



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

A public hearing will be conducted at 10 a.m. Monday, February 8, 2016 in Room 560 of the Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas 66612 to consider the adoption of proposed changes to existing administrative regulations. This notice of public hearing replaces the notice published in the December 10, 2015 Kansas Register. The only change to this notice is to correct clerical errors in the summaries of economic impact for K.A.R. 109-2-2 and 109-7-1. Those changes are shown in strike-type and underlining in this hearing notice.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed regulations. All interested parties may submit written comments prior to the hearing to the Executive Director of the Board of Emergency Medical Services, Room 1031, Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas 66612 or by email to Curt.Shreckengaust@ems.ks.gov. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentations to five minutes.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation should be made at least five working days

in advance of the hearing by contacting Ann Stevenson at 785-296-7296. Handicapped parking is located in front of and to the north of the Landon State Office Building.

These regulations are proposed for adoption on a permanent basis. A summary of the proposed regulations and economic impact follows:

K.A.R. 109-1-1, Definitions. This regulation provides definitions for terms utilized in the EMS rules and regulations. Revisions reflect the change in terminology for ambulance types and to remove definitions no longer necessary.

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

K.A.R. 109-2-1, Ambulance service operator. This regulation details out requirements for ambulance service operators. Revisions reflect the elimination of the requirement for the operator to maintain a current paper copy of each attendant certification card.

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

K.A.R. 109-2-2, Application for ambulance service permit and ambulance license; permit renewal and license renewal. This regulation pertains to the requirements for initial application for a service permit and ambulance license as well as renewal. Revisions reflect the change in terminology for ambulance types and allow for the issuance of a temporary ambulance license.

~~There will be no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.~~ There may be minimal economic impact to the Kansas Board of Emergency Medical Services other governmental agencies, private business or individuals associated with this regulatory revision with a possible adjustment in fees received. It is anticipated that this will occur on average less than 5 times per year.

K.A.R. 109-2-6, Types of ambulance services and staffing. This regulation details the types of ambulance services and their requirements. Revisions reflect the change in terminology for ambulance types and details out staffing requirements for each type.

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

K.A.R. 109-2-7, Ground and air ambulance staffing. This regulation specifically addressed staffing for ground and air ambulances. This regulation is being revoked due to staffing requirements being addressed in other regulations.

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

K.A.R. 109-2-8, Standards for ground ambulances and equipment. This regulation specifies the standards for all ground ambulances. Revisions reflect the change in terminology for ambulance types.

There will be no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision. There may be a reduced financial impact on other governmental agencies, private business or individuals with this regulatory revision by allowing them to determine a reduction of equipment to be carried on the ambulances.

K.A.R. 109-2-11, Standards for air ambulances and equipment. This regulation specifies the standards for all air ambulances. Revisions reflect the change in terminology for ambulance types.

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

K.A.R. 109-7-1, Schedule of fees. This regulation details out the fees for licenses, certification, and permits issued by the board. Revisions reflect the change in terminology for ambulance types and creates a fee for the issuance of a temporary ambulance license.

~~There will be no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.~~ There may be minimal economic impact on the Kansas Board of Emergency Medical Services, other governmental agencies, private business or individuals with this regulatory revision. There is an added fee to the schedule, which allows for a temporary license for an ambulance. Past practice was to prorate ambulance license fees. In some instances, there may be a reduced fee and in few cases, there is a potential for increased fee. It is anticipated that this may occur less than five times per year.

Copies of the complete regulations and the complete economic impact statements may be obtained from the Board of Emergency Medical Services at the contact information above or can be accessed at www.ksbems.org.



**STATE OF KANSAS
BOARD OF EMERGENCY MEDICAL SERVICES
PROPOSED ADMINISTRATIVE REGULATIONS**

109-1-1. Definitions. Each of the following terms, as used in the board’s regulations, shall have the meaning specified in this regulation: (a) “AEMT” means advanced emergency medical technician.

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

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

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

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

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

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

(f) “Airway maintenance,” as used in K.S.A. 65-6121 and amendments thereto and as applied to the authorized activities of an emergency medical technician-intermediate, means the use of any invasive oral equipment and procedures necessary to ensure the adequacy and quality of ventilation and oxygenation.

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

(h) “CECBEMS” means the national continuing education coordinating board for emergency medical services.

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

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

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

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

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

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

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

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

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

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

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

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

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

(u) "EMS" means emergency medical services.

(v) "EMR" means emergency medical responder.

(w) "EMT" means emergency medical technician.

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

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

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

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

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

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

~~(ee)~~ (dd) “Incompetence,” as applied to attendants and as used in K.S.A. 65-6133 and amendments thereto, means a demonstrated lack of ability, knowledge, or fitness to perform patient care according to applicable medical protocols or as defined by the authorized activities of the attendant’s level of certification.

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

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

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

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

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

(1) Emergency medical technician;

(2) emergency medical technician-intermediate;

(3) emergency medical technician-defibrillator;

(4) ~~mobile intensive care technician;~~

~~(5)~~ physician;

~~(6)~~ (5) physician's assistant;

~~(7)~~ (6) advanced practice registered nurse;

~~(8)~~ (7) licensed professional nurse;

~~(9)~~ (8) advanced emergency medical technician; or

~~(10)~~ (9) paramedic.

