

HCS HB 868 -- REGIONAL EMERGENCY MEDICAL SERVICES (Rhoads)

COMMITTEE OF ORIGIN: Standing Committee on Public Safety and
Emergency Preparedness

Currently, any district providing emergency services is entitled to reimbursement from the Special Allocation Fund in the amount of 50% to 100% of the district's tax increment. This bill authorizes an ambulance district board, a fire protection district board, or an emergency telephone service 911 board to set the reimbursement rate prior to the time the assessment is paid into the Special Allocation Fund.

The bill adds development, review, and recommendation for action to be taken on community and regional time critical diagnosis plans to the list of items the regional EMS advisory committee must advise and make recommendations on. The bill requires the regional EMS medical director to serve as a member of the regional EMS committee.

The bill requires the regional EMS medical director to serve a term of four years. The southwest, northwest, and Kansas City regional EMS medical directors must be elected to an initial two-year term. The central, east central, and southeast regional EMS medical directors must be elected to an initial four-year term. All subsequent terms following the initial terms will be four years.

The bill specifies that a licensed emergency medical technician, if acting in good faith and without gross negligence, must not be liable for transporting a person for whom an application for detention for evaluation and treatment has been filed or for physically or chemically restraining an at-risk behavioral health patient if the restraint is to ensure the safety of the patient or technician.

If the Department of Health and Senior Services investigates a complaint against an ambulance services and emergency personnel licensee, the department, prior to interviewing the licensee, must explain to the licensee that he or she has the right to:

- (1) Consult legal counsel or have legal counsel present;
- (2) Have anyone present whom he or she deems to be necessary or desirable; and
- (3) Refuse to answer any question or refuse to provide or sign any written statement.

The assertion of any of the above rights must not be deemed by the department to be a failure to cooperate with any department investigation. The department must be authorized to impose a suspension or revocation as a disciplinary action only if it first files the requisite complaint with the Administrative Hearing Commission. The commission must not be permitted to grant summary judgment in the instances if the licensee files an answer contesting the department's intended licensure action.

All complaints, investigatory reports, and information pertaining to an applicant; a holder of any certificate, permit or license; or other individual are confidential and must only be disclosed upon the written consent of the person whose records are involved or to other administrative or law enforcement agencies acting within the scope of their statutory authority. However, an applicant; holder of any certificate, permit, or license; or other individual cannot have access to any complaints, investigatory reports, or information concerning an investigation in progress until the required investigation has been completed.

The bill requires each licensed hospital and nursing home to establish policies and procedures that require the hospital or facility to give advance notification to emergency medical services personnel prior to the transportation of any at-risk behavioral health patient.

Any licensed emergency medical services personnel who conduct interfacility transfers of at-risk behavioral health patients may be properly trained as determined by the ambulance services and emergency medical response agency medical director with regard to proper restraint procedures and nonmedical management techniques.

The bill allows a physician treating an at-risk behavioral patient in an emergency situation that reasonably believes the patient may cause imminent serious harm to himself, herself, or others unless the patient is immediately transported to another appropriate facility to place the patient on a temporary involuntary hold for a period of time necessary to effectuate the patient's transport. During the transport, the emergency medical services personnel may rely on the physician's hold order as a basis for implied consent to treat and transport the patient and the personnel must not be liable for any claims of negligence, false imprisonment, or invasion of privacy based on the temporary hold, treatment, or transport of the patient. The bill specifies that these provisions must not be construed to limit the patient's rights under the federal Mental Health Patient's Bill of Rights.