

CHAPTER 211**(HB 469)**

AN ACT relating to emergency medical services.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

SECTION 1. KRS CHAPTER 311A IS ESTABLISHED AND A NEW SECTION THEREOF IS CREATED TO READ AS FOLLOWS:

As used in this chapter, unless the context otherwise requires:

- (1) *"Ambulance" means a vehicle which has been inspected and approved by the board, including a helicopter or fixed-wing aircraft, except vehicles or aircraft operated by the United States government, that are specially designed, constructed, or have been modified or equipped with the intent of using the same, for the purpose of transporting any individual who is sick, injured, or otherwise incapacitated who may require immediate stabilization or continued medical response and intervention during transit or upon arrival at the patient's destination to safeguard the patient's life or physical well-being;*
- (2) *"Ambulance provider" means any individual or private or public organization, except the United States government, who is licensed by the board to provide medical transportation services at either basic life support level or advanced life support level and who may have a vehicle or vehicles, including ground vehicles, helicopters, or fixed-wing aircraft to provide such transportation. An ambulance provider may be licensed as an air ambulance provider, as a Class I ground ambulance provider, as a Class II ground ambulance provider, or as a Class III ground ambulance provider;*
- (3) *"Board" means the Kentucky Board of Emergency Medical Services;*
- (4) *"Emergency medical facility" means a hospital or any other institution licensed by the Cabinet for Health Services that furnishes emergency medical services;*
- (5) *"Emergency medical services" means the services utilized in providing care for the perceived individual need for immediate medical care to protect against loss of life, or aggravation of physiological or psychological illness or injury;*
- (6) *"Emergency Medical Services for Children Program" or "EMSC Program" means the program established under this chapter;*
- (7) *"Emergency medical services personnel" means persons, certified or licensed, and trained to provide emergency medical services, and an authorized emergency medical services medical director, whether on a paid or volunteer basis;*
- (8) *"Emergency medical services system" means a coordinated system of health-care delivery that responds to the needs of acutely sick and injured adults and children, and includes community education and prevention programs, centralized access and emergency medical dispatch, communications networks, trained emergency medical services personnel, medical first response, ground and air ambulance services, trauma care systems, mass casualty management, medical direction, and quality control and system evaluation procedures;*
- (9) *"Emergency medical services training or educational institution" means any person or organization which provides emergency medical services training or education or in-service training, other than a licensed ambulance service which provides training, or in-service training in-house for its own employees or volunteers.*

- (10) *"Emergency medical technician" or "EMT" means a person certified under this chapter as an EMT-basic, EMT-basic instructor, or EMT-instructor trainer;*
- (11) *"First responder" means a person certified under this chapter as a first responder or first responder instructor;*
- (12) *"Emergency medical services medical director" means a physician licensed in Kentucky who is employed by, under contract to, or has volunteered to provide supervision for a paramedic or an ambulance service, or both;*
- (13) *"Paramedic" means a person who is involved in the delivery of medical services and is licensed under this chapter;*
- (14) *"Paramedic course coordinator" means a person certified under this chapter to coordinate a paramedic course. A paramedic course coordinator shall not practice as a paramedic unless they are also licensed as a paramedic;*
- (15) *"Paramedic preceptor" means a licensed paramedic who supervises a paramedic student during the field portion of the student's training;*
- (16) *"Prehospital care" means the provision of emergency medical services or transportation by trained and certified or licensed emergency medical services personnel at the scene or while transporting sick or injured persons to a hospital or other emergency medical facility; and*
- (17) *"Trauma" means a single or multisystem life-threatening or limb-threatening injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.*

SECTION 2. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *The Kentucky Board of Emergency Medical Services is created and shall consist of eighteen (18) members who are residents of Kentucky appointed by the Governor in conjunction with recognized state emergency medical services related organizations. Membership shall be made up of the following:*
 - (a) *One (1) paramedic who works for a government agency but is not serving in an educational, management, or supervisory capacity;*
 - (b) *One (1) emergency medical technician-basic who works for a government agency but is not serving in an educational, management, or supervisory capacity;*
 - (c) *One (1) first responder who is not serving in an educational, management, or supervisory capacity;*
 - (d) *One (1) physician licensed in Kentucky having a primary practice in the delivery of emergency medical care selected from a list of three (3) physicians submitted by the Kentucky Medical Association;*
 - (e) *One (1) physician licensed in Kentucky serving as medical director of an advanced life support ambulance service, selected from a list of three (3) physicians submitted by the Kentucky Medical Association;*
 - (f) *One (1) physician licensed in Kentucky who routinely is involved in the emergency care of ill and injured children selected from a list of three (3) physicians submitted by the Kentucky Medical Association;*

- (g) *One (1) trauma surgeon licensed in Kentucky selected from a list of three (3) physicians submitted by the Kentucky Medical Association;*
 - (h) *One (1) citizen having no involvement in the delivery of medical or emergency services;*
 - (i) *One (1) emergency medical services educator from a Kentucky technical college, community college, college, or university that provides an emergency medical services educational program;*
 - (j) *One (1) mayor of a city that operates, either directly or through contract services, a licensed Class I ground ambulance service;*
 - (k) *One (1) county judge/executive from a county that operates, whether directly or through contract services, a licensed Class I ground ambulance service;*
 - (l) *One (1) volunteer-staffed, licensed Class I ground ambulance service administrator who is a certified emergency medical technician or a licensed paramedic;*
 - (m) *One (1) fire-service-based, licensed Class I ground ambulance service administrator who is a certified emergency medical technician or a licensed paramedic;*
 - (n) *One (1) licensed air ambulance service administrator or paramedic for a licensed air ambulance service headquartered in Kentucky;*
 - (o) *One (1) private licensed Class I ground ambulance service administrator who is a certified emergency medical technician or a licensed paramedic who is a resident of Kentucky;*
 - (p) *One (1) hospital administrator selected from a list of five (5) nominees submitted by the Kentucky Hospital Association;*
 - (q) *One (1) basic life support, licensed Class I government-operated ground ambulance service administrator who is a certified emergency medical technician or a licensed paramedic; and*
 - (r) *One (1) advanced life support, government-operated ambulance service administrator who is a certified emergency medical technician or a licensed paramedic.*
- (2) *No board member shall serve more than two (2) consecutive terms. A member appointed to a partial term vacancy exceeding two (2) years shall be deemed to have served a full term. A former member may be reappointed following an absence of one (1) term.*
- (3) *The board shall annually:*
- (a) *Meet at least six (6) times a year;*
 - (b) *In September, elect a chair and vice chair by majority vote of the members present; and*
 - (c) *Set a schedule of six (6) regular meetings for the next twelve (12) month period.*
- (4) *The board shall adopt a quorum and rules of procedure by administrative regulation.*
- (5) (a) *A member of the board who misses three (3) regular meetings in one (1) year shall be deemed to have resigned from the board and his or her position shall be deemed vacant.*

- (b) The failure of a board member to attend a special or emergency meeting shall not result in any penalty.*
 - (c) The year specified in this subsection shall begin with the first meeting missed and end three hundred sixty-five (365) days later or with the third meeting missed, whichever occurs earlier.*
 - (d) The Governor shall appoint a person of the same class to fill the vacancy within ninety (90) days.*
 - (e) The person removed under this subsection shall not be reappointed to the board for ten (10) years.*
- (6) Members of the board shall be entitled to reimbursement for actual and necessary expenses when carrying out official duties of the board in accordance with state administrative regulations relating to travel reimbursement. The board shall meet at least six (6) times each year.*

SECTION 3. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

(1) The board shall:

- (a) Exercise all of the administrative functions of the state not regulated by the Board of Medical Licensure or Cabinet for Health Services in the regulation of the emergency medical services system and the practice of first responders, emergency medical technicians, paramedics, ambulance services, and emergency medical services training institutions;*
- (b) Issue any licenses or certifications authorized by this chapter;*
- (c) Oversee the operations and establish the organizational structure of the Office of the Kentucky Board of Emergency Medical Services, which is created and shall be attached to the board for administrative purposes. The office shall be headed by the executive director appointed under paragraph (d) of this subsection and shall be responsible for:*
 - 1. Personnel and budget matters affecting the board;*
 - 2. Fiscal activities of the board, including grant writing and disbursement of funds;*
 - 3. Information technology, including the design and maintenance of databases;*
 - 4. Certification and recertification of first responders;*
 - 5. Certification and recertification of emergency medical technicians;*
 - 6. Licensure and relicensure of ambulances and ambulance services;*
 - 7. Licensure and relicensure of paramedics;*
 - 8. Certification and recertification of paramedic course coordinators;*
 - 9. Investigation of and resolution of quality complaints and ethics issues; and*
 - 10. Other responsibilities that may be assigned to the executive director by the board;*