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

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

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

~~(jj)~~ "~~MICT~~" means ~~mobile intensive care technician.~~

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

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

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

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

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

(1) A ~~type I~~ ground ambulance service, ~~type II ambulance service, or type IIA ambulance service;~~

(2) the Kansas highway patrol or any law enforcement officer who is at the scene of an accident or medical emergency;

(3) a physician, as defined by K.S.A. 65-6112 and amendments thereto, who is at the scene of an accident or medical emergency; or

(4) an attendant who has been dispatched to provide emergency first response and who is at the scene of an accident or medical emergency.

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

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

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

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

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

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

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

(vv) "Sponsoring organization" means any professional association, accredited postsecondary educational institution, permitted ambulance service, fire department, other officially organized public safety agency, hospital, corporation, or emergency medical services regional council approved by the executive director to offer initial courses of instruction and continuing education programs as either a long-term provider or a single-program provider.

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

- (1) A summary of the course goals and objectives;
- (2) student prerequisites, if any, for admission into the course;
- (3) instructional and any other materials required to be purchased by the student;
- (4) student attendance policies;
- (5) student requirements for successful course completion;

- (6) a description of the clinical and field training requirements, if applicable;
- (7) student discipline policies; and
- (8) instructor, educator, mentoring educator, trainer, or training officer information,

which shall include the following:

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

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

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

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

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

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

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

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

(ccc) "Training program accreditation" means the approval granted by the executive director to any of the following, to conduct EMS initial courses of instruction on a long-term basis: accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety agencies, hospitals, or corporations.

~~(ddd) "Type I ambulance service" means a ground-based ambulance service that provides emergency response and advanced life support, as described in the authorized activities and scope of practice of EMT-I, EMT-D, EMT-I/D, AEMT, MICT, or paramedic as specified in K.S.A. 65-6119, K.S.A. 65-6120, and K.S.A. 65-6123, and amendments thereto. The ambulance service may provide critical care transport when staffed in accordance with the applicable definitions in this regulation.~~

~~(eee) "Type II ambulance service" means a ground-based ambulance service that provides emergency response and basic life support, as described in the authorized activities~~

~~or scope of practice of EMT, first responder, and EMR in K.S.A. 65-6121 and K.S.A. 65-6144, and amendments thereto.~~

~~(fff) "Type IIA ambulance service" means a basic life support ambulance service that may provide advanced life support when staffed with one attendant and any of the following individuals functioning under ALS protocols or guidance as authorized by the applicable licensing authority:~~

- ~~(1) EMT-I;~~
- ~~(2) EMT-D;~~
- ~~(3) EMT-I/D;~~
- ~~(4) AEMT;~~
- ~~(5) MICT;~~
- ~~(6) paramedic;~~
- ~~(7) licensed professional nurse;~~
- ~~(8) physician's assistant;~~
- ~~(9) advanced practice registered nurse;~~
- ~~(10) respiratory therapist; or~~
- ~~(11) physician.~~

~~(ggg) "Type V ambulance service" means an air or ground-based ALS ambulance service that provides critical care transport, as defined in this regulation, and is not subject to~~

~~public call. This type of ambulance service uses a “type V air ambulance” or “type V ground ambulance,” or both.~~

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

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

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

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

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

(2) verbally or physically abusing a student;

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

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

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

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

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

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

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

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

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

(11) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the board's statutes or regulations, including failing to furnish any documents or information legally requested by the board. Instructor-coordinators and training officers who fail to respond to requests for documents or requests for information within 30 days of the request shall have the burden of demonstrating that they have acted in a timely manner. (Authorized by K.S.A. ~~2014~~ 2015 Supp. 65-6110, ~~K.S.A. 2011 Supp. 65-6111, and 65-6133~~; implementing K.S.A. ~~2014~~ 2015 Supp. 65-6110, ~~K.S.A. 2011 Supp. 65-6111, K.S.A. 2011 Supp. 65-6121, K.S.A. 2011 Supp. 65-6129, K.S.A. 65-6129b, K.S.A. 2014~~ 2015 Supp. 65-6129c, ~~K.S.A. 2011 Supp. 65-6132, and K.S.A. 2011 Supp. 65-6133~~; effective May 1, 1985; amended May 1, 1986; amended, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended March 16, 1992; amended Jan. 31,

1994; amended Jan. 30, 1995; amended Jan. 31, 1997; amended Nov. 12, 1999; amended
Jan. 27, 2012; amended March 15, 2013; amended P-_____.)

109-2-1. Ambulance service operator. (a) Each operator of an

ambulance service shall perform the following:

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

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

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

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

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

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

(4) ~~be responsible for maintaining a current copy of each attendant's Kansas certification or renewal card;~~

~~(5)~~ (5) notify the board of each addition or removal of an attendant from the attendant roster within 90 days of the addition or removal;

~~(6)~~ (5) notify the board of any known resignation, termination, incapacity, or death of a medical adviser once known and the plans for securing a new medical director; and

~~(7)~~ (6) submit written notification of each change in the medical director within 30 days of the change. (Authorized by K.S.A. 2015 Supp. 65-6110, ~~as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6111, and K.S.A. 65-6132, as amended by L. 2011, ch. 114, sec. 89;~~ implementing K.S.A. 2015 Supp. 65-6110, ~~as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6112 (v), as amended by L. 2011, ch. 114, sec. 82,~~ and K.S.A. 65-6130; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012; amended P-_____.)

109-2-2. Application for ambulance service permit and ambulance license; permit

renewal and license renewal. (a)(1) An applicant may apply for only one ambulance service permit for each ambulance service that the applicant seeks to operate. Each applicant shall indicate the ~~class~~ type of service for the permit requested as ~~type I ground~~ ground ambulance service, ~~type II ambulance service, type IIA ambulance service, or type V~~ or air ambulance service.

