or outside the vehicle as part of such transportation services.

- (u)(q) "Operator" means a person or municipality who has a permit to operate an ambulance service in the state of Kansas.
- (v)(r) "Paramedic" means a person who holds a paramedic certificate issued pursuant to this act.
- (w)(s) "Person" means an individual, a partnership, an association, a joint-stock company or a corporation.
- (x)(t) "Physician" means a person licensed by the state board of healing arts to practice medicine and surgery.
- (y)(u) "Physician assistant" means a physician assistant as defined in K.S.A. 65-28a02, and amendments thereto.
- (z)(v) "Professional nurse" means a licensed professional nurse as defined by K.S.A. 65-1113, and amendments thereto.
- (aa)(w) "Sponsoring organization" means any professional association, accredited postsecondary educational institution, ambulance service—which that holds a permit to operate in this state, fire department, other officially organized public safety agency, hospital, corporation, governmental entity or emergency medical services regional council, as approved by the executive director, to offer initial courses of instruction or continuing education programs.
- (bb) "Training officer" means a person who is certified pursuant to this act to teach or coordinate continuing education as prescribed by the board.

- Sec. 22. K.S.A. 65-6119 is hereby amended to read as follows: 65-6119.—(a)—Notwithstanding any other provision of law, mobile intensive care technicians may:
- (1) Perform all the authorized activities identified in K.S.A. 65-6120, 65-6121, 65-6123, 65-6144, and amendments thereto;
- (2) when voice contact or a telemetered electrocardiogram is monitored by a physician, physician assistant where authorized by a physician, an advanced practice registered nurse where authorized by a physician or licensed professional nurse where authorized by a physician and direct communication is maintained, and upon order of such person may administer such medications or procedures as may be deemed necessary by a person identified in subsection (a) (2);
- (3) perform, during an emergency, those activities specified in subsection (a)(2) before contacting a person identified in subsection (a)(2) when specifically authorized to perform such activities by medical protocols; and
- (4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.
- (b) An individual who holds a valid certificate as a mobile intensive care technician once meeting the continuing education requirements prescribed by the rules and regulations of the board, upon application for renewal, shall be deemed to hold a certificate as a paramedic under this act, and such individual shall not be required to file an original application as a paramedic for certification under this act.
- (c) "Renewal" as used in subsection (b), refers to the first opportunity that a mobile intensive care technician has to apply for renewal of a certificate following the effective date of

this act.

- (d) Upon transition notwithstanding any other provision of law, a paramedic may:
- (1)(a) Perform all the authorized activities identified in K.S.A. 65-6120, 65-6121, 65-6144, and amendments thereto;
- (2)(b) when voice contact or a telemetered electrocardiogram is monitored by a physician, physician assistant where authorized by a physician or an advanced practice registered nurse where authorized by a physician or licensed professional nurse where authorized by a physician and direct communication is maintained, and upon order of such person, may administer such medications or procedures as may be deemed necessary by a person identified in this subsection-(d)(2);
- $\frac{(3)(c)}{(b)}$ perform, during an emergency, those activities specified in subsection $\frac{(d)(2)}{(b)}$ before contacting a person identified in subsection $\frac{(d)(2)}{(b)}$ when specifically authorized to perform such activities by medical protocols; and
- (4)(d) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.
- Sec. 23. K.S.A. 65-6120 is hereby amended to read as follows: 65-6120.—(a)—Notwithstanding any other provision of law to the contrary,—an emergency medical technician—intermediate may:
- (1) Perform any of the activities identified by K.S.A. 65-6121(a), and amendments thereto;
- (2) when approved by medical protocols or where voice contact by radio or telephone is monitored by a physician, physician assistant where authorized by a physician, advanced practice

registered nurse where authorized by a physician or professional nurse where authorized by a physician, and direct communication is maintained, upon order of such person, may perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions or ringers lactate IV solutions, endotracheal intubation and administration of nebulized albuterol;

- (3) perform, during an emergency, those activities specified in subsection (a)(2) before contacting the persons identified in subsection (a)(2) when specifically authorized to perform such activities by medical protocols; or
- (4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.
- (b) An individual who holds a valid certificate as an emergency medical technicianintermediate once successfully completing the board prescribed transition course, and validation
 of cognitive and psychomotor competency as determined by rules and regulations of the board,
 may apply to transition to become an advanced emergency medical technician. Alternatively,
 upon application for renewal, such individual shall be deemed to hold a certificate as an
 advanced emergency medical technician under this act, provided such individual has completed
 all continuing education hour requirements inclusive of the successful completion of a transition
 course and such individual shall not be required to file an original application for certification as
 an advanced emergency medical technician under this act.
- (c) "Renewal" as used in subsection (b), refers to the first or second opportunity after December 31, 2011, that an emergency medical technician-intermediate has to apply for renewal of a certificate.