- (d) *Employ an executive director and deputy executive director and fix the compensation. The executive director and deputy executive director shall serve at the pleasure of the board, administer the day-to-day operations of the Office of the Kentucky Board of Emergency Medical Services, and supervise all directives of the board. The director and deputy executive director shall possess a baccalaureate degree and shall have no less than five (5) years of experience in public administration or in the administration of an emergency medical services program;*
- (e) *Employ or contract with a physician licensed in Kentucky who is board certified in emergency medicine and fix the compensation. The physician shall serve at the pleasure of the board and as the medical advisor to the Kentucky Board of Emergency Medical Services and the staff of the board;*
- (f) *Employ or contract with a general counsel licensed to practice law in Kentucky and fix the compensation. The general counsel shall serve at the pleasure of the board;*
- (g) *Employ personnel sufficient to carry out the statutory responsibilities of the board.*
 - 1. *Personnel assigned to investigate a first responder program complaint or regulate the first responder programs shall be certified first responders, emergency medical technicians, or licensed paramedics.*
 - 2. *Personnel assigned to investigate an emergency medical technician program complaint or regulate the emergency medical technician program shall be certified emergency medical technicians or paramedics.*
 - 3. *Personnel assigned to investigate a paramedic program complaint or regulate the paramedic program shall be licensed paramedics.*
 - 4. *A person who is employed by the board who is licensed or certified by the board shall retain his or her license or certification if he or she meets the in-service training requirements and pays the fees specified by administrative regulation.*
 - 5. *A person who is employed by the board may instruct in emergency medical subjects in which they are qualified, with the permission of the board. All instruction shall be rendered without remuneration other than their state salary and the employee shall be considered as on state duty when teaching.*
 - 6. *A person who is employed by the board may render services for which the person is qualified at a declared disaster or emergency or in a situation where trained personnel are not available until those personnel arrive to take over the patient, or where insufficient trained personnel are available to handle a specific emergency medical incident. All aid shall be rendered without remuneration other than the employee's state salary and the employee shall be considered as on state duty when rendering aid. In cases specified in this paragraph, the state medical advisor shall serve as the emergency medical services medical director for the employee;*
- (h) *Establish committees and subcommittees and the membership thereof. Members of committees and subcommittees do not need to be members of the board;*
- (i) *Enter into contracts, apply for grants and federal funds, and disburse funds to local units of government as approved by the General Assembly. All funds received by the*

board shall be placed in a trust and agency account in the State Treasury subject to expenditure by the board;

- (j) Administer the Emergency Medical Services for Children Program; and*
 - (k) Establish minimum curriculum and standards for emergency medical services training.*
- (2) The board may utilize materials, services, or facilities as may be made available to it by other state agencies or may contract for materials, services, or facilities.*
 - (3) The board may delegate to the executive director, by written order, any function other than promulgation of an administrative regulation specified in this chapter.*
 - (4) Except for securing funding for trauma centers and the implementation of Section 31 of this Act, the board shall not regulate a trauma center.*

SECTION 4. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) The board shall, subject to the provisions of this chapter, create levels of certification or licensure, as appropriate for individuals providing services under this chapter. These may consist of, but not be limited to:*
 - (a) First responder and first responder instructor;*
 - (b) Emergency medical technician-basic, emergency medical technician-basic instructor, and emergency medical technician-basic instructor trainer;*
 - (c) Paramedic, paramedic course coordinator, paramedic instructor, and paramedic preceptor;*
 - (d) Emergency medical services medical director who supervises a person or organization licensed or certified by the board;*
 - (e) Emergency medical service training institution;*
 - (f) Emergency medical service testing agency;*
 - (g) Ground ambulance service, including categories thereof;*
 - (h) Air ambulance service;*
 - (i) Medical first response provider;*
 - (j) Emergency medical dispatcher, emergency medical dispatch instructor, and emergency medical dispatch instructor trainer;*
 - (k) Emergency medical dispatch center or public safety answering point; and*
 - (l) Any other entity authorized by this chapter.*
- (2) The board shall promulgate administrative regulations for any certification or license the board may create. The administrative regulations shall, at a minimum, address:*
 - (a) Requirements for students, if appropriate;*
 - (b) Requirements for training;*
 - (c) Eligibility for certification or licensure; and*
 - (d) Renewal, recertification, and relicensure requirements.*

- (3) *The board may authorize a physician licensed to practice in Kentucky to serve as an emergency medical services medical director if that physician meets the requirements specified by the board by administrative regulation.*

SECTION 5. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to carry out the functions of this chapter, including, but not limited to:

- (1) *Licensing, inspecting, and regulating of ambulance services and medical first-response providers. The administrative regulations shall address specific requirements for:*
- (a) *Air ambulance providers, which provide basic or advanced life support services;*
 - (b) *Class I ground ambulance providers, which provide basic life support or advanced life support services to all patients for emergencies or scheduled ambulance transportation which is medically necessary;*
 - (c) *Class II ground ambulance providers, which provide only basic life support services but do not provide initial response to the general population with medical emergencies and which are limited to providing scheduled ambulance transportation which is medically necessary;*
 - (d) *Class III ground ambulance providers, which provide mobile intensive care services at or above the level of advanced life support to patients with critical illnesses or injuries who must be transported between hospitals in vehicles with specialized equipment as an extension of hospital-level care; and*
 - (e) *Medical first-response providers, which provide prehospital or advanced life support services, but do not transport patients; and*
- (2) *Emergency medical services training institutions.*

Nothing in this section shall be construed to change or alter the issuance of certificates of need for emergency medical services providers.

SECTION 6. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

The board may carry out the functions of this chapter, including, but not limited to:

- (1) *Establishing minimum data reporting requirements, including requirements specifically related to emergency medical services and trauma care of children, for ambulance providers and collection and analysis of data related to the provision of emergency medical services;*
- (2) *Maintaining the Emergency Medical Services for Children Program with federal funds so designated plus any additional funds that may be appropriated by the General Assembly, or any other funds that may become available to the board, including gifts, grants, or other sources;*
- (3) *Developing a statewide plan for the implementation of emergency medical services systems and trauma care systems within the Commonwealth of Kentucky that specifically addresses the unique needs of rural areas;*

- (4) *Applying for, receiving, and disposing of federal, state, or private funds by grant, appropriation, donation, or otherwise for emergency medical services programs, personnel, and equipment; and*
- (5) *Developing, monitoring, and encouraging other projects and programs that may be of benefit to emergency medical services in the Commonwealth;*

Nothing in this section shall be construed to change or alter the issuance of certificates of need for emergency medical services providers.

SECTION 7. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *The board may, on petition by an interested party, issue an advisory opinion relating to the applicability to any person, property, or state of facts of a statute in this chapter, administrative regulation promulgated by the board, decision, order, or other written statement of law or policy within the jurisdiction of the board.*
- (2) *An advisory opinion shall be binding on the board and all parties to the proceeding on the statement of facts alleged.*
- (3) *The board may not retroactively change an advisory opinion, but nothing in this section shall prevent the board from prospectively changing an advisory opinion.*
- (4) *The board shall promulgate an administrative regulation in accordance with KRS Chapter 13A on procedures for submission, consideration, reconsideration, and disposition of a petition for an advisory opinion.*
- (5) *An advisory opinion of the board may be appealed to the Circuit Court of the county in which the board's offices are located within thirty (30) days of the date of the advisory opinion by the board.*
- (6) *Each advisory opinion shall be a public record and shall be published in the manner specified by the board.*
- (7) *When the board supersedes, vacates, modifies, or repeals a previous advisory opinion the new opinion shall specify each previous opinion affected.*

SECTION 8. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *The board may employ or contract with a coordinator and other positions who shall serve at the pleasure of the board for the Emergency Medical Services for Children Program for which funding is provided by the General Assembly or through any other sources, including gifts, grants, or federal funds.*
- (2) *The coordinator shall, subject to the direction of the board:*
 - (a) *Implement and oversee the Emergency Medical Services for Children Program described in this section; and*
 - (b) *Serve as liaison for collaboration and coordination between the Emergency Medical Services for Children Program, the board and other public and private organizations, the state traffic safety office, the maternal and child health program, the Medicaid department, the state and local child fatality review and response teams, state and local professional organizations, private sector voluntary organizations, and consumer and community representatives.*

- (3) *The Emergency Medical Services for Children Program may include, but not be limited to, the establishment of the following:*
- (a) *Guidelines for necessary out-of-hospital medical service equipment;*
 - (b) *Guidelines and protocols for out-of-hospital pediatric emergency medical services;*
 - (c) *Assistance in the development and provision of professional education programs for emergency medical services personnel for the provision of emergency care of infants and children;*
 - (d) *Coordination and cooperation between the Emergency Medical Services for Children Program and other public and private organizations interested or involved in emergency care for children, including those persons and organizations identified in subsection (2)(b) of this section; and*
 - (e) *The scope of activities carried out by and the provision of staff for the Emergency Medical Services for Children Program shall be commensurate with the availability of funds.*
- (4) *Funds received by the Emergency Medical Services for Children Program shall be placed in a trust and agency account in the state treasury which shall not lapse unless grant provisions specify otherwise. No funds shall be expended from a grant except by vote of the board.*

SECTION 9. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *No person shall:*
- (a) *Call or hold himself or herself out as or use the title of emergency medical technician, first responder, paramedic, first responder instructor or instructor trainer, emergency medical technician instructor or instructor trainer, or paramedic instructor, paramedic instructor trainer, or paramedic course coordinator unless licensed or certified under the provisions of this chapter. The provisions of this subsection shall not apply if the board does not license or certify a person as an instructor, instructor trainer, or course coordinator in a particular discipline regulated by the board;*
 - (b) *Operate or offer to operate or represent or advertise the operation of a school or other educational program for first responders, emergency medical technicians, paramedics, or instructors or instructor trainers for first responders, emergency medical technicians, or paramedics unless the school or educational program has been approved under the provisions of this chapter. The provisions of this paragraph shall not apply to in-house training given by an ambulance service for its employees or volunteers; or*
 - (c) *Knowingly employ a first responder, emergency medical technician, paramedic, or an instructor or instructor trainer for first responders, emergency medical technicians, or paramedics, or paramedic course coordinator unless that person is licensed or certified under the provisions of this chapter.*
- (2) *No person licensed or certified by the board or who is an applicant for licensure or certification by the board shall:*