(2) An applicant may apply for only one ambulance license for each ambulance that the applicant seeks to operate. ~~Each applicant shall indicate the class of ambulance for each license requested.~~

(3) Any operator may apply for a temporary license for an ambulance. Each temporary license shall be valid for 60 days. Any temporary license may be extended by the executive director.-

(b) All ambulance service permit and ambulance license application and renewal forms shall be submitted in a format required by the executive director.

(c)(1) Each initial and each renewal applicant for a ground ambulance service permit and ambulance license shall meet one of the following requirements:

(A) Obtain a mechanical and safety inspection from a person doing business as or employed by a vehicle maintenance service or a city, county, or township or from a certified mechanic as defined in K.A.R. 109-1-1, for each ambulance within 180 days before the date of ambulance service application renewal; or

(B) have a long-term vehicle maintenance program with requirements equivalent to or exceeding the requirements of the mechanical and safety inspection form.

(2) In order for an ambulance license to be renewed, the mechanical safety inspection forms shall not contain any deficiencies identified that would compromise the safe transport of patients.

(d) Each initial and each renewal application for an air ambulance shall include a valid standard airworthiness certificate for each aircraft, evidence of an air safety training program, and an informational publication.

(e)(1) Each new ground ambulance shall meet one of the following requirements:

(A) Be required to have a mechanical or safety inspection submitted on forms required by the board or shall require documentation from the manufacturer indicating that the vehicle has undergone a predelivery inspection without deficiencies; or

(B) have a long-term vehicle maintenance program with requirements equivalent to or exceeding the requirements of the mechanical and safety inspection form.

(2) Each used or retrofitted ground ambulance shall be required to have a mechanical and safety inspection.

(f) Each ambulance service permit and non-temporary ambulance license shall expire on April 30 of each year. Any such permit or license may be renewed annually in accordance with this regulation. If the board receives a complete application for renewal of an ambulance service permit or an ambulance license on or before April 30, the existing permit or license shall not expire until the board has taken final action upon the renewal application or, if the board's action is unfavorable, until the last day for seeking judicial review.

(g) If the board receives an insufficient initial application or renewal application for an ambulance service permit or ambulance license, the applicant or operator shall be notified by the board of any errors or omissions. If the applicant or operator fails to correct the deficiencies and submit a sufficient application within 30 days from the date of written notification, the application may be considered by the board as withdrawn.

(h) An application for ambulance service permit or permit renewal shall be deemed sufficient if all of the following conditions are met:

(1) The applicant or operator either completes all forms provided with the application for ambulance service permit or permit renewal or provides all requested information online. No additional information is required by the board to complete the processing of the application.

(2) Each operator submits the list of supplies and equipment carried on each ambulance validated by the signature of the ambulance service's medical director to the board each year with the operator's application for an ambulance service permit.

(3) The applicant or operator submits payment of the fee in the correct amount for the ambulance service permit or permit renewal and ambulance license fees.

(4) Each operator provides the inspection results to the board on forms provided by the executive director with the application for renewal.

(i) Each publicly subsidized operator shall provide the following statistical information to the board with the application for renewal of a permit:

(1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;

(2) the operating budget and, if any, the tax subsidy;

(3) the charge for emergency and nonemergency patient transports, including mileage fees; and

(4) the number of full-time, part-time, and volunteer staff.

(j) Each private operator shall provide the following statistical information to the board with the application for renewal of a permit:

(1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;

(2) the charge for emergency and nonemergency patient transports, including mileage fees; and

(3) the number of full-time, part-time, and volunteer staff.

(k) As a condition of issuance of an initial ambulance service permit, each ambulance service operator shall provide with the application the ambulance service's operational policies and approved medical protocols pursuant to K.A.R. 109-2-5.

(l) The operator of each ~~type I, type II, type IIA, and type V~~ ground ambulance service or air ambulance service shall develop a list of the supplies and equipment that ~~is~~ are carried on each ambulance. This list shall include the supplies and equipment required by the board for the license type and any additional supplies or equipment necessary to carry out the patient care activities as indicated in the ~~services~~ ambulance service's medical

protocols, in accordance with K.S.A. 65-6112 and amendments thereto. (Authorized by K.S.A. ~~2012~~ 2015 Supp. 65-6110 and 65-6111; implementing K.S.A. ~~2012~~ 2015 Supp. 65-6110, K.S.A. 65-6127, and K.S.A. 65-6128; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000; amended Jan. 27, 2012; amended Jan. 3, 2014; amended P-_____.)

109-2-6. Classes Types of ambulance services and staffing. (a) Permits shall be issued for ~~four classes~~ two types of ambulance service. These ~~classes~~ types shall be known as ~~type I ambulance service, type II ambulance service, type III ambulance service, and type V ambulance service~~ air ambulance and ground ambulance.

(b) Each ~~type I~~ air ambulance service shall meet the following requirements:

(1) Provide advanced life support or critical care transport as defined in K.A.R. 109-1-1;

(2) ~~have at least one ALS licensed ambulance that meets all requirements of K.A.R. 109-2-8. Each type I ambulance service may also operate BLS licensed ambulances and may provide critical care transport if staffed by an MICT or paramedic with specialized training~~ have at least one licensed air ambulance; and

(3) ~~maintain a staff of currently certified attendants and health care personnel as defined in K.A.R. 109-1-1 that is adequate to meet all applicable requirements of K.A.R. 109-2-7; and~~

(4) ~~have a method of receiving calls and dispatching ambulances that ensures that an ambulance leaves the station within an annual average of five minutes from the time an emergency call is received by the ambulance service.~~ not be subject to public call as defined in K.A.R. 109-1-1.