- (d) Emergency medical technician-intermediates who fail to meet the transition requirements as specified may complete either the board prescribed emergency medical technician transition course or emergency medical responder transition course, provide validation of cognitive and psychomotor competency and all continuing education hour requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the board. Upon completion, such emergency medical technician-intermediate may apply to transition to become an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Alternatively, upon application for renewal of an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Such individual shall not be required to file an original application for certification as an emergency medical technician or emergency medical
- (e) Failure to successfully complete either an advanced emergency medical technician transition course, an emergency medical technician transition course or emergency medical responder transition course will result in loss of certification.
- (f) Upon transition, notwithstanding any other provision of law to the contrary, an advanced emergency medical technician may:
- (1)(a) Perform any of the activities identified by K.S.A. 65-6121, and amendments thereto; and
- (2)(b) perform any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, as specifically identified in rules and regulations,

after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or upon order when direct communication is maintained by radio, telephone or video conference with a physician, physician assistant where authorized by a physician, an advanced practice registered nurse where authorized by a physician, or professional nurse where authorized by a physician upon order of such a person: (A)(1) Advanced airway management; (B)(2) referral of patient of alternate medical care site based on assessment; (C)(3) transportation of a patient with a capped arterial line; (D)(4) veni-puncture for obtaining blood sample; (E)(5) initiation and maintenance of intravenous infusion or saline lock; (F)(6) initiation of intraosseous infusion; (G)(7) nebulized therapy; (H)(8) manual defibrillation; (H)(9) cardiac monitoring; (H)(10) electrocardiogram interpretation; (K)(11) monitoring of a nasogastric tube; (L) and (12) administration of medications by methods as specified by rules and regulations of the board.

(g) An individual who holds a valid certificate as both an emergency medical technician-intermediate and as an emergency medical technician-defibrillator once successfully completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to an advanced emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an advanced emergency medical technician under this act, provided such individual has completed all continuing education hour requirements inclusive of successful completion of a transition course, and such individual shall not be required to file an original application for certification as an advanced emergency medical technician under this act.

- (h) "Renewal" as used in subsection (g), refers to the first or second opportunity after December 31, 2011, that an emergency medical technician-intermediate and emergency medical technician-defibrillator has to apply for renewal of a certificate.
- (i) An individual who holds both an emergency medical technician-intermediate certificate and an emergency medical technician-defibrillator certificate, who fails to meet the transition requirements as specified may complete either the board prescribed emergency-medical technician transition course or emergency medical responder transition course, and provide validation of cognitive and psychomotor competency and all continuing education hour requirements inclusive of successful completion of a transition course as determined by rules and regulations of the board. Upon completion, such individual may apply to transition to become an emergency medical technician or emergency medical responder, depending on the transition course that was successfully completed. Alternatively, upon application for renewal of an emergency medical technician-intermediate certificate and an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully-completed. Such individual shall not be required to file an original application for certification as an emergency medical technician or emergency medical responder.
- (j) Failure to successfully complete either the advanced emergency medical technician transition requirements, an emergency medical technician transition course or the emergency medical responder transition course will result in loss of certification.
- Sec. 24. K.S.A. 65-6124 is hereby amended to read as follows: 65-6124. (a) No physician, physician assistant, advanced practice registered nurse or licensed professional nurse,

who gives emergency instructions to an attendant emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto, during an emergency, shall be liable for any civil damages as a result of issuing the instructions, except such damages—which that may result from gross negligence in giving such instructions.

- (b) No-attendant emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto, who renders emergency care during an emergency pursuant to instructions given by a physician, the supervising physician for a physician assistant, advanced practice registered nurse or licensed professional nurse shall be liable for civil damages as a result of implementing such instructions, except such damages—which that may result from gross negligence or by willful or wanton acts or omissions on the part of such-attendant emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto.
- (c) No person certified as an instructor-coordinator—and no training officer shall be liable for any civil damages—which_that may result from such instructor-coordinator's—or training officer's course of instruction, except such damages—which_that may result from gross negligence or by willful or wanton acts or omissions on the part of the instructor-coordinator—or training officer.
- (d) No medical-adviser_director who reviews, approves and monitors the activities of attendants_emergency medical service providers shall be liable for any civil damages as a result of such review, approval or monitoring, except such damages—which that may result from gross negligence in such review, approval or monitoring.
- Sec. 25. K.S.A. 65-6126 is hereby amended to read as follows: 65-6126. Each emergency medical service shall have a medical director appointed by the operator of the service

-63-

to review and implement medical protocols, approve and monitor the activities, <u>competency</u> and education of the <u>attendants emergency medical service providers</u>. The board may approve an alternative procedure for medical oversight if no medical director is available.

- Sec. 26. K.S.A. 65-6127 is hereby amended to read as follows: 65-6127. (a) Application for a permit to operate an ambulance service shall be made to the board by the operator of the ambulance service upon forms provided by the administrator and shall be accompanied by a permit fee—which_that shall be a base amount plus an amount for each vehicle used by such operator in such operator's ambulance service and—which_that shall be fixed by rules and regulations of the board to cover all or any part of the cost of regulation of ambulance services.
- (b) The application shall state the name of the operator, the names of the-attendants emergency medical service providers of such ambulance service, the primary territory for which the permit is sought, the type of service offered, the location and physical description of the facility whereby calls for service will be received, the facility wherein vehicles are to be garaged, a description of vehicles and other equipment to be used by the service and such other information as the board may require.
- (c) Nothing in this act shall be construed as granting an exclusive territorial right to operate an ambulance service. Upon change of ownership of an ambulance service the permit issued to such service shall expire 60 days after the change of ownership.
- Sec. 27. K.S.A. 65-6129 is hereby amended to read as follows: 65-6129. (a) (1) Application for an attendant's emergency medical service provider certificate shall be made to the board. The board shall not grant an attendant's emergency medical service provider certificate unless the applicant meets the following requirements:

- (A) (i) Has successfully completed coursework required by the rules and regulations adopted by the board;
- (ii) has successfully completed coursework in another jurisdiction that is substantially equivalent to that required by the rules and regulations adopted by the board; or
- (iii) has provided evidence that such applicant holds a current and active certification with the national registry of emergency medical technicians, completed emergency medical technician training as a member of the army, navy, marine corps, air force, air or army national guard, coast guard or any branch of the military reserves of the United States that is substantially equivalent to that required by the rules and regulations adopted by the board, and such applicant separated from such military service with an honorable discharge;
- (B) (i) has passed the examination required by the rules and regulations adopted by the board; or
- (ii) has passed the certification or licensing examination in another jurisdiction that has been approved by the board; and
- (C) has paid an application fee required by the rules and regulations adopted by the board.
- (2) The board may grant an-attendant's emergency medical service provider certificate to any applicant who meets the requirements under subsection (a)(1)(A)(iii) but was separated from such military service with a general discharge under honorable conditions.
- (b) (1) The board shall not grant a temporary attendant's certificate unless the applicant meets the following requirements:
 - (A) If the applicant is certified or licensed as an attendant in another jurisdiction, but

the applicant's coursework is determined not to be substantially equivalent to that required by the board, such temporary certificate shall be valid for one year from the date of issuance or until the applicant has completed the required coursework, whichever occurs first; or

- (B) if the applicant has completed the required coursework, has taken the required examination, but has not received the results of the examination, such temporary certificate shall be valid for 120 days from the date of the examination.
- (2)—An applicant who has been granted a temporary certificate shall be under the direct supervision of a physician, a physician assistant, a professional nurse or an attendant holding a certificate at the same level or higher than that of the applicant. The emergency medical services board may require an original applicant for certification as an emergency medical services provider to be fingerprinted and submit to a state and national criminal history record check. The fingerprints shall be used to identify the applicant and to determine whether the applicant has a record of criminal history in this state or another jurisdiction. The emergency medical services board is authorized to submit the fingerprints to the Kansas bureau of investigation and the federal bureau of investigation for a state and national criminal history record check. The emergency medical services board may use the information obtained from fingerprinting and the applicant's criminal history for purposes of verifying the identification of the applicant and making the official determination of the qualifications and fitness of the applicant to be issued or to maintain a certificate.
- (2) Local and state law enforcement officers and agencies shall assist the emergency medical services board in taking the fingerprints of applicants for license, registration, permit or certificate. The Kansas bureau of investigation shall release all records of adult convictions,

nonconvictions or adjudications in this state and any other state or country to the emergency medical services board.

- (3) The emergency medical services board may fix and collect a fee as may be required by the board in an amount equal to the cost of fingerprinting and the criminal history record check. The emergency medical services board shall remit all moneys received from the fees established by this section to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the emergency medical services criminal history and fingerprinting fund.
- (4) There is hereby created in the state treasury the emergency medical services criminal history and fingerprinting fund. All moneys credited to the fund shall be used to pay the Kansas bureau of investigation for the processing of fingerprints and criminal history record checks for the emergency medical services board. The fund shall be administered by the emergency medical services board. All expenditures from the fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the chairperson of the emergency medical services board or the chairperson's designee.
- (c) The board shall not grant an initial emergency medical technician-intermediate eertificate, advanced emergency medical technician certificate, mobile intensive care technician eertificate or paramedic certificate as a result of successful course completion in the state of Kansas, unless the applicant for such an initial certificate is certified as an emergency medical technician

- (d) An-attendant's emergency medical service provider certificate shall expire on the date prescribed by the board. An-attendant's emergency medical service provider certificate may be renewed for a period of two years upon payment of a fee as prescribed by rule and regulation of the board and upon presentation of satisfactory proof that the-attendant emergency medical service provider has successfully completed continuing education as prescribed by the board.
- (e) All fees received pursuant to the provisions of this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the emergency medical services operating fund established by K.S.A. 65-6151, and amendments thereto.
- (f) If a person who was previously certified as an attendant emergency medical service provider applies for an attendant's emergency medical service provider's certificate after the certificate's expiration, the board may grant a certificate without the person completing an initial course of instruction or passing a certification examination if the person has completed education requirements and has paid a fee as specified in rules and regulations adopted by the board.
- (g) The board shall adopt, through rules and regulations, a formal list of graduated sanctions for violations of article 61 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto,—which_that shall specify the number and severity of violations for the imposition of each level of sanction.
- Sec. 28. K.S.A. 65-6129a is hereby amended to read as follows: 65-6129a. (a) While engaged in a course of training or continuing education approved by the board within a medical care facility, a student or attendant emergency medical service provider engaged in such training

or continuing education shall be under the supervision of a physician or a professional nurse. While engaged in training or continuing education in emergency or nonemergency transportation outside a medical care facility, a student or attendant emergency medical service provider shall be under the direct supervision of an attendant emergency medical service provider who is at the minimum certified to provide the level of care for which the student is seeking certification or the attendant emergency medical service provider receiving the training is certified or shall be under the direct supervision of a physician or a professional nurse.

- (b) Nothing in the provisions of article 61 of chapter 65 of the Kansas Statutes Annotated or acts amendatory of the provisions thereof or supplemental, and amendments thereto, shall be construed to preclude the provision of authorized activities by students enrolled in a training program while engaged in such program.
- Sec. 29. K.S.A. 65-6129b is hereby amended to read as follows: 65-6129b. (a) Application for an instructor-coordinator's certificate shall be made to the board upon forms provided by the executive director. The board may grant an instructor-coordinator's certificate to an attendant emergency medical service provider who: (1) Has served as an attendant emergency medical service provider in the emergency medical services field during the preceding 12 months prior to applying for such certificate; (2) has made application within one year after successfully completing the training, approved by the board, in instructing and coordinating attendant emergency medical service provider training programs; (3) has passed an examination prescribed by the board; and (4) has paid a fee as prescribed by rules and regulations of the board.
- (b) The board may grant an instructor-coordinator's certificate to a physician or a professional nurse who: (1) Has made application within one year after successfully completing

the training, approved by the board, in instructing and coordinating-attendant emergency medical service provider training programs; (2) has passed an examination prescribed by the board; and (3) has paid a fee as prescribed by rules and regulations of the board.

- (c) An—instructor-coordinator's instructor-coordinator certificate shall expire on the expiration date of the attendant's instructor-coordinator's emergency medical service provider certificate if the instructor-coordinator is an attendant emergency medical service provider or on the expiration date of the physician's or professional nurse's license if the instructor is a physician or professional nurse. An instructor-coordinator's certificate may be renewed for the same period as the attendant's emergency medical service provider certificate or the physician's or professional nurse's license upon payment of a fee as prescribed by rule and regulation of the board and upon presentation of satisfactory proof that the instructor-coordinator has successfully completed continuing education as prescribed by the board. The board may prorate to the nearest whole month the fee fixed under this subsection as necessary to implement the provisions of this subsection.
- (d) An instructor-coordinator's instructor-coordinator certificate may be denied, revoked, limited, modified or suspended by the board or the board may refuse to renew such certificate if such individual:
- (1) Does not hold an attendant's emergency medical service provider certificate or a physician's or professional nurse's license;
- (2) has made misrepresentations intentionally in obtaining a certificate or renewing a certificate;
 - (3) has demonstrated incompetence or engaged in unprofessional conduct as defined by

rules and regulations adopted by the board;

- (4) has violated or aided and abetted in the violation of any provision of this act or rules and regulations adopted by the board; or
- (5) has been convicted of any state or federal crime that is related substantially to the qualifications, functions and duties of an instructor-coordinator or any crime punishable as a felony under any state or federal statute, and the board determines that such individual has not been sufficiently rehabilitated to warrant the public trust. A conviction means a plea of guilty, a plea of nolo contendere or a verdict of guilty. The board may take disciplinary action pursuant to this section when the time for appeal has elapsed, or after the judgment of conviction is affirmed on appeal or when an order granting probation is made suspending the imposition of sentence.
- (e) The board may deny, limit, modify, revoke or suspend a certificate or the board may refuse to renew such certificate in accordance with the provisions of the Kansas administrative procedure act.
- (f) All fees received pursuant to this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.
- (g) If a person who was previously certified as an instructor-coordinator applies for an instructor-coordinator certificate within two years of the date of its expiration, the board may grant a certificate without the person completing the training or passing an examination if the person complies with the other provisions of subsection (a) or (b) and completes continuing education requirements prescribed by the board.

- Sec. 30. K.S.A. 65-6130 is hereby amended to read as follows: 65-6130. (a) The board may inquire into the operation of ambulance services and the conduct of attendants emergency medical service providers, and may conduct periodic inspections of facilities, communications services, materials and equipment at any time without notice.
- (b) The board may issue subpoenas in accordance with the provisions of K.S.A. 65-6111(d), and amendments thereto, to compel an operator holding a permit to make access to or for the production of records regarding services performed and to furnish such other information as the board may require to carry out the provisions of this act to the same extent and subject to the same limitations as would apply if the subpoenas were issued or served in aid of a civil action in the district court. A copy of such records shall be kept in the operator's files for a period of not less than three years.
- (c) The board also may require operators to submit lists of personnel employed and to notify the board of any changes in personnel or in ownership of the ambulance service.
- Sec. 31. K.S.A. 65-6133 is hereby amended to read as follows: 65-6133. (a) An attendant's emergency medical service provider certificate may be denied, revoked, limited, modified or suspended by the board or the board may refuse to renew such certificate upon proof that such individual:
- (1) Has made intentional misrepresentations in obtaining a certificate or renewing a certificate;
- (2) has performed or attempted to perform activities not authorized by statute at the level of certification held by the individual;
 - (3) has demonstrated incompetence as defined by rules and regulations adopted by the

board or has provided inadequate patient care as determined by the board;

- (4) has violated or aided and abetted in the violation of any provision of this act or the rules and regulations adopted by the board;
- (5) has been convicted of a felony and, after investigation by the board, it is determined that such person has not been sufficiently rehabilitated to warrant the public trust;
- (6) has demonstrated an inability to perform authorized activities with reasonable skill and safety by reason of illness, alcoholism, excessive use of drugs, controlled substances or any physical or mental condition;
- (7) has engaged in unprofessional conduct, as defined by rules and regulations adopted by the board; or
- (8) has had a certificate, license or permit to practice emergency medical services as an attendant emergency medical service provider denied, revoked, limited or suspended or has been publicly or privately censured, by a licensing or other regulatory authority of another state, agency of the United States government, territory of the United States or other country or has had other disciplinary action taken against the applicant or holder of a permit, license or certificate by a licensing or other regulatory authority of another state, agency of the United States government, territory of the United States or other country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or other disciplinary action of the licensing or other regulatory authority of another state, agency of the United States government, territory of the United States or other country shall constitute prima facie evidence of such a fact for purposes of this paragraph.
 - (b) The board may deny, limit, modify, revoke or suspend an attendant's emergency

medical service provider certificate or the board may refuse to renew such certificate in accordance with the provisions of the Kansas administrative procedure act.

- Sec. 32. K.S.A. 65-6135 is hereby amended to read as follows: 65-6135. (a) All ambulance services providing emergency care as defined by the rules and regulations adopted by the board shall offer service 24 hours per day every day of the year.
- (b) Whenever an operator is required to have a permit, at least one person on each vehicle providing emergency medical service shall be an-attendant emergency medical service provider certified pursuant to K.S.A. 65-6119, 65-6120 or 65-6121, and amendments thereto, a physician, a physician assistant, an advanced practice registered nurse or a professional nurse.
- Sec. 33. K.S.A. 65-6145 is hereby amended to read as follows: 65-6145. Nothing in this act shall be construed: (a) To preclude any municipality from licensing or otherwise regulating first emergency medical responders operating within its jurisdiction, but any licensing requirements or regulations imposed by a municipality shall be in addition to and not in lieu of the provisions of this act and the rules and regulations adopted pursuant to this act;
- (b) to preclude any person certified as an-attendant emergency medical service provider from providing emergency medical services to persons requiring such services; or
- (c) to preclude any individual who is not a certified—attendant_emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto, from providing assistance during an emergency so long as such individual does not represent oneself to be an attendant_emergency medical service provider as defined by K.S.A. 65-6112, and amendments thereto.
 - Sec. 34. K.S.A. 65-6150 is hereby amended to read as follows: 65-6150. (a) It shall be

unlawful for any individual to represent oneself as an-attendant emergency medical service provider or instructor-coordinator unless such individual holds a valid certificate as such under this act.

- (b) Any violation of subsection (a) shall constitute a class B misdemeanor.
- Sec. 35. K.S.A. 74-4954a is hereby amended to read as follows: 74-4954a. (a) As used in this section "emergency medical service technician" means any attendant emergency medical service provider as defined by subsection (d) of K.S.A. 65-6112, and amendments thereto, who is certified pursuant to K.S.A. 65-6129, and amendments thereto.
- (b) For the purposes of any affiliation under subsection (c), whenever the word "fireman" is used in article 49 of chapter 74, and amendments thereto, it shall be construed to include "emergency medical service technician" as defined by subsection (a).
- (c) Any county or city providing emergency medical service as a third function apart from police and fire, as an eligible employer under the Kansas police and firemen's retirement system, may make application or supplemental application to affiliate with the Kansas police and firemen's retirement system in accordance with and subject to K.S.A. 74-4954, and amendments thereto, with regard to coverage of emergency medical service technicians under that system.
- Sec. 36. K.S.A. 2018 Supp. 75-4364 is hereby amended to read as follows: 75-4364. (a) As used in this section:
- (1) "Dependent" means: (A) A birth child, adopted child or stepchild; or (B) any child other than the foregoing who is actually dependent in whole or in part on the individual and who is related to such individual by marriage or consanguinity.
 - (2) "Emergency medical-services attendant_service provider" means-an attendant as

defined by the same as defined in K.S.A. 65-6112, and amendments thereto.

- (3) "Firefighter" means a person who is: (A) Employed by any city, county, township or other political subdivision of the state and who is assigned to the fire department thereof and engaged in the fighting and extinguishment of fires and the protection of life and property therefrom; or (B) a volunteer member of a fire district, fire department or fire company.
- (4) "Kansas educational institution" means and includes community colleges, the municipal university, state educational institutions, the institute of technology at Washburn university and technical colleges.
- (5) "Law enforcement officer" means a person who by virtue of office or public employment is vested by law with a duty to maintain public order or to make arrests for violation of the laws of the state of Kansas or ordinances of any municipality thereof or with a duty to maintain or assert custody or supervision over persons accused or convicted of crime, and includes wardens, superintendents, directors, security personnel, officers and employees of adult and juvenile correctional institutions, jails or other institutions or facilities for the detention of persons accused or convicted of crime, while acting within the scope of their authority.
- (6) "Military service" means any active service in any armed service of the United States and any active state or federal service in the Kansas army or air national guard.
- (7) "Prisoner of war" means any person who was a resident of Kansas at the time the person entered service of the United States armed forces and who, while serving in the United States armed forces, has been declared to be a prisoner of war, as established by the United States secretary of defense, after January 1, 1960.
 - (8) "Public safety officer" means a law enforcement officer or a firefighter or an

emergency medical-services attendant service provider.

- (9) "Resident of Kansas" means a person who is a domiciliary resident as defined by K.S.A. 76-729, and amendments thereto.
- (10) "Spouse" means the spouse of a deceased public safety officer or deceased member of the military service who has not remarried.
 - (11) "State board" means the state board of regents.
- (b) Every Kansas educational institution shall provide for enrollment without charge of tuition or fees for: (1) Any dependent or spouse of a public safety officer who died as the result of injury sustained while performing duties as a public safety officer so long as such dependent or spouse is eligible; (2) any dependent or spouse of any resident of Kansas who died on or after September 11, 2001, while, and as a result of, serving in military service; and (3) any prisoner of war. Any such dependent or spouse and any prisoner of war shall be eligible for enrollment at a Kansas educational institution without charge of tuition or fees for not to exceed 10 semesters of undergraduate instruction, or the equivalent thereof, at all such institutions.
- (c) Subject to appropriations therefor, any Kansas educational institution, at which enrollment, without charge of tuition or fees, of a prisoner of war or a dependent or spouse is provided for under subsection (b), may file a claim with the state board for reimbursement of the amount of such tuition and fees. The state board shall include in its budget estimates pursuant to K.S.A. 75-3717, and amendments thereto, a request for appropriations to cover tuition and fee claims pursuant to this section. The state board shall be responsible for payment of reimbursements to Kansas educational institutions upon certification by each such institution of the amount of reimbursement to which entitled. Payments to Kansas educational institutions

-77-

shall be made upon vouchers approved by the state board and upon warrants of the director of accounts and reports. Payments may be made by issuance of a single warrant to each Kansas educational institution at which one or more eligible dependents or spouses or prisoners of war are enrolled for the total amount of tuition and fees not charged for enrollment at that institution. The director of accounts and reports shall cause such warrant to be delivered to the Kansas educational institution at which any such eligible dependents or spouses or prisoners of war are enrolled. If an eligible dependent or spouse or prisoner of war discontinues attendance before the end of any semester, after the Kansas educational institution has received payment under this subsection, the institution shall pay to the state the entire amount—which_that such eligible dependent or spouse or prisoner of war would otherwise qualify to have refunded, not to exceed the amount of the payment made by the state in behalf of such dependent or spouse or prisoner of war for the semester. All amounts paid to the state by Kansas educational institutions under this subsection shall be deposited in the state treasury and credited to the state general fund.

- (d) The state board shall adopt rules and regulations for administration of the provisions of this section and shall determine the qualification of persons as dependents and spouses of public safety officers or United States military personnel and the eligibility of such persons for the benefits provided for under this section.
- Sec. 37. K.S.A. 2018 Supp. 75-5664 is hereby amended to read as follows: 75-5664. (a) There is hereby established an advisory committee on trauma. The advisory committee on trauma shall be advisory to the secretary of health and environment and shall be within the division of public health of the department of health and environment as a part thereof.
 - (b) On July 1, 2001, the advisory committee on trauma in existence immediately prior

to July 1, 2001, is hereby abolished and a new advisory committee on trauma is created in accordance with this section. The terms of all members of the advisory committee on trauma in existence prior to July 1, 2001, are hereby terminated. On and after July 1, 2001, the advisory committee on trauma shall be composed of 24 members representing both rural and urban areas of the state appointed as follows:

- (1) Two members shall be persons licensed to practice medicine and surgery appointed by the governor. At least 30 days prior to the expiration of terms described in this section, for each member to be appointed under this section, the Kansas medical society shall submit to the governor a list of three names of persons of recognized ability and qualification. The governor shall consider such list of persons in making appointments to the board under this paragraph.
- (2) One member shall be licensed to practice osteopathic medicine appointed by the governor. At least 30 days prior to the expiration of the term of the member appointed under this section, the Kansas association of osteopathic medicine shall submit to the governor a list of three persons of recognized ability and qualification. The governor shall consider such list of persons in making appointments to the board under this paragraph.
- (3) Three members shall be representatives of hospitals appointed by the governor. At least 30 days before the expiration of terms described in this section, for each member to be appointed under this section, the Kansas hospital association shall submit to the governor a list of three names of persons of recognized ability and qualification. The governor shall consider such list of persons in making appointments to the board under this paragraph.
- (4) Two members shall be licensed professional nurses specializing in trauma care or emergency nursing appointed by the governor. At least 30 days before the expiration of terms

described in this section, for each member to be appointed under this section, the Kansas state nurses association shall submit to the governor a list of three names of persons of recognized ability and qualification. The governor shall consider such list of persons in making appointments to the board under this paragraph.

- (5) Two members shall be attendants emergency medical service providers as defined in K.S.A. 65-6112, and amendments thereto, who are on the roster of an ambulance service permitted by the board of emergency medical services. At least 30 days prior to the expiration of one of these positions, the Kansas emergency medical services association shall submit to the governor a list of three persons of recognized ability and qualification. The governor shall consider such list of persons in making this appointment to the board. For the other member appointed under this section, at least 30 days prior to the expiration of the term of such member, the Kansas emergency medical technician association shall submit a list of three persons of recognized ability and qualification. The governor shall consider such list of persons in making appointments to the board under this paragraph.
- (6) Two members shall be administrators of ambulance services, one rural and one urban, appointed by the governor. At least 30 days prior to the expiration of the terms of such members, the Kansas emergency medical services association and Kansas emergency medical technician association in consultation shall submit to the governor a list of four persons of recognized ability and qualification. The governor shall consider such list of persons in making this appointment to the board under this paragraph.
- (7) Six members shall be representatives of regional trauma councils, one per council, appointed by the governor. At least 30 days prior to the expiration of one of these positions, the

relevant regional trauma council shall submit to the governor a list of three persons of recognized ability and qualification. The governor shall consider such list of persons in making these appointments to the board.

- (8) The secretary of health and environment or the secretary's designee of an appropriately qualified person shall be an ex officio representative of the department of health and environment.
- (9) The chairperson of the <u>board of emergency medical services board</u> or the chairperson's designee shall be an ex officio member.
- (10) Four legislators selected as follows shall be members: The chairperson and ranking minority member or their designees of the committee on health and human services of the house of representatives, and the chairperson and ranking minority member or their designees from the committee on public health and welfare of the senate shall be members.
- (c) All members shall be residents of the state of Kansas. Particular attention shall be given so that rural and urban interests and geography are balanced in representation. Organizations that submit lists of names to be considered for appointment by the governor under this section shall insure that names of people who reside in both rural and urban areas of the state are among those submitted. At least one person from each congressional district shall be among the members. Of the members appointed under subsection (b)(1) through (b)(7): Six shall be appointed to initial terms of two years; six shall be appointed to initial terms of three years; and six shall be appointed to initial terms of four years. Thereafter members shall serve terms of four years and until a successor is appointed and qualified. In the case of a vacancy in the membership of the advisory committee, the vacancy shall be filled for the unexpired term in like

manner as that provided in subsection (b).

- (d) The advisory committee shall meet quarterly and at the call of the chairperson or at the request of a majority of the members. At the first meeting of the advisory committee after July 1 each year, the members shall elect a chairperson and vice-chairperson who shall serve for terms of one year. The vice-chairperson shall exercise all of the powers of the chairperson in the absence of the chairperson.
- (e) The advisory committee shall be advisory to the secretary of health and environment on all matters relating to the implementation and administration of this act.
- (f) (1) Any meeting of the advisory committee or any part of a meeting of the advisory committee during which a review of incidents of trauma injury or trauma care takes place shall be conducted in closed session. The advisory committee and officers thereof when acting in their official capacity in considering incidents of trauma injury or trauma care shall constitute a peer review committee and peer review officers for all purposes of K.S.A. 65-4915, and amendments thereto.
- (2) The advisory committee or an officer thereof may advise, report to and discuss activities, information and findings of the committee—which that relate to incidents of trauma injury or trauma care with the secretary of health and environment as provided in subsections (a) and (e) without waiver of the privilege provided by this subsection and K.S.A. 65-4915, and amendments thereto, and the records and findings of such committee or officer—which that are privileged under this subsection and K.S.A. 65-4915, and amendments thereto, shall remain privileged as provided by this subsection and K.S.A. 65-4915, and amendments thereto, prior to July 1, 2021.

- (3) The provisions of this subsection shall expire on July 1, 2021, unless the legislature reviews and reenacts this provision prior to July 1, 2021.
- (g) Members of the advisory committee attending meetings of the advisory committee or attending a subcommittee of the advisory committee or other authorized meeting of the advisory committee shall not be paid compensation but shall be paid amounts provided in K.S.A. 75-3223(e), and amendments thereto.
- Sec. 38. K.S.A. 80-1557 is hereby amended to read as follows: 80-1557. (a) As used in this section:
- (1) "Rescue service" means a service—which that provides emergency care by qualified personnel through a township or fire district fire department.
- (2) "Emergency care" means the services provided after the onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to: (A) Place the patient's health in serious jeopardy; (B) seriously impair bodily functions; or (C) result in serious dysfunction of any bodily organ or part.
- (3) "Qualified personnel" means any individual who holds a certificate as an-attendant emergency medical service provider as defined in K.S.A. 65-6112, and amendments thereto.
- (4) "Township" means any township—which that has established a fire department pursuant to K.S.A. 80-1901 et seq., and amendments thereto.
- (5) "Fire district" means any fire district—which that has established a fire department pursuant to K.S.A. 80-1540 et seq., and amendments thereto.
 - (b) The township board or governing body of the fire district may authorize the

township or fire district fire department to provide rescue service as a township or fire district function, within or without the township or fire district, or may contract with any person or governmental entity for the furnishing of rescue service and upon such terms and conditions, and for such compensation as may be agreed upon which shall be payable from the township general fund or the fire fund or the fire district fund.

- (c) The township board or governing body of the fire district may establish charges to persons receiving rescue service inside or outside of such township or fire district. The charges so made and received shall be deposited in the general funds of the township or fire district, and the same may be used in addition to funds received under the tax levies authorized by K.S.A. 80-1546 and 80-1903, and amendments thereto.
- (d) Qualified personnel providing rescue service shall be compensated in the same manner as other fire department employees and volunteers as provided by K.S.A. 80-1544 and 80-1904, and amendments thereto.

Sec. 39. K.S.A. 65-16,127, 65-1728, 65-2891, 65-2913, 65-4915, 65-6001, 65-6102, 65-6110, 65-6111, 65-6112, 65-6119, 65-6120, 65-2123, 65-6124, 65-6126, 65-6127, 65-6129, 65-6129a, 65-6129b, 65-6129c, 65-6130, 65-6133, 65-6135, 65-6145, 65-6150, 74-4954a and 80-1557 and K.S.A. 2018 Supp. 8-1,159, 21-6326, 39-1402, 39-1431, 40-2141, 44-131, 44-508, 44-510h, 44-511, 44-1204, 75-4364 and 75-5664 are hereby repealed.";

And by renumbering sections accordingly;

Also on page 1, in the title, by striking all in lines 1 and 2; in line 3, by striking all before the period and inserting "AN ACT concerning emergency medical services; relating to the emergency medical services board; powers and duties thereof; authorized activities of certain emergency medical services providers; creating the designation of inactive certificate; establishing the medical services criminal history and fingerprinting fund; updating terminology and references related thereto; amending K.S.A. 65-16,127, 65-1728, 65-2891, 65-2913, 65-4915, 65-6001, 65-6102, 65-6110, 65-6111, 65-6112, 65-6119, 65-6120, 65-6124, 65-6126, 65-6127, 65-6129, 65-6129a, 65-6129b, 65-6130, 65-6133, 65-6135, 65-6145, 65-6150, 74-4954a and 80-1557 and K.S.A. 2018 Supp. 8-1,159, 21-6326, 39-1402, 39-1431, 40-2141, 44-131, 44-508, 44-510h, 44-511, 44-1204, 75-4364 and 75-5664 and repealing the existing sections; also repealing K.S.A. 65-6123 and 65-6129c";

And your committee on conference recommends the adoption of this report.

Conferees on part of House
C
Conferees on part of Senate