- (a) *If licensed or certified, violate any provision of this chapter or any administrative regulation promulgated by the board;*
 - (b) *Use fraud or deceit in obtaining or attempting to obtain a license or certification from the board, or be granted a license upon mistake of a material fact;*
 - (c) *If licensed or certified by the board, grossly negligently or willfully act in a manner inconsistent with the practice of the discipline for which the person is certified or licensed;*
 - (d) *Be unfit or incompetent to practice a discipline regulated by the board by reason of negligence or other causes;*
 - (e) *Abuse, misuse, or misappropriate any drugs placed in the custody of the licensee or certified person for administration, or for use of others;*
 - (f) *Falsify or fail to make essential entries on essential records;*
 - (g) *Be convicted of a misdemeanor which involved acts that bear directly on the qualifications or ability of the applicant, licensee, or certified person to practice the discipline for which the person is an applicant, licensee, or certified person;*
 - (h) *Be convicted of a misdemeanor which involved fraud, deceit, breach of trust, or physical harm or endangerment to self or others, acts that bear directly on the qualifications or ability of the applicant, licensee, or certificate holder to practice acts in the license or certification held or sought;*
 - (i) *Be convicted of a misdemeanor offense under KRS Chapter 510 involving a patient or be found by the board to have had sexual contact as defined in KRS 510.010(7) with a patient while the patient was under the care of the licensee or certificate holder;*
 - (j) *Have had his or her license or credential to practice as a nurse or physician denied, limited, suspended, probated, revoked, or otherwise disciplined in Kentucky or in another jurisdiction on grounds sufficient to cause a license to be denied, limited, suspended, probated, revoked, or otherwise disciplined in this Commonwealth;*
 - (k) *Have a license or certification to practice in any activity regulated by the board denied, limited, suspended, probated, revoked, or otherwise disciplined in another jurisdiction on grounds sufficient to cause a license or certification to be denied, limited, suspended, probated, revoked, or otherwise disciplined in this Commonwealth.*
 - (l) *Violate any lawful order or directive previously entered by the board;*
 - (m) *Have been listed on the nurse aide abuse registry with a substantiated finding of abuse, neglect, or misappropriation of property; or*
 - (n) *Be convicted of, have entered a guilty plea to, have entered an Alford plea to a felony offense, or completed a diversion program for a felony offense.*
- (3) *It shall be unlawful for any person licensed or certified by the board or an employer of a person licensed or certified by the board having knowledge of the facts to refrain from reporting to the board any person licensed or certified by the board who:*
- (a) *Has been convicted of, has entered a guilty plea to, has entered an Alford plea to a felony offense, or has completed a diversion program for a felony offense;*

- (b) Has been convicted of a misdemeanor or felony which involved acts that bear directly on the qualifications or ability of the applicant, licensee, or certified person to practice the discipline for which they are an applicant, licensee, or certified person;*
 - (c) Is reasonably suspected of fraud or deceit in procuring or attempting to procure a license or certification from the board;*
 - (d) Is reasonably suspected of grossly negligently or willfully acting in a manner inconsistent with the practice of the discipline for which they are certified or licensed;*
 - (e) Is reasonably suspected of being unfit or incompetent to practice a discipline regulated by the board by reason of negligence or other causes including, but not limited to, being unable to practice the discipline for which they are licensed or certified with reasonable skill or safety;*
 - (f) Is reasonably suspected of violating any provisions of this chapter or the administrative regulations promulgated under this chapter;*
 - (g) Has a license or certification to practice an activity regulated by the board denied, limited, suspended, probated, revoked, or otherwise disciplined in another jurisdiction on grounds sufficient to cause a license or certification to be denied, limited, suspended, probated, revoked, or otherwise disciplined in this Commonwealth;*
 - (h) Is practicing an activity regulated by the board without a current active license, or certification issued by the board;*
 - (i) Is reasonably suspected of abusing, misusing, or misappropriating any drugs placed in the custody of the licensee or certified person for administration, or for use of others; or*
 - (j) Is suspected of falsifying or in a grossly negligent manner making incorrect entries or failing to make essential entries on essential records.*
- (4) A person who violates subsection (1)(a), (b), or (c) of this section shall be guilty of a Class A misdemeanor for a first offense and a Class D felony for each subsequent offense.*
- (5) The provisions of this section shall not preclude prosecution for the unlawful practice of medicine, nursing, or other practice certified or licensed by an agency of the Commonwealth.*
- (6) The filing of criminal charges or a criminal conviction for violation of the provisions of this chapter or the administrative regulations promulgated thereunder shall not preclude the office of the board from instituting or imposing board disciplinary action authorized by this chapter against any person or organization violating this chapter or the administrative regulations promulgated thereunder.*
- (7) The institution or imposition of disciplinary action by the office of the board against any person or organization violating the provisions of this chapter or the administrative regulations promulgated thereunder shall not preclude the filing of criminal charges against or a criminal conviction of any person or organization for violation of the provisions of this chapter or the administrative regulations promulgated thereunder.*

SECTION 10. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *In accordance with the provisions of KRS Chapter 13B, all discipline for which the board is authorized to conduct investigations, hold hearings, and impose punishments is delegated to the executive director, state medical advisor, board attorney, and hearing panels as provided herein.*
- (2) *Any person may make a complaint to the executive director that an entity licensed or certified by the board, first responder, emergency medical technician, paramedic, emergency medical services medical advisor or other person licensed or certified by the board has violated a provision of this chapter, an administrative regulation promulgated pursuant to this chapter, protocol, practice standard, or order of the board.*
- (3) *Each complaint shall:*
 - (a) *Be in writing;*
 - (b) *Identify specifically the person or organization against whom the complaint is made;*
 - (c) *Set forth the facts relating to the violation alleged and any other supporting information which may have a bearing on the matter;*
 - (d) *Contain the name, address, telephone number, facsimile number, and e-mail address, if available, of the complainant;*
 - (e) *Be subscribed and sworn to as to the truth of the statements contained in the complaint by the complainant; and*
 - (f) *Be notarized.*
- (4) *A complaint which is unsigned shall not be acted upon by the executive director. A complaint which is not subscribed and sworn in the manner specified in subsection (3) of this section shall be returned to the complainant for completion.*
- (5) *The executive director of the board may, on behalf of the board, based on knowledge available to the office of the board, make a complaint against any person or organization regulated by the board in the same manner as provided in subsection (3) of this section.*
- (6) *Upon receipt of a properly completed complaint, the executive director shall assign the complaint to a staff investigator who shall investigate the complaint and shall make findings of fact and recommendations to the executive director who shall then convene a preliminary inquiry board.*
- (7) *When the executive director assigns a complaint to a staff investigator he or she shall notify the person or organization against whom the complaint has been filed and shall notify the employer of a first responder, emergency medical technician, or paramedic and the emergency medical services medical director for the organization and for any paramedic against whom the complaint is filed and any other person or organization specified in this chapter.*
- (8) *The notification shall name the person or organization complained against, the complainant, the violations alleged, and the facts presented in the complaint and shall notify the person or organization complained against, the employer, and the emergency medical services medical director of:*

- (a) *The fact that the complaint shall be answered, the steps for answering the complaint, and the action to be taken if the complaint is not answered;*
 - (b) *The time frame and steps in the proceedings of a complaint;*
 - (c) *The rights of the parties, including the right to counsel; and*
 - (d) *The right to testify at any hearing.*
- (9) *Upon the failure of a license or certificate holder to respond to a written accusation or to request a hearing within twenty (20) days after the sending of the accusation, the accused shall be considered to have admitted the truth of the facts and the circumstances in the allegation and appropriate discipline may be imposed.*
- (10) *The preliminary inquiry board shall consist of the executive director, a person representing the same category of certification or licensure as the defendant who is not a member of the board appointed by the chairman of the board, and the board attorney.*
- (11) *After reviewing the complaint and results of any investigation conducted on behalf of the board, the preliminary inquiry board shall consider whether the accusation is sufficient to remand the matter for a hearing as provided in this section and KRS Chapter 13B. A majority vote of the members of the preliminary inquiry board shall be necessary for action to either remand the matter for hearing or dismiss the complaint without hearing.*
- (12) *If the preliminary inquiry board dismisses the complaint, all parties notified previously shall be notified of the action. If the preliminary inquiry board remands the matter for a hearing, all parties notified previously shall be notified of the action.*
- (13) *Each proceeding to consider the imposition of a penalty which the board is authorized to impose pursuant to this chapter shall be conducted in accordance with KRS Chapter 13B.*
- (14) *A hearing panel for purposes of making a decision in any disciplinary matter shall consist of one (1) physician who may be a member of the board or who meets the qualifications of an emergency medical services medical director; one (1) person from the category of persons or organizations of the same class as the defendant; and the hearing officer, who shall not be involved in emergency medical services.*
- (15) *The hearing officer may issue subpoenas to compel the attendance of witnesses and the production of documents in the conduct of an investigation. The subpoenas may be enforced by any Circuit Court for contempt. Any order or subpoena of the court requiring the attendance and testimony of witnesses and the production of documentary evidence may be enforced and shall be valid anywhere in this state.*
- (16) *At all hearings the board attorney or, on request of the board, the Attorney General of this state or one (1) of the assistant Attorneys General designated shall appear and represent the board.*
- (17) *The employer of a person licensed or certified by the board and the emergency medical services medical director of such a person who is the defendant in a hearing shall be parties to the action and may appear and testify in the matter at any deposition or hearing on the matter and may propose conclusions of law, findings of fact, and penalties to the hearing panel.*
- (18) *To make a finding or recommend discipline, the two (2) members of the hearing panel who are not the hearing officer shall agree on the finding or discipline. In the event of a tie vote, the hearing officer shall cast the deciding vote.*