(c)(1) Each ~~type-H~~ ground ambulance service shall meet the following requirements:

~~(1)(A)~~ Provide basic life support at a minimum as defined in K.A.R. 109-1-1;

~~(2)(B)~~ have at least one licensed ambulance that meets all requirements of K.A.R. 109-2-8;

~~(3)(C)~~ ~~maintain a staff of currently certified attendants and health care personnel that is adequate to meet all requirements of K.A.R. 109-2-7~~ staff each ambulance with, at a minimum, either two attendants or one attendant and a health care provider, as defined in K.A.R. 109-1-1, and ensure that an attendant certified pursuant to K.S.A. 65-6119, 65-6120, or 65-6121, and amendments thereto, or a health care provider is in the patient compartment during patient transport; and

~~(4)(D)~~ have a method of receiving calls and dispatching ambulances that ensures that an ambulance leaves the station within an annual average of five minutes from the time an emergency call is received by the ambulance service.

~~(d)(1)(2)~~ Any ~~type-HA~~ ground ambulance service operator may provide advanced life support or critical care transport as defined in K.A.R. 109-1-1 and described in K.S.A. 65-6123, 65-6120, and 65-6119, and amendments thereto, ~~when appropriate personnel are on board according to K.A.R. 109-2-7~~ and if all of the following conditions are met:

(A) At a minimum, an attendant certified pursuant to K.S.A. 65-6119, 65-6120, or 65-6123, and amendments thereto, or a health care provider is in the patient compartment during patient transport.

(B) The ambulance or personnel, or both, are adequately equipped.

(C) and when The treatment is approved by medical protocols or the attendants are in direct voice contact with a physician, physician assistant, advanced practice registered nurse, or a licensed professional nurse who is authorized by a physician medical control pursuant to K.S.A. 65-6119, 65-6120, and 65-6123, and amendments thereto.

~~(2) Each operator of a type IIA ambulance service shall meet the following requirements:~~

~~(A) Provide basic life support or advanced life support, as defined in K.A.R. 109-1-1;~~

~~(B) have at least one licensed ambulance that meets all requirements of K.A.R. 109-2-8;~~

~~(C) maintain a staff of currently certified attendants and health care personnel adequate to meet all requirements of K.A.R. 109-2-7; and~~

~~(D) have a method of receiving calls and dispatching ambulances that ensures that an ambulance leaves the station within an annual average of five minutes from the time an emergency call is received by the ambulance service.~~

~~(E) Each type V ambulance service shall meet the following requirements:~~

~~(1) Provide critical care transport as defined in K.A.R. 109-1-1;~~

~~(2) not be subject to public call as defined in K.A.R. 109-1-1;~~

~~(3) have a ground or air ambulance that meets all requirements of K.A.R. 109-2-8, K.A.R. 109-2-11, K.A.R. 109-2-12, or K.A.R. 109-2-13, as applicable;~~

~~(4) license only type V ambulances;~~

~~(5) license rotor-wing aircraft, fixed-wing aircraft, or ground-based vehicles as ambulances;~~

~~(6) have a staff that is adequate to provide the level of care described in paragraph (e)(1) and as described in K.A.R. 109-2-7; and~~

~~(7) have a method of receiving and relaying calls that ensures that any request for emergency response is immediately and properly relayed to the nearest type I ambulance service, type II ambulance service, or type IIA ambulance service. (Authorized by K.S.A. 2015 Supp. 65-6110, as amended by L. 2011, ch. 114, sec. 81; implementing K.S.A. 2015 Supp. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 65-6128, and K.S.A. ~~2010~~ 2015 Supp. 65-6135, as amended by L. 2011, ch. 114, sec. 66; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012; amended P-_____.)~~

109-2-7. Ground ambulance staffing. (~~Authorized by K.S.A. 2013 Supp. 65-6110; implementing K.S.A. 2013 Supp. 65-6110, K.S.A. 65-6128, and K.S.A. 2013 Supp. 65-6135; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Jan. 31, 1997; amended July 7, 2014.) Revoked_____.~~)

109-2-8. Standards for ~~type I, type II, type IIA, and type V~~ ground ambulances and

equipment. (a) Each ground ambulance shall meet the vehicle and equipment standards that are applicable to that ~~class~~ type of ambulance.

(b) Each ground ambulance shall have the ambulance license prominently displayed in the patient compartment.

(c) The patient compartment size shall meet or exceed the following specifications:

(1) Headroom: 60 inches; and

(2) length: 116 inches.

(d) Each ambulance shall have a heating and cooling system that is controlled separately for the patient and the driver compartments. The air conditioners for each compartment shall have separate evaporators.

(e) Each ambulance shall have separate ventilation systems for the driver and patient compartments. These systems shall be separately controlled within each compartment. Fresh air intakes shall be located in the most practical, contaminant-free air space on the ambulance. The patient compartment shall be ventilated through the heating and cooling systems.

(f) The patient compartment in each ambulance shall have adequate lighting so that patient care can be given and the patient's status monitored without the need for portable or hand-held lighting. A reduced lighting level shall also be provided. A patient compartment light and step-well light shall be automatically activated by opening the entrance doors. Interior light fixtures shall be recessed and shall not protrude more than 1 1/2 inches.

(g) Each ambulance shall have an electrical system to meet maximum demand of the electrical specifications of the vehicle. All conversion equipment shall have individual fusing that is separate from the chassis fuse system.

(h) Each ground ambulance shall have lights and sirens as required by K.S.A. 8-1720 and K.S.A. 8-1738, and amendments thereto.

(i) Each ground ambulance shall have an exterior patient loading light over the rear door, which shall be activated both manually by an inside switch and automatically when the door is opened.

(j) The operator shall mark each ground ambulance licensed by the board as follows:

(1) The name of the ambulance service shall be in block letters, not less than four inches in height, and in a color that contrasts with the background color. The service name shall be located on both sides of the ambulance and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.

(2) Any operator may use a decal or logo that identifies the ambulance service in place of lettering. The decal or logo shall be at least 10 inches in height and shall be in a color that contrasts with the background color. The decal or logo shall be located on both sides of the ambulance and shall be placed in such a manner that the decal or logo is readily identifiable to other motor vehicle operators.

(3) Each ground ambulance initially licensed by the board before January 1, 1995 that is identified either by letters or a logo on both sides of the ground ambulance shall be exempt from the minimum size requirements in paragraphs (1) and (2) of this subsection.

(k) Each ~~type I, type II, type IIA, and type V~~ ground ambulance shall have a communications system that is readily accessible to both the attendant and the driver and is in compliance with K.A.R. 109-2-5(a).

(l) An operator shall equip each ground ambulance as follows:

(1) At least two annually inspected ABC fire extinguishers or comparable fire extinguishers with at least five pounds of dry chemical, which shall be secured. One fire extinguisher shall be easily accessible by the driver, and the other shall be easily accessible by the attendant;

(2) either two portable, functional flashlights or one flashlight and one spotlight;

(3) one four-wheeled or six-wheeled, all-purpose, multilevel cot with an elevating head and at least two safety straps with locking mechanisms;

(4) one urinal;

(5) one bedpan;

(6) one emesis basin or convenience bag;

(7) one complete change of linen;

(8) two blankets;

(9) one waterproof cot cover;

(10) one pillow; and

(11) a “no-smoking” sign posted in the patient compartment and the driver compartment.

(m) The operator shall equip each ground ambulance with the following internal medical systems:

(1) An oxygen system with at least two outlets located within the patient compartment and at least 2,000 liters of storage capacity, with a minimum oxygen level of 200 psi. The cylinder shall be in a compartment that is vented to the outside. The pressure gauge and

regulator control valve shall be readily accessible to the attendant from inside the patient compartment; and

(2) a functioning, on-board, electrically powered suction aspirator system with a vacuum of at least 300 millimeters of mercury at the catheter tip. The unit shall be easily accessible with large-bore, nonkinking suction tubing and a large-bore, semirigid, nonmetallic oropharyngeal suction tip.

(n) The operator shall equip each ground ambulance with the following medical equipment:

(1) A portable oxygen unit of at least 300-liter storage capacity, complete with pressure gauge and flowmeter and with a minimum oxygen level of 200 psi. The unit shall be readily accessible from inside the patient compartment;

(2) a functioning, portable, self-contained battery or manual suction aspirator with a vacuum of at least 300 millimeters of mercury at the catheter tip and a transparent or translucent collection bottle or bag. The unit shall be fitted with large-bore, nonkinking suction tubing and a large-bore, semirigid, nonmetallic oropharyngeal suction tip, unless the unit is self-contained;

(3) a hand-operated, adult bag-mask ventilation unit, which shall be capable of use with the oxygen supply;

(4) a hand-operated, pediatric bag-mask ventilation unit, which shall be capable of use with oxygen supply;

(5) oxygen masks in adult and pediatric sizes;

(6) nasal cannulas in adult and pediatric sizes;

(7) oropharyngeal airways in adult, pediatric, and infant sizes;

(8) a blood pressure manometer with extra-large, adult, and pediatric cuffs and a stethoscope;

(9) an obstetric kit with contents as described in the ambulance service's medical protocol;

(10) sterile burn sheets;

(11) sterile large trauma dressings;

(12) assorted sterile gauze pads;

(13) occlusive gauze pads;

(14) rolled, self-adhering bandages;

(15) adhesive tape at least one inch wide;

(16) bandage shears;

(17) one liter of sterile water, currently dated or one liter of sterile saline, currently dated;

and

(18) currently dated medications, as authorized by the scope of practice and protocols.

(o) The operator shall equip each ground ambulance with the following patient-handling and splinting equipment:

(1) If required by protocol, a long spinal-immobilization device, complete with accessories to immobilize a patient;

(2) a set of extremity splints including one arm and one leg splint, in adult

and pediatric sizes;

(3) a set of rigid cervical collars in assorted adult and pediatric sizes;

(4) if required by protocol, foam wedges or other devices that serve to stabilize the head, neck, and back as one unit; and

(5) patient disaster tags.

(p) The operator shall equip each ~~type I, type IIA, type II, and type V~~ ground ambulance with the following blood-borne and body fluid pathogen protection equipment in a quantity sufficient for crew members:

(1) Surgical or medical protective gloves;

(2) protective goggles, glasses or chin-length clear face shields;

(3) filtering masks that cover the mouth and nose;

(4) nonpermeable, full-length, long-sleeve protective gowns;

(5) a leakproof, rigid container clearly marked as "Biohazard" for the disposal of sharp objects; and

(6) a leakproof, closeable container for soiled linen and supplies.

(q) ~~The operator shall equip each type I ambulance, type IIA ambulance, and type V ambulance with the following:~~

~~(1) A monitor-defibrillator;~~

~~(2) a drug supply as listed in the ambulance service's medical protocols;~~

~~(3) intravenous administration sets according to medical protocol;~~

~~(4) intravenous solutions in plastic bags or plastic bottles as listed in the ambulance service's medical protocols;~~

~~(5) assorted syringes and needles necessary to meet the requirements of the medical protocols; and~~

~~(6) if authorized by protocols, endotracheal tubes and laryngoscope blades in adult, child, and infant sizes.~~

(f) If an operator's medical protocols or equipment list is amended, a copy of these changes shall be submitted to the board by the ambulance service operator within 15 days of implementation of the change. Equipment and supplies obtained on a trial basis or for temporary use by the operator shall not be required to be reported to the board by an operator. (Authorized by K.S.A. ~~2014~~ 2015 Supp. 65-6110; implementing K.S.A. ~~2014~~ 2015 Supp. 65-6110, ~~K.S.A. 2014 Supp. 65-6112~~, and K.S.A. 65-6128; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Aug. 16, 1993; amended Jan. 31, 1997; amended Jan. 27, 2012; amended Feb. 13, 2015; amended P-_____.)

109-2-11. Standards for ~~type-V~~ air ambulances and equipment. (a) The operator shall ensure that the patient compartment in each air ambulance is configured in such a way that air medical personnel have adequate access to the patient in order to begin and maintain care commensurate with the patient's needs. The operator shall ensure that the air ambulance has adequate access and necessary space to maintain the patient's airway and to provide adequate ventilator support by an attendant from the secured, seat-belted position within the air ambulance.

(b) Each air ambulance operator shall have a policy that addresses climate control of the aircraft for the comfort and safety of both the patient and air medical personnel. The air medical crew shall take precautions to prevent temperature extremes that could adversely affect patient care.

(c) The operator shall equip each ~~type-V~~ air ambulance with the following:

(1) Either two portable functioning flashlights or a flashlight and one spotlight;

(2) either a cot with an elevating head and at least three safety straps with locking mechanisms or an isolette;

(3) one emesis basin or convenience bag;

(4) one complete change of linen;

(5) one blanket;

(6) one waterproof cot cover; and

(7) a "no-smoking" sign posted in the aircraft.

(d) Each ~~fixed-wing~~ air ambulance shall have a two way communications system that is readily accessible to both the medical personnel and the pilot and that meets the following requirements:

(1) Allows communication between the aircraft and air traffic control systems; and

(2) allows air medical personnel to communicate at all times with medical control,

exclusive of the air traffic control system.

(e) The pilot or pilots shall be sufficiently isolated from the patient care area to minimize in-flight distractions and interference.

(f) The operator shall equip each ~~type-V~~ air ambulance with an internal medical system that includes the following:

(1) An internal oxygen system with at least one outlet per patient located inside the patient compartment and with at least 2,500 liters of storage capacity with a minimum of 200 psi. The pressure gauge, regulator control valve, and humidifying accessories shall be readily accessible to attendants and medical personnel from inside the patient compartment during in-flight operations;

(2) an electrically powered suction aspirator system with an airflow of at least 30 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be equipped with large-bore, nonkinking suction tubing and a semirigid, nonmetallic oropharyngeal suction tip; and

(3) oxygen flowmeters and outlets that are padded, flush-mounted, or located to prevent injury to air medical personnel, unless helmets are worn by all crew members during all phases of flight operations.

(g) The operator shall equip each ~~type-V~~ air ambulance with the following:

(1) A portable oxygen unit of at least 300-liter storage capacity complete with pressure gauge and flowmeter with a minimum of 200 psi. The unit shall be readily accessible from inside the patient compartment;

(2) a portable, self-contained battery or manual suction aspirator with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be fitted with large-bore, nonkinking suction tubing and a semirigid, nonmetallic, oropharyngeal suction tip;

(3) medical supplies and equipment that include the following:

(A) Airway management equipment, including tracheal intubation equipment, adult, pediatric, and infant bag-valve masks, and ventilatory support equipment;

(B) a cardiac monitor capable of defibrillating and an extra battery or power source;

(C) cardiac advanced life support drugs and therapeutic modalities, as indicated by the ambulance service's medical protocols;

(D) neonate specialty equipment and supplies for neonatal missions and as indicated by the ambulance service's medical protocols;

(E) trauma advanced life support supplies and treatment modalities, as indicated in the ambulance service's medical protocols; and

(F) a pulse oximeter and an intravenous infusion pump; and

(4) blood-borne and body fluid pathogen protection equipment as described in K.A.R. 109-2-8.

(h) If an operator's medical protocols are amended, the operator shall submit these changes to the board with a letter of approval pursuant to K.S.A. 65-6112 (r), and amendments thereto, within 15 days of implementation of the change.

(i) Equipment and supplies obtained on a trial basis or for temporary use by the operator shall not be required to be reported to the board by the operator. If the operator's medical equipment list is amended, the operator shall submit these changes to the board within 15 days with a letter of approval from the ambulance service's medical director.

(j) Each air ambulance operator shall ensure that each air ambulance has on board, at all times, appropriate survival equipment for the mission and terrain of the ambulance service's geographic area of operations.

(k) Each air ambulance operator shall ensure that the aircraft has an adequate interior lighting system so that patient care can be provided and the patient's status can be monitored without interfering with the pilot's vision. The air ambulance operator shall ensure that the aircraft cockpit is capable of being shielded from light in the patient care area during night operations or that red lighting or a reduced lighting level is also provided for the pilot and air ambulance personnel.

(l) Each aircraft shall have at least one stretcher that meets the following requirements:

(1) Accommodates a patient who is up to six feet tall and weighs 212 pounds;

(2) is capable of elevating the patient's head at least 30 degrees for patient care and comfort;

(3) has three securing straps for adult patients; and

(4) has a specifically designed mechanism for securing pediatric patients.

(m) Each air ambulance operator shall ensure that all equipment, stretchers, and seating are so arranged as not to block rapid egress by air medical personnel or patients from the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or secured in either approved racks or compartments or by strap restraint while the aircraft is in operation.

(n) The aircraft shall have an electric inverter or appropriate power source that is sufficient to power patient specific medical equipment without compromising the operation of any electrical aircraft equipment.

(o) When an isolette is used during patient transport, the operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the infant.

(p) Each air ambulance operator shall ensure that all medical equipment is maintained according to the manufacturer's recommendations and does not interfere with the aircraft's navigation or onboard systems.

(q)(1) Each operator of a ~~type-V~~ an air ambulance service shall staff each ~~type-V~~ air ambulance with a pilot and one of the following groups of individuals, who shall remain in the patient compartment during patient transport:

(A) At least two of the following: physician, physician assistant, advanced practice registered nurse, or professional nurse; or

(B) one of the individuals listed in paragraph (q)(1)(A) and one of the following:

(i) ~~An MICT or~~ A paramedic; or

(ii) an optional staff member commensurate with the patient's care needs, as determined by the ambulance service's medical director or as described in the ambulance service's medical protocols, who shall be health care personnel as defined in K.A.R. 109-1-1. The medical personnel shall remain in the patient compartment during patient transport.

(2)(A) When providing critical care transports as defined in K.A.R. 109-1-1, at least one of the medical personnel specified in paragraphs (q)(1)(A) and (B) shall be currently certified in advanced cardiac life support by a certifying entity approved by the board.

(B) When performing neonatal or pediatric missions, at least one of the medical personnel specified in paragraphs (q)(1)(A) and (B) shall be currently certified in advanced life support for neonatal and pediatric patients by a certifying entity approved by the board.

(C) When responding to the scene of an accident or medical emergency, not including transports between medical facilities, at least one of the medical personnel specified in paragraphs (q)(1)(A) and (B) shall be certified in one of the following areas by a certifying entity approved by the board:

- (i) International trauma life support-advanced (ITLSA);
- (ii) transport professional advanced trauma course (TPATC);
- (iii) trauma nurse core course (TNCC);
- (iv) certified flight registered nurse (CFRN);
- (v) certified transport registered nurse (CTRN);
- (vi) pre-hospital trauma life support (PHTLS);

(vii) advanced care and trauma transport (ACTT);

(viii) critical care emergency medical technician paramedic (CCEMTP); or

(ix) flight paramedic-certification (FP-C). (Authorized by and implementing

K.S.A. ~~2013~~ 2015 Supp. 65-6110; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012; amended July 7, 2014; amended P-_____.)

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

(b) First responder and emergency medical responder fees:

(1) application for certification 15.00

(2) certification renewal application fee for a renewal that expires on a biennial20.00

basis if received before certificate expiration

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

certificate expiration

(4) certification renewal application fee if received on or after the 32nd calendar80.00

day after certificate expiration

(c) Paramedic fees:

(1) application for certification65.00

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

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

certificate expiration

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

day after certificate expiration.....

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

fees:

(1) application for certification50.00

(2) certification renewal application fee if received before certificate expiration30.00

(3) certification renewal application fee if received within 31 calendar days after

certificate expiration.....60.00

(4) certification renewal application fee if received on or after the 32nd calendar ..120.00

day after certificate expiration

(e) Instructor-coordinator and training officer fees:

(1) application for certification65.00

(2) certification renewal application fee if received before certificate expiration30.00

(3) certification renewal application fee if received within 31 calendar days after.....60.00

certificate expiration

(4) certification renewal application fee if received on or after the 32nd calendar ..120.00

day after certificate expiration

(f) ~~Type I, II, II-A, and V~~ Ambulance service fees:

(1) Service permit application fee100.00

(2) service permit renewal fee if received on or before permit expiration.....100.00

(3) service permit renewal fee if received after permit expiration.....200.00

(4) vehicle license application fee40.00

(5) temporary license for an ambulance.....10.00

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

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

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

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

(i) Payment submitted to the board for application for certification fee or renewal fee for more than one attendant, training officer, or I-C shall not be accepted, unless the fee amount is correct. (Authorized by K.S.A. 2015 Supp. 65-6110, ~~as amended by L. 2011, ch. 114, sec. 81,~~ K.S.A. ~~2010~~ 2015 Supp. 65-6111, K.S.A. 65-6127, K.S.A. ~~2010~~ 2015 Supp. 65-6129, ~~as amended by L. 2011, ch. 114, sec. 88,~~ K.S.A. 65-6129b, and K.S.A. ~~2010~~ 2015 65-6129c, ~~as amended by L. 2011, ch. 114, sec. 65;~~ implementing K.S.A. ~~2010~~ 2015 Supp. 65-6111, K.S.A. 65-6127, K.S.A. 65-6128, K.S.A. ~~2010~~ 2015 Supp. 65-6129, ~~as amended by L. 2011, ch. 114, sec. 88,~~ K.S.A. 65-6129b, and K.S.A. ~~2010~~ 2015 Supp. 65-6129c, ~~as amended by L. 2011, ch. 114, sec. 65;~~ effective July 1, 1990; amended Feb. 3, 1992; amended Nov. 1, 1996; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Oct. 31, 2003; amended March 9, 2012; amended P-_____.)



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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-1-1 is a regulation that provides definitions for terms utilized in the EMS rules and regulations. Revisions reflect the change in terminology for ambulance types and to remove definitions no longer necessary.

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

The revision of this regulation is to reflect the change in terminology for ambulance types and to remove definitions no longer necessary. This regulation is not mandated by federal law.

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

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

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

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

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

There will be no anticipated economic impact on Emergency Medical Services associated with this regulatory revision.

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

There are no costs or intrusive methods associated with the revision of this regulation.

ECONOMIC IMPACT STATEMENT
K.A.R. 109-2-1

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-2-1 is a regulation that details out requirements for ambulance service operators. Revisions reflect the elimination of the requirement for the operator to maintain a current paper copy of each attendant certification card.

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

The revision of this regulation reflects the elimination of the requirement for the operator to maintain a current paper copy of each attendant certification card. This regulation is not mandated by federal law.

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

There is no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.

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

There may be a reduced financial impact on other governmental agencies, private business or individuals with this regulatory revision due to no longer needing to make and file photocopies of individual attendant certifications.

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

There will be no anticipated economic impact on Emergency Medical Services associated with this regulatory revision.

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

This method allows for less cost and is less intrusive than the current regulation.

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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-2-2 is a regulation that pertains to the requirements for initial application for a service permit and ambulance license as well as renewal. Revisions reflect the change in terminology for ambulance types and allow for the issuance of a temporary ambulance license.

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

The revision of this regulation reflects the change in terminology for ambulance types and allow for the issuance of a temporary ambulance license. This regulation is not mandated by federal law.

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

There may be minimal economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision with a possible adjustment in fees received. It is anticipated that this will occur on average less than 5 times per year.

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

There will be minimal financial impact on other governmental agencies, private business or individuals with this regulatory revision. The economic impact will be limited only to those that currently operate a type 5 service as both ground and air. It is anticipated that this will occur on average less than 5 times per year.

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

There will be no anticipated economic impact on Emergency Medical Services associated with this regulatory revision.

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

This is the less costly and less intrusive method.

**ECONOMIC IMPACT STATEMENT
K.A.R. 109-2-6**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-2-6 is a regulation that details the types of ambulance services and their requirements. Revisions reflect the change in terminology for ambulance types and details out staffing requirements for each type.

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

This regulation reflects the change in terminology for ambulance types and details out staffing requirements for each type. This regulation is not mandated by federal law.

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

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

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

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

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

There will be no anticipated economic impact on Emergency Medical Services associated with this regulatory revision.

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

This is the less costly and less intrusive method.

**ECONOMIC IMPACT STATEMENT
K.A.R. 109-2-7**

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-2-7 is a regulation that specifically addressed staffing for ground and air ambulances. This regulation is being revoked due to staffing requirements being addressed in other regulations.

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

This regulation is being revoked due to staffing requirements being addressed in other regulations. This regulation is not mandated by federal law.

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

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

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

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

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

There will be no anticipated economic impact on Emergency Medical Services associated with this regulatory revocation.

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

There are no costs or intrusive methods associated with the revocation of this regulation.

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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-2-8 is the regulation that specifies the standards for all ground ambulances. Revisions reflect the change in terminology for ambulance types. It allows for ambulance services to reduce the equipment carried on their ambulances based on service needs determined by medical protocol and medical direction.

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

This regulation specifies the standards for all ground ambulances. Revisions reflect the change in terminology for ambulance types. This regulation is not mandated by federal law.

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

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

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

There may be a reduced financial impact on other governmental agencies, private business or individuals with this regulatory revision by allowing them to determine a reduction of equipment to be carried on the ambulances.

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

There will be no anticipated economic impact on Emergency Medical Services associated with this regulatory revision.

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

This is the less costly and less intrusive method.

ECONOMIC IMPACT STATEMENT
K.A.R. 109-2-11

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-2-11 is the regulation that specifies the standards for all air ambulances.

Revisions reflect the change in terminology for ambulance types.

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

This regulation specifies the standards for all air ambulances. Revisions reflect the change in terminology for ambulance types. This regulation is not mandated by federal law.

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

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

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

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

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

There will be no anticipated economic impact on Emergency Medical Services associated with this regulatory revision.

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

There are no costs or intrusive methods associated with the revision of this regulation.

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

I. Summary of Proposed Regulation, Including Its Purpose.

K.A.R. 109-7-1 is a regulation that details out the fees for licenses, certification, and permits issued by the board. Revisions reflect the change in terminology for ambulance types and creates a fee for the issuance of a temporary ambulance license.

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

This regulation details out the fees for licenses, certification, and permits issued by the board. Revisions reflect the change in terminology for ambulance types and creates a fee for the issuance of a temporary ambulance license. This regulation is not mandated by federal law.

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

~~There will be no anticipated economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision.~~ There may be minimal economic impact to the Kansas Board of Emergency Medical Services associated with this regulatory revision. There is an added fee to the schedule, which allows for a temporary license for an ambulance. Past practice was to prorate ambulance license fees. In some instances, there may be a reduced fee and in few cases, there is a potential for increased fee. It is anticipated that this may occur less than five times per year.

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

There may be minimal economic impact on other governmental agencies, private business or individuals with this regulatory revision. There is an added fee to the schedule,

which allows for a temporary license for an ambulance. Past practice was to prorate ambulance license fees. In some instances, there may be a reduced fee and in few cases, there is a potential for increased fee. It is anticipated that this may occur less than five times per year.

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

There will be no anticipated economic impact on Emergency Medical Services associated with this regulatory revision.

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

This is the less costly and less intrusive method.