- (19) *The final order in any disciplinary proceeding shall be prepared by the executive director and sent to all parties in the manner prescribed by law.*
- (20) *Any person or entity aggrieved by a final order of the board may appeal to the Franklin Circuit Court in accordance with the provisions of KRS Chapter 13B.*
- (21) *The only discipline that the board may impose against an emergency medical services medical director is denial, suspension or withdrawal of the board's approval for that person to serve as an emergency medical services medical director.*
- (22) *If the executive director substantiates that sexual contact occurred between a licensee or certificate holder and a patient while the patient was under the care of or in a professional relationship with the licensee or certificate holder, the license or certification may be revoked or suspended with mandatory treatment of the person as prescribed by the executive director. The executive director may require the licensee or certificate holder to pay a specified amount for mental health services for the patient which are needed as a result of the sexual contact.*

SECTION 11. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *If it is determined that an entity regulated by the board, a paramedic, first responder, or emergency medical technician has violated a statute, administrative regulation, protocol, or practice standard relating to serving as an entity regulated by the board, a paramedic, first responder, or emergency medical technician, the office of the board may impose any of the sanctions provided in subsection (2) of this section. Any party to the complaint shall have the right to propose findings of fact and conclusions of law, and to recommend sanctions.*
- (2) *The office of the board may use any one (1) or more of the following sanctions when disciplining a paramedic, emergency medical technician first responder, emergency medical technician, or any entity regulated by the board:*
 - (a) *Private reprimand that shall be shared with each of the paramedic's, first responder's, or emergency medical technician's employer and medical director;*
 - (b) *Public reprimand;*
 - (c) *Fines of fifty dollars (\$50) to five hundred dollars (\$500) for a natural person or fifty dollars (\$50) to five thousand dollars (\$5,000) for a public agency or business entity;*
 - (d) *Revocation of certification or licensure;*
 - (e) *Suspension of licensure until a time certain;*
 - (f) *Suspension until a certain act or acts are performed;*
 - (g) *Limitation of practice permanently;*
 - (h) *Limitation of practice until a time certain;*
 - (i) *Limitation of practice until a certain act or acts are performed;*
 - (j) *Repassing a portion of the paramedic, first responder, or emergency medical technician examination;*
 - (k) *Probation for a specified time; or*

- (1) *If it is found that the person who is licensed or certified by the board has been convicted of, pled guilty to, entered an Alford plea to a felony offense, or has completed a diversion program for a felony offense the license or certification shall be revoked.*
- (3) *The filing of criminal charges or a criminal conviction for violation of the provisions of this chapter or the administrative regulations promulgated thereunder shall not preclude the office of the board from instituting or imposing board disciplinary action authorized by this chapter against any person or organization violating this chapter or the administrative regulations promulgated thereunder.*
- (4) *The institution or imposition of disciplinary action by the office of the board against any person or organization violating the provisions of this chapter or the administrative regulations promulgated thereunder shall not preclude the filing of criminal charges against or a criminal conviction of any person or organization for violation of the provisions of this chapter or the administrative regulations promulgated thereunder.*

SECTION 12. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *If the office of the board has reasonable cause to believe that any licensee or certificate holder or any applicant for licensure or certification by examination, reinstatement, or change of status is unable to practice with reasonable skill or safety or has abused alcohol or drugs, it may require that person to submit to a mental or physical examination by a physician or psychologist it designates. Upon the failure of the person to submit to a mental or physical examination, unless due to circumstances beyond the person's control, the office of the board may initiate an action for immediate temporary suspension pursuant to this chapter or deny the application until the person submits to the required examination. The office of the board may issue an immediate and temporary suspension from the time of the examination until the hearing.*
- (2) *Every licensee or certificate holder or applicant for licensure or certification by examination, reinstatement, or change of status shall be deemed to have given consent to submit to an examination when so directed in writing by the board. The direction to submit to an examination shall contain the basis of the office of the board's reasonable cause to believe that the person is unable to practice with reasonable skill or safety, or has abused alcohol or drugs. The person shall be deemed to have waived all objections to the admissibility of the examining physician's or psychologist's testimony or examination reports on the ground of privileged communication.*
- (3) *The licensee or certificate holder or applicant for licensure or certification by examination, reinstatement, or change of status shall bear the cost of any mental or physical examination ordered by the office of the board.*

SECTION 13. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *When a complaint is filed against an ambulance service, emergency medical services provider, or an emergency medical services educational institution or an employee or volunteer thereof, or when the office of the board is contemplating action against an ambulance service, emergency medical services provider, or emergency medical services educational institution or an employee or volunteer thereof, written notice of the complaint or proposed action shall be sent to:*

- (a) *The county judge/executive, in the event of a county-operated ambulance service, emergency medical services provider, or educational institution;*
 - (b) *The mayor, in the event of a city-operated ambulance service, emergency medical services provider, or educational institution;*
 - (c) *The mayor, in the event of an urban-county government-operated ambulance service, emergency medical services provider, or educational institution;*
 - (d) *The chairman of the fire protection district, in the event of a fire district-operated ambulance service, emergency medical services provider, or educational institution;*
 - (e) *The head of the public agency, in the event of an ambulance service, emergency medical services provider, or educational institution operated by a public agency other than specified in paragraphs (a) to (d) of this subsection;*
 - (f) *The president, chancellor, or other officer in charge of an educational institution operated, in the event of an ambulance service or educational institution;*
 - (g) *The chief operating officer or president of a nonprofit corporation, corporation for profit, limited liability corporation, or other business entity, in the event of an ambulance service, emergency medical services provider, or educational institution operated by the business entity; and*
 - (h) *Both the ambulance service, emergency medical services provider, or educational institution officials specified in this subsection and the officials of any public agency contracting for services.*
- (2) *The notice specified in this section shall be in addition to any notice provided to any other person or organization.*

SECTION 14. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *The state medical advisor, one (1) physician board member selected by the chairman of the board, and one (1) member of the board of the same category of licensure or certification as the defendant selected by the chairman of the board, in writing, may determine that immediate temporary suspension of a license or certification of a natural person against which disciplinary action or an investigation is pending is necessary in order to protect the public. If the defendant is employed by an emergency medical services provider, the input of the employer's emergency medical services medical director shall be sought with regard to the matter. In the event of an action against an organization, the determination shall be made by the state medical advisor, one (1) physician member of the board, and one (1) other member of the board who is not a physician selected by the chairman of the board. When this action may be necessary, the executive director, in writing, shall issue an emergency order suspending the licensee or certificate holder. Upon appeal of an emergency order, an emergency hearing shall be conducted in accordance with KRS 13B.125.*
- (2) *No board member shall be disqualified from serving on a disciplinary action hearing panel for the reason that he or she has previously sat on a hearing panel considering temporary suspension of the same license.*
- (3) *Disciplinary actions in which a license or certification has been temporarily suspended and a hearing shall be held in accordance with KRS 13B.125 within ninety (90) days unless the defendant requests an extension of time.*

- (4) *The order of immediate temporary suspension shall remain in effect until either retracted or superseded by final disciplinary action by the office of the board. In cases where disciplinary action is imposed, the office of the board may additionally order that the temporary suspension continue in effect until the later expiration of time permitted for appeal or termination of the appellate process.*

SECTION 15. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *No person as defined in KRS 446.010 who is not licensed to do so, or whose license to do so has been suspended, revoked, or denied, shall operate an ambulance service or advanced life support emergency medical first response program.*
- (2) *Any person as defined in KRS 446.010 who violates subsection (1) of this section is guilty of a Class A misdemeanor for the first offense and a Class D felony for each subsequent offense.*
- (3) *The provisions of this section shall not preclude the board from revoking or increasing the suspension period of a person operating an ambulance service or advanced life support first response program which has illegally operated while its license is under suspension or has been revoked.*
- (4) *The filing of criminal charges or a criminal conviction for violation of the provisions of this chapter or the administrative regulations promulgated thereunder shall not preclude the board from instituting or imposing board disciplinary action authorized by this chapter against any person or organization violating this chapter or the administrative regulations promulgated thereunder.*
- (5) *The institution or imposition of disciplinary action by the board against any person or organization violating the provisions of this chapter or the administrative regulations promulgated thereunder shall not preclude the filing of criminal charges against or a criminal conviction of any person or organization for violation of the provisions of this chapter or the administrative regulations promulgated thereunder.*

SECTION 16. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

Any person licensed or certified by the board shall immediately notify the office of the board in writing if any professional or business license that is issued to the person by any agency of the Commonwealth or any other jurisdiction is surrendered or terminated under threat of disciplinary action or is refused, suspended, or revoked, or if renewal of continuance is denied.

SECTION 17. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

Any person licensed or certified by the board shall, within thirty (30) days of entry of the final judgment, notify the office of the board in writing of any misdemeanor or felony criminal conviction in this Commonwealth or any other jurisdiction. Upon learning of any failure to notify the office of the board under this section, the office of the board may initiate an action for immediate temporary suspension under this chapter until the person submits the required notification.

SECTION 18. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *A paramedic license, first responder certification, or emergency medical technician certification shall be valid for a period of two (2) years.*
- (2) *Each paramedic license, first responder certification, or emergency medical technician certification shall expire on December 31 of the second year from its issuance.*
- (3) *The license or certification of every person issued under the provisions of this chapter shall be renewed at least biennially except as provided in this section. At least six (6) weeks before the renewal date the office of the board shall mail an application for renewal to every person for whom a license or certification was issued during the current licensure or certification period. The applicant shall fill in the application form and return it to the office of the board with the renewal fee prescribed by the board in an administrative regulation before the expiration date of his or her current license or certification. Upon receipt of the application and fee, the board shall verify the accuracy of the application to determine whether the licensee or person seeking certification has met all the requirements as set forth in this chapter and in the administrative regulations promulgated by the board, and, if so, shall issue to the applicant a license or certification to practice or engage in the activity for the ensuing licensure or certification period. Such license or certification shall render the holder a legal practitioner of the practice or activity specified in the license or certification for the period stated on it. The board shall prescribe by administrative regulation the beginning and ending of the licensure or certification period.*
- (4) *Any person who is licensed or certified by the board who allows his or her license or certification to lapse by failing to renew the license or certification as provided in this section may be reinstated by the board on payment of the current fee for original licensure or certification and by meeting the requirements of administrative regulations promulgated by the board.*
- (5) *An application for renewal of a license or certification shall be sent to the last known address of each licensee or certified person.*
- (6) *Any person practicing any practice or activity regulated by the board during the time his or her license or certification has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violations of this chapter.*
- (7) *Failure to receive the application for renewal of a license or certification shall not relieve a paramedic, first responder, or emergency medical technician from the duty to renew his or her license or certification prior to December 31 of the year in which the license or certification expires.*
- (8) *The duration of any license or certification issued by the board may be limited by disciplinary action of the board.*
- (9) *Every license or certification issued by the board shall have the seal of the board affixed. A holder of a license or certification shall retain it in his or her possession and be prepared to exhibit it upon demand by an employer or anyone to whom the holder of the license or certification offers emergency medical services or any board or staff member of the Kentucky Board of Emergency Medical Services.*
- (10) *Failure or refusal to produce a license or certification upon demand shall be prima facie evidence that no such license or certification exists.*

- (11) *In order to assure a proper transition during the implementation of the provisions of this section, the board may, for a period of three (3) years, extend a license or certification of any person in order to utilize the expiration date provided for in this section. The board shall, in writing, notify each person whose license or certification is extended of the extension and the new date of expiration. The extension shall be without charge.*

SECTION 19. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

The board may require a criminal background investigation of an applicant for licensure or certification, including by means of a fingerprint check by the State Police or the Federal Bureau of Investigation, or both.

SECTION 20. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

Any person as defined in KRS 446.010 licensed or certified by the board shall maintain a current mailing address with the office of the board and immediately notify the board in writing of a change of mailing address. As a condition of holding a license or certification from the board, a licensee or certificate holder is deemed to have consented to service of notice or orders of the board at the mailing address on file with the office of the board, and any notice or order of the board mailed or delivered to the mailing address on file with the board constitutes valid service of the notice or order.

SECTION 21. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

The board shall, by administrative regulation, require an applicant for licensure as a paramedic, certification as a first responder, or certification as an emergency medical technician to have completed a board-approved educational course on the transmission, control, treatment, and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome with an emphasis on appropriate behavior and attitude change.

SECTION 22. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *For each licensure renewal of a paramedic following the issuance of an initial license or certification by the board, as a prerequisite for license or certification renewal, all individuals licensed under the provisions of this chapter shall be required to document continuing competence during the immediate past licensure or certification period as prescribed in administrative regulations promulgated by the board.*
- (2) *The compliance with continuing competency requirement shall be documented by the emergency medical services medical director and reported as set forth by the board in administrative regulations promulgated in accordance with KRS Chapter 13A.*
- (3) *The board shall approve providers of emergency medical services education and continuing education. The approval may include recognition of providers approved by national organizations and state boards of emergency medical services with comparable standards. Standards for these approvals shall be set forth by the board in administrative regulations promulgated in accordance with KRS Chapter 13A. The board need not approve the in-house conduct of in-service training of its own employees or volunteers by a licensed ambulance service.*

- (4) *The board shall work cooperatively with professional emergency medical services organizations, approved schools, and other potential sources of continuing education programs to ensure that adequate continuing education offerings are available statewide. The board may enter into contractual agreements to implement the provisions of this section.*

SECTION 23. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *The conduct of proper in-service training, including, but not limited to, in-house in-service training, in accordance with the standards specified by this chapter, administrative regulations, and the standards of relevant United States Department of Transportation curricula shall be that of the provider of the in-service training.*
- (2) *If in-service training is conducted by an ambulance service, emergency medical services provider, or educational institution, the organization, the instructor, and its medical director share responsibility for the provision of training which meets or exceeds the requirements of subsection (1) of this section.*
- (3) *Persons and organizations providing in-service training for first responders, emergency medical technicians, or paramedics shall keep the records required by the board by administrative regulation and shall make them available to a representative of the board upon request.*
- (4) *Failure to keep a record required by the board by administrative regulation or required to be kept by statute, falsifying a record, or grossly negligently maintaining a record required to be kept by administrative regulation or statute shall be subject to action by the office of the board.*
- (5) *Providing in-service training not meeting or exceeding the requirements specified in subsections (1) and (2) of this section shall be subject to action of the office of the board.*
- (6) *Penalties specified in this section shall be in addition to any action which the board may be permitted to take against the license or certification of any person or organization.*
- (7) *The board may refuse to recognize any in-service training not conducted in accordance with the provisions of this chapter, U.S. Department of Transportation curricula, or administrative regulations promulgated pursuant to this chapter. If the board determines that in-service training will not be accepted, the denial of credit shall be extended to all persons who completed that specific in-service training.*

SECTION 24. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *The board shall promulgate administrative regulations relating to paramedics. The administrative regulations may include the classification and licensure of paramedics, instructor-trainers, instructors, and students and trainees; examinations; standards of training and experience; curricula standards; administration of drugs and controlled substances by paramedics under the direction or supervision of licensed physicians; issuance and renewal of licenses; and such other administrative regulations as may be necessary for the protection of public health and safety in the delivery of emergency medical services.*
- (2) *Relicensure programs shall be organized to include continuing education and in-service training approved by the board.*

SECTION 25. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *The board shall promulgate administrative regulations relating to emergency medical technicians. The administrative regulations may include the classification and certification of emergency medical technicians, instructors, instructor-trainers, and students and trainees; examinations; standards of training and experience; curricula standards; issuance or renewal of certificates; hearing of appeals; and other administrative regulations as may be necessary for the protection of public health and safety in the delivery of emergency medical services. No additional testing or examinations shall be required for recertification, except for proficiency testing of new skills or knowledge, or areas in which there is documented evidence of deterioration of skills.*
- (2) *Recertification programs shall be organized to include continuing education and in-service training approved by the board.*
- (3) *Beginning July 14, 2000, a new emergency medical technician shall, for initial certification, be certified using the requirements and testing established by the National Registry of Emergency Medical Technicians or other agent chosen by the board.*
- (4) *Beginning July 14, 2000, a certified emergency medical technician who seeks recertification shall obtain recertification under the requirements established and maintained by the board. These requirements shall contain a minimum of sixteen (16) hours of required topics and eight (8) hours of elective topics over a two (2) year recertification period. The board shall also recertify any emergency medical technician who chooses to obtain recertification under the requirements established by the National Registry of Emergency Medical Technicians or other agent chosen by the board in lieu of the standards established by the board.*
- (5) *Except as provided in Section 11 of this Act, the board shall not require any additional course work, in-service training, testing, or examinations of a person who chooses the National Registry of Emergency Medical Technicians or other agent chosen by the board for certification or recertification as an emergency medical technician.*
- (6) *Any person licensed by the board as a paramedic shall be certified as an emergency medical technician by the board. The certification shall be issued without fee, without additional training, in-service training, testing, or examination. The emergency medical technician certification shall be issued and expire at the same time that the paramedic license is issued or expires, and if a paramedic voluntarily gives up his or her license prior to the expiration of his or her paramedic license, his or her emergency medical technician certification shall be unaffected thereby. If a paramedic chooses not to be relicensed as a paramedic but chooses to retain his emergency medical technician certification, the paramedic shall, prior to the expiration of his paramedic license, complete the requirements for recertification as an emergency medical technician utilizing one (1) of the methods provided for in this section.*
- (7) *A paramedic whose license as a paramedic or certification as an emergency medical technician is suspended, revoked, or denied by the board shall have the same action taken automatically with regard to his emergency medical technician certification or paramedic license.*

SECTION 26. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *The board may, by administrative regulation, prescribe a reasonable schedule of fees and charges for:*
 - (a) *Examination;*
 - (b) *Issuance, renewal, and reinstatement of licenses;*
 - (c) *Issuance, renewal, and reinstatement of certifications;*
 - (d) *Inspections and reinspections;*
 - (e) *Applications; and*
 - (f) *Other services and materials provided by the board.*
- (2) *All fees, charges, or other moneys collected or received by the board shall be paid into the State Treasury and credited to a trust and agency fund which shall not lapse, to be used by the board for the carrying out of the provisions of this chapter.*

SECTION 27. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

A paramedic licensed pursuant to this chapter and a first responder certified pursuant to this chapter shall have the privileges and immunities specified in KRS 411.148, subject to the provisions of that statute.

SECTION 28. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *There shall be an emergency medical services grant program to provide funding to each county for the direct operation of emergency medical services, including, but not limited to, purchase or lease of ambulances or equipment. Funds available shall not be used to fund personnel or consultant salaries.*
- (2) *Funds appropriated to or received by the emergency medical services grant program shall be placed in a trust and agency account in the State Treasury and shall not lapse.*
- (3) *The board shall administer the emergency medical services grant program and may promulgate administrative regulations, which shall include, but not be limited to, funding criteria necessary for its implementation and operation.*
- (4) *Twenty percent (20%) of the funds received each fiscal year for the grant program may be withheld from general distribution and shall be distributed for emergency purposes only.*
- (5) *Grants may be made each fiscal year to each county fiscal court determined to be eligible by the board for distribution to public ambulance services operated by or for the county. A county may keep funds appropriated to them for a period of two (2) years, if desired, for expenditure for authorized purposes. At the end of two (2) years from the date of the receipt of the grant, the county shall return any funds remaining unexpended to the emergency medical services grant fund. Each expenditure made by the fiscal court from grant funds provided to the county shall be documented, with appropriate receipts or other documents, and a copy of each receipt or other document shall be provided to the board to verify that the expenditure was proper. The board shall require reimbursement to the emergency medical services fund by the county, with interest at a rate of twenty percent (20%) annually, for any funds expended for an unauthorized purpose. If the*

county fails or refuses to reimburse the fund, the board shall notify the Attorney General, who shall seek appropriate civil and criminal remedies.

- (6) *The board shall, annually, by January 1, promulgate administrative regulations specifying items of equipment and other authorized expenditures for the upcoming fiscal year. No funds shall be provided to the county until after the start of the fiscal year.*
- (7) *The board may, in the event of a documented situation which the board considers to be an emergency and beyond the ability of the county to pay, provide emergency funding to the fiscal court for an ambulance or authorized equipment which has been damaged or destroyed. Normal replacement of an ambulance or equipment shall not be considered an emergency. The amount of funding that may be provided by the board shall not exceed ten thousand dollars (\$10,000). Only one (1) emergency funding request shall be granted for any county in each fiscal year. The amount of the emergency grant to the county shall be deducted from the county's grant for the next fiscal year.*

SECTION 29. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *A first responder may, subject to the provisions of this section, perform any procedure:

 - (a) *Specified in the most recent curriculum of the United States Department of Transportation training course for first responders; and*
 - (b) *Any additional procedure authorized by the board by administrative regulation.**
- (2) *When there is a change in the United States Department of Transportation curriculum for first responders or the board approves an additional skill or procedure by administrative regulation, no person who was not trained under that curriculum shall perform any activity or procedure authorized by the new curriculum or administrative regulation unless the person has been trained according to the new curriculum or administrative regulation and demonstrates competency in the new knowledge or skill. Competency in a new skill shall be demonstrated through a return demonstration to a competent evaluator. If the board adopts the new procedure or skill, the board shall promulgate an administrative regulation specifying the new procedure, training requirements, examination requirements, and a time period during which the first responder shall successfully complete the new material or lose his or her certification as a first responder.*
- (3) *Except as provided in subsection (2) of this section, nothing in this section shall prevent an employer from exercising reasonable fiscal control over the costs of providing emergency medical services to its citizens nor to prevent the employer from exercising any reasonable control over first responders providing emergency medical care on behalf of a licensed entity or other provider.*
- (4) *Nothing in this section shall be construed to permit utilization of any certified first responder for the purpose of such individual working with primary responsibility and duties limited to hospitals, physician's offices, clinics, or other definitive care facilities, except as a first responder trainee or as a full-time instructor of first responders.*

SECTION 30. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *An emergency medical technician may, subject to the provisions of this section, perform any procedure:*

- (a) *Specified in the most recent curriculum of the United States Department of Transportation training course for emergency medical technicians; and*
 - (b) *Any additional procedure authorized by the board by administrative regulation.*
- (2) *When there is a change in the United States Department of Transportation curriculum for emergency medical technicians or the board approves an additional skill or procedure by administrative regulation, no person who was not trained under that curriculum or administrative regulation shall perform any activity or procedure in the new curriculum or administrative regulation unless the person has been trained according to the new curriculum or administrative regulation and demonstrates competency in the new knowledge or skill. Competency in a new skill shall be demonstrated through a return demonstration to a competent evaluator. If the board adopts the new procedure or skill, the board shall promulgate an administrative regulation specifying the new procedure, training requirements, examination requirements, and a time period during which the emergency medical technician shall successfully complete the new material or lose his or her certification as an emergency medical technician.*
- (3) *Except as provided in subsection (2) of this section, nothing in this section shall prevent an employer from exercising reasonable fiscal control over the costs of providing emergency medical services to its citizens nor prevent the employer from exercising any reasonable control over emergency medical technicians providing emergency medical care upon behalf of the licensed entity or other provider.*
- (4) *Nothing in this section shall be construed to permit utilization of a certified emergency medical technician for the purpose of such individual working with primary responsibility and duties limited to hospitals, physician's offices, clinics, or other definitive care facilities, except as an emergency medical technician trainee or a full-time instructor of emergency medical technicians.*

SECTION 31. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *Subject to the provisions of this section, a paramedic may perform any procedure:*
- (a) *Specified in the most recent curriculum of the United States Department of Transportation training course for paramedics; and*
 - (b) *Any additional procedure specified by the board by administrative regulation.*
- (2) *When there is a change in the United States Department of Transportation curriculum for paramedics, or the board approves an additional skill or procedure by administrative regulation, or approves a protocol differing from the curriculum or administrative regulations, no person who was not trained under that curriculum or administrative regulation shall perform any activity or procedure in the new curriculum, administrative regulation, or protocol unless the person has been trained according to the new curriculum, administrative regulation, or protocol and demonstrates competency in the new knowledge or skill. Competency in a new skill shall be demonstrated through a return demonstration to a competent evaluator. If the board adopts the new procedure or skill, the board shall promulgate an administrative regulation specifying the new procedure, training requirements, examination requirements, and a time period during which the paramedic shall successfully complete the material or lose his or her license as a paramedic.*

- (3) *A paramedic may draw blood samples from a criminal defendant upon the request of a peace officer and the consent of the defendant, or without the consent of the defendant upon receipt of a court order requiring the procedure, if the paramedic is authorized to do so by his or her employer. The authorization shall be in writing and may be by general written policy of the employer and the service's medical director. The paramedic who drew the blood sample shall deliver the sample to the peace officer or other person specified by the court in a court order and shall testify in court with regard thereto upon service of a proper subpoena.*
- (4) *A paramedic shall be permitted to render services only under the supervision of an emergency medical services medical director.*
- (5) *Any provision of this chapter other than this section relating to the requirement for additional training, requirement for skill examination, or approval of standing orders, protocols, or medical procedures to the contrary notwithstanding, a paramedic may be employed by a hospital to work as a licensed paramedic in the emergency department of the hospital subject to the following conditions:*
 - (a) *The hospital in collaboration with the medical staff shall provide operating procedures and policies under which the paramedic shall operate consistent with the paramedic's scope of practice;*
 - (b) *A paramedic shall provide patient care services under the orders of a physician, physician assistant, advanced registered nurse practitioner, or as delegated by a registered nurse;*
 - (c) *Subject to the provisions relating to the scope of practice of a paramedic, a hospital may require a paramedic to take additional training on any subject or skill which the paramedic may be required to perform in a hospital and demonstrate competency in the skill or subject to a competent evaluator; and*
 - (d) *The paramedic does not violate the provisions of Section 32 of this Act or any other statute or administrative regulation relating to a paramedic.*

No provision of this section shall prevent a paramedic from being employed in any other section of the hospital where the paramedic's job duties do not require certification or licensure by the board and do not otherwise constitute the unlawful practice of medicine.

- (6) *Except as provided in subsection (2) of this section, nothing in this section shall prevent an employer from exercising reasonable fiscal control over the costs of providing medical services to its citizens nor prevent the employer from exercising any reasonable control over paramedics providing care on behalf of the licensed entity.*

SECTION 32. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *No first responder shall perform any act or procedure which exceeds the scope of practice of a first responder as specified in this chapter and in administrative regulations promulgated by the board.*
- (2) *No emergency medical technician shall perform any act or procedure which exceeds the scope of practice of an emergency medical technician as specified in this chapter and in administrative regulations promulgated by the board.*

- (3) *No paramedic shall perform any act or procedure which exceeds the scope of practice of a paramedic as specified in this chapter, administrative regulations promulgated by the board, protocol, standing order, or other document approved by the board.*
- (4) *A first responder, emergency medical technician, or paramedic is presumed to know the standards of practice for his or her level of certification or licensure.*
- (5) *It is the legal duty of a first responder, emergency medical technician, or paramedic to refuse to perform any act or procedure which is beyond his or her scope of practice regardless of whether that act or procedure is ordered by a physician, physician assistant, medical director, advanced registered nurse practitioner, registered nurse, or supervisor.*
- (6) *No employer or organization for which a first responder, emergency medical technician, or paramedic has volunteered shall reprimand, discipline, or dismiss a first responder, emergency medical technician, or paramedic who has refused to perform an act or procedure which the first responder, emergency medical technician, or paramedic knows is in violation of the provisions of this section. Violation of this section by an employer or by an organization for which a first responder has volunteered shall be grounds for a legal action for wrongful discipline or wrongful discharge, as appropriate.*
- (7) *The provisions of this section shall not apply to an order to perform an act or procedure:*
 - (a) *For which a license or certification by the board is not required and which otherwise do not constitute the unlawful practice of medicine; or*
 - (b) *For which no license or certification is required and does not involve medical care or treatment; or*
 - (c) *For which a license or certification issued by an agency other than the board is required and the first responder, emergency medical technician, or paramedic holds such a license or certification.*

SECTION 33. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *Each emergency medical services medical director for an ambulance service, or other emergency medical services provider, shall submit his or her protocols, standing orders, and similar medical control documents to the board for approval prior to placing the document in use.*
- (2) *The medical advisor for the board shall review each document submitted to ascertain if it is in accordance with accepted standards of medical care and in accordance with the provisions of this chapter and administrative regulations promulgated thereunder. If the protocol, standing order, or other medical control document clearly violates the accepted standards of medical care, this chapter, or an administrative regulation, the medical advisor shall notify the emergency medical services medical director of the exact violation and recommend a correction thereof.*
- (3) *Following review of protocol, standing order, and medical control documents and giving the emergency medical services medical director who submitted the documents an opportunity to review the medical advisor's comments, the medical advisor shall submit the documents together with his or her comments to the board for approval or disapproval.*
- (4) *The board shall approve, disapprove, or approve with modifications protocol, standing order, and medical control documents submitted by the emergency medical services*

medical director at its next regular or special meeting following the submission of the documents.

- (5) *If a protocol, standing order, or other medical control document is disapproved by the board, the emergency medical services medical director who submitted it may appeal the decision to the Franklin Circuit Court. If the decision of the board is appealed to the Franklin Circuit Court, the board shall bear the burden of proving that the protocol, standing order, or other medical control document violates the accepted standards of medical care, or an administrative regulation.*
- (6) *The board shall, by administrative regulation, specify a schedule for submission and prompt review and decision making with regard to protocols, standing orders, and medical control documents submitted to the board.*

SECTION 34. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *When it appears that a person whom a paramedic who has successfully completed training in determination of death has been called to attend is dead, the paramedic shall, utilizing the protocol specified by the board by administrative regulation, determine whether or not the patient is dead after resuscitation of the patient is attempted by the paramedic or an emergency medical technician who has responded with or after the paramedic, unless the protocol indicates that the patient is not capable of being resuscitated. If, after resuscitation has been attempted on a patient who the protocol deems is capable of being resuscitated, the patient has not been successfully resuscitated according to the protocol, the paramedic may discontinue further resuscitation efforts and proceed to determine whether the patient is dead and whether to declare the patient dead. If it is determined that death has occurred in accordance with the procedures of KRS 446.400 with regard to patients who have not been resuscitated, the paramedic may make the actual determination and pronouncement of death. This section shall not apply to patients who are in a hospital when apparent death occurs.*
- (2) *In the event that a paramedic determines that a person is dead, the paramedic shall make the notifications required by KRS 72.020 and take the protective actions required by that statute.*
- (3) *Any paramedic course taught after July 15, 1998, shall include a course of instruction on the determination of death and preservation of evidence as required by the board by administrative regulation.*
- (4) *Any paramedic from another jurisdiction desiring to become a paramedic in Kentucky shall show evidence of successful completion of a training course in Kentucky meeting the requirements of subsection (3) of this section, and licensure as a paramedic shall be denied if the required evidence is not shown.*
- (5) *The administration of cardiopulmonary resuscitation or other basic life support measures to the apparently dead person prior to the arrival of the paramedic by any person, for the purposes of this section and KRS 446.400, shall not be considered as artificial maintenance of respiration and circulation. The administration of advanced cardiac life support procedures by any person, other than a registered nurse rendering care pursuant to KRS 314.181, prior to the arrival of the paramedic shall preclude the determination of death by the paramedic, and the provisions of KRS 446.400 shall apply. However, nothing*

in this section shall preclude the supervising physician from directing the paramedic to cease resuscitative efforts under approved agency medical protocols.

- (6) *The resuscitative efforts of a paramedic under the protocols authorized by this section shall not invoke the provisions of KRS 446.400.*

Section 35. KRS 311.550 is amended to read as follows:

As used in KRS 311.530 to 311.620 and KRS 311.990(4) to (6):

- (1) "Board" means the State Board of Medical Licensure;
- (2) "President" means the president of the State Board of Medical Licensure;
- (3) "Secretary" means the secretary of the State Board of Medical Licensure;
- (4) "Executive director" means the executive director of the State Board of Medical Licensure or any assistant executive directors appointed by the board;
- (5) "General counsel" means the general counsel of the State Board of Medical Licensure or any assistant general counsel appointed by the board;
- (6) "Regular license" means a license to practice medicine or osteopathy at any place in this state;
- (7) "Limited license" means a license to practice medicine or osteopathy in a specific institution or locale to the extent indicated in the license;
- (8) "Temporary permit" means a permit issued to a person who has applied for a regular or limited license, and who appears from verifiable information in the application to the secretary to be qualified and eligible therefor;
- (9) "Emergency permit" means a permit issued to a physician currently licensed in another state, authorizing the physician to practice in this state for the duration of a specific medical emergency, not to exceed thirty (30) days;
- (10) Except as provided in subsection (11) of this section, the "practice of medicine or osteopathy" means the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities;
- (11) The "practice of medicine or osteopathy" does not include the practice of Christian Science, the practice of podiatry as defined in KRS 311.380, the practice of a midlevel health care practitioner as defined in KRS 216.900, the practice of dentistry as defined in KRS 313.010, the practice of optometry as defined in KRS 320.210, the practice of chiropractic as defined in subsection (2) of KRS 312.015, the practice as a nurse as defined in KRS 314.011, the practice of physical therapy as defined in KRS 327.010, the performance of duties for which they have been trained by paramedics licensed under KRS **Chapter 311A**~~[311.652 to 311.658]~~, ~~[emergency medical technician]~~ first responders, or emergency medical technicians certified under KRS **Chapter 311A**~~[311.652 to 311.658]~~, the practice of pharmacy by persons licensed and registered under KRS 315.050, the sale of drugs, nostrums, patented or proprietary medicines, trusses, supports, spectacles, eyeglasses, lenses, instruments, apparatus, or mechanisms that are intended, advertised, or represented as being for the treatment, correction, cure, or relief of any human ailment, disease, injury, infirmity, or condition, in regular mercantile establishments, or the practice of midwifery by women. KRS 311.530 to 311.620 shall not be construed as repealing the authority conferred

on the Cabinet for Health Services by KRS Chapter 211 to provide for the instruction, examination, licensing, and registration of all midwives through county health officers;

- (12) "Physician" means a doctor of medicine or a doctor of osteopathy;
- (13) "Grievance" means any allegation in whatever form alleging misconduct by a physician;
- (14) "Charge" means a specific allegation alleging a violation of a specified provision of this chapter;
- (15) "Complaint" means a formal administrative pleading that sets forth charges against a physician and commences a formal disciplinary proceeding;
- (16) As used in KRS 311.595(4), "crimes involving moral turpitude" shall mean those crimes which have dishonesty as a fundamental and necessary element, including, but not limited to, crimes involving theft, embezzlement, false swearing, perjury, fraud, or misrepresentation;
- (17) "Physician assistant" means a person who has graduated from a physician assistant or surgeon assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs and who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants or who possesses a current physician assistant certificate issued by the board prior to July 15, 1998;
- (18) "Supervising physician" means a physician licensed by the board who supervises physician assistants; and
- (19) "Supervision" means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant. The constant physical presence of the supervising physician is not required so long as the supervising physician and physician assistant are or can be easily in contact with one another by radio, telephone, or other telecommunication device. Each team of physicians and physician assistants shall ensure that the delegation of medical tasks is appropriate to the physician assistant's level of training and experience; that the identification of and access to the supervising physician is defined; and that a process for evaluation of the physician assistant's performance is established.
- (20) "Telehealth" means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of medical data, and medical education.

SECTION 36. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *Each licensed ambulance provider and medical first response provider as defined in this chapter shall collect and provide to the board run data and information required by the board by this chapter and administrative regulation.*
- (2) *The board shall develop a run report form for the use of each class of ambulance provider and medical first response provider containing the data required in subsection (1) of this section. An ambulance provider or medical first response provider may utilize any run form it chooses in lieu of or in addition to the board developed run report form. However, the data captured on the run report form shall include at least that required by the administrative regulations promulgated pursuant to subsection (1) of this section.*

- (3) *An ambulance provider or medical first response provider shall report the required run report data and information by completing an annual report as established by the board or by transmitting the required data and information to the board in an electronic format. If the board requires the use of a specific electronic format, it shall provide a copy of the file layout requirements, in either written or electronic format, to the licensed ambulance provider or medical first response provider at no charge.*
- (4) *The board may publish a comprehensive annual report reflecting the data collected, injury and illness data, treatment utilized, and other information deemed important by the board. The annual report shall not include patient identifying information or any other information identifying a natural person. A copy of the comprehensive annual report, if issued, shall be forwarded to the Governor and the General Assembly.*
- (5) *Ambulance provider and medical first response provider run report forms and the information transmitted electronically to the board shall be confidential. No person shall make an unauthorized release of information on an ambulance run report form or medical first response run report form. Only the patient or the patient's parent or legal guardian if the patient is a minor, or the patient's legal guardian or person with proper power of attorney if the patient is under legal disability as being incompetent or mentally ill, or a court of competent jurisdiction may authorize the release of information on a patient's run report form or the inspection or copying of the run report form. Any authorization for the release of information or for inspection or copying of a run report form shall be in writing.*
- (6) *If a medical first response provider or ambulance provider does not use a paper form but collects patient data through electronic means, it shall have the means of providing a written run report that includes all required data elements to the medical care facility. A copy of the medical first response form or a summary of the run data and patient information shall be made available to the ambulance service that transports the patient. A copy of the ambulance run report form shall be made available to any medical care facility to which a patient is transported and shall be included in the patient's medical record by that facility. If a patient is not transported to a medical facility, the copy of the run report form that is to be given to the transporting ambulance provider or medical care facility shall be given to the patient or to the patient's parent or legal guardian. If the ambulance provider, medical facility, patient, or patient's legal guardian refuses delivery of their run report form or is unavailable to receive the form, that copy of the form shall be returned to the medical first response provider or ambulance provider and destroyed.*
- (7) *All ambulance services shall be required to keep adequate reports and records to be maintained at the ambulance base headquarters and to be available for periodic review as deemed necessary by the board. Required records and reports are as follows:*
 - (a) *Employee records, including a resume of each employee's training and experience and evidence of current certification; and*
 - (b) *Health records of all drivers and attendants including records of all illnesses or accidents occurring while on duty.*
- (8) *Data and records generated and kept by the board or its contractors regarding the evaluation of emergency medical care and trauma care in the Commonwealth, including the identities of patients, emergency medical services personnel, ambulance providers, medical first-response providers, and emergency medical facilities, shall be confidential, shall not be subject to disclosure under KRS 61.805 to 61.850 or KRS 61.870 to 61.884,*

shall not be admissible in court for any purpose, and shall not be subject to discovery. However, nothing in this section shall limit the discoverability or admissibility of patient medical records regularly and ordinarily kept in the course of a patient's treatment that otherwise would be admissible or discoverable.

Section 37. KRS 281.014 is amended to read as follows:

As used in this chapter, unless the context requires otherwise:

- (1)
 - (a) The term "city taxicab certificate" or "city limousine certificate" means a certificate granting authority only for the operation of a given number of motor vehicles transporting passengers for hire, the principal operation of which is confined to the corporate limits of a city of the first or second class or an urban-county area and the city's suburban area, or the corporate limits of any city and its suburban area located in a county which contains a city of the first or second class or an urban-county area, and not operating over any regular route, and the destination of which motor vehicles are designated by the passengers at the time of such transportation;
 - (b) The term "county taxicab certificate" or "county limousine certificate" means a certificate granting authority only for the operation of a given number of motor vehicles transporting passengers for hire, the principal operation of which is confined to a specific county which does not contain a city of the first or second class and is not an urban-county area, and not operating over any regular route, and the destination of which motor vehicles are designated by the passengers at the time of the transportation;
 - (c) A "taxicab" means a motor vehicle operated under one (1) or more taxicab certificates, and is a vehicle designed or constructed to transport not more than fifteen (15) passengers exclusive of the driver;
 - (d) A "limousine" means a luxury motor vehicle passenger car which has either a standard or an extended wheelbase. The vehicle shall have additional rear seating capacity, area, and comforts, but shall be designed or constructed to transport not more than fifteen (15) passengers plus the driver;
 - (e) The term "taxicab license" means a license plate issued to a taxicab authorized to operate under a taxicab certificate;
 - (f) The term "limousine license" means a license plate issued to a limousine authorized to operate under a limousine certificate;
- (2)
 - (a) An "airport shuttle certificate" means a certificate granting authority only for the operation of motor vehicles exclusively transporting passengers or baggage for hire over regular routes between points within a city or its suburban area and an airport;
 - (b) An "airport shuttle vehicle" means a motor vehicle operated under one (1) or more airport shuttle certificates and which is designed or constructed to transport not more than fifteen (15) passengers plus the driver;
 - (c) The term "airport shuttle vehicle license" means a license plate issued for a motor vehicle authorizing its operation under one (1) or more airport shuttle certificates;
- (3) The term "U-Drive-It" means any person who leases or rents a motor vehicle for a consideration to be used for the transportation of persons or property, but for which no

driver is furnished, and the use of which motor vehicle is not for the transportation of persons or property for hire by the lessee or rentee;

- (4) The term "driveaway" means the transporting and delivering of motor vehicles, except semitrailers, and trailers, whether destined to be used in either a private or for-hire capacity, under their own power or by means of a full mount method, saddle mount method, the tow bar method, or any combination of them over the highways of this state from any point of origin to any point of destination for-hire. The transportation of such vehicles by the full mount method on trailers or semitrailers shall not be included in the term;
- (5)
 - (a) "Disabled persons vehicle" means a motor vehicle especially equipped and used for the transportation of persons with disabilities and which is in compliance with the accessibility specifications of 49 C.F.R. Part 38, but it shall be designed and constructed to transport not more than fifteen (15) passengers plus the driver. It shall not mean an ambulance as defined in *Section 1 of this Act* [KRS 311.6521]. It shall not mean a motor vehicle equipped with a stretcher;
 - (b) "Disabled persons carrier" means an irregular route common carrier for hire, transporting the general public who require transportation in disabled persons vehicles;
 - (c) "Disabled persons certificate" means a certificate that grants authority only for the operation of a given number of disabled persons vehicles for hire, the principal operation of which is confined to a specific county;
- (6) "Human service transportation delivery" means the provision of transportation services to any person that is an eligible recipient in one (1) of the following state programs:
 - (a) Nonemergency medical transportation under KRS Chapter 205;
 - (b) Mental health, mental retardation, or comprehensive care under KRS Chapter 202A, 202B, 210, or 645;
 - (c) Kentucky Works Program under KRS Chapter 194 or 205;
 - (d) Aging services under KRS Chapter 205, 209, 216, or 273;
 - (e) Vocational rehabilitation under KRS 151B or 157; or
 - (f) Blind industries or rehabilitation under KRS Chapter 151B or 163;
- (7) "Delivery area" means one (1) or more regions established by the cabinet in administrative regulations promulgated under KRS Chapter 13A for the purpose of providing human service transportation delivery in that region;
- (8) "Broker" means a person selected by the cabinet through a request for proposal process to coordinate human service transportation delivery within a specific delivery area. A broker may also provide transportation services within the specific delivery area for which the broker is under contract with the cabinet;
- (9) "Subcontractor" means a person who has signed a contract with a broker to provide human service transportation delivery within a specific delivery area and who meets human service transportation delivery requirements, including proper operating authority; and
- (10) "CTAC" means the Coordinated Transportation Advisory Committee created under KRS 281.870.

Section 38. KRS 281.605 is amended to read as follows:

The provisions of this chapter shall not apply, except as to safety regulations, to:

- (1) Motor vehicles used as school buses and while engaged in the transportation of students, under the supervision and control and at the direction of school authorities;
- (2) Except as provided in paragraph (e) of this subsection, motor vehicles, regardless of ownership, used exclusively:
 - (a) For the transportation of agricultural and dairy products, including fruit, livestock, meats, fertilizer, wood, lumber, cotton, products of grove or orchard, poultry, and eggs, while owned by the producer of the products, including landlord where the relation of landlord and tenant or landlord and cropper is involved, from the farm to a market, warehouse, dairy, or mill, or from one (1) market, warehouse, dairy, or mill to another market, warehouse, dairy, or mill;
 - (b) For the transportation of agricultural and dairy products, livestock, farm machinery, feed, fertilizer, and other materials and supplies essential to farm operation, from market or shipping terminal to farm;
 - (c) For both the purposes described in paragraphs (a) and (b) of this subsection;
 - (d) For the transportation of agricultural and dairy products from farm to regularly organized fairs and exhibits and return; or
 - (e) Motor vehicles used for the transportation of fly ash, in bags, sacks, or other containers, the aggregate weight of which does not exceed ten thousand (10,000) pounds; or bottom ash, waste ash, sludge, and pozatec which is being removed from the premises of a power generator facility for the purpose of disposal;
- (3) Motor vehicles used exclusively as church buses and while operated in the transportation of persons to and from a church or place of worship or for other religious work under the supervision and control and at the direction of church authorities;
- (4) Motor vehicles used exclusively for the transportation of property belonging to a nonprofit cooperative association or its members where the vehicle is owned or leased exclusively by the association;
- (5) Motor vehicles owned in whole or in part by any person and used by such person to transport commodities of which such person is the bona fide owner, lessee, consignee, or bailee; provided, however, that such transportation is for the purpose of sale, lease, rent, or bailment, and is an incidental adjunct to an established private business owned and operated by such person within the scope and in furtherance of any primary commercial enterprise of such person other than the business of transportation of property for hire;
- (6) Motor vehicles used in pick-up or delivery service within a city or within a city and its commercial area for a carrier by rail;
- (7) Motor vehicles used exclusively for the transportation of coal from the point at which such coal is mined to a railhead or tipple where the railhead or tipple is located at a point not more than fifty (50) air miles from the point at which the coal is mined;
- (8) Motor vehicles used as ambulances in transporting wounded, injured, or sick animals or as ambulances as defined in *Section 1 of this Act* ~~[KRS 311.6521]~~;
- (9) Motor vehicles used by transit authorities as created and defined in KRS Chapter 96A except as required by KRS 96A.170. Vehicles operated under the authority and direct

responsibility of such transit authorities, through contractual agreement, shall be included within this exemption, without regard to the legal ownership of the vehicles, but only for such times as they are operated under the authority and responsibility of the transit authority;

- (10) Motor vehicles having a seating capacity of fifteen (15) or fewer passengers and while transporting persons between their places of residence, on the one hand, and, on the other, their places of employment, provided the driver himself is on his way to or from his place of employment, and further provided that any person who operates or controls the operation of vehicles hereunder of which said person is the owner or lessee, and any spouse of said person and any partnership or corporation with said person or his spouse having an interest therein doing such, shall be eligible to so operate an aggregate number of not more than one (1) vehicle on other than a nonprofit basis;
- (11) Motor vehicles used to transport cash letters, data processing material, instruments, or documents, regardless of the ownership of any of said cash letters, data processing material, instruments, or documents;
- (12) Motor vehicles operated by integrated intermodal small package carriers who provide intermodal-air-and-ground-transportation. For the purposes of this section, "integrated intermodal small package carrier" shall mean an air carrier holding a certificate of public convenience and necessity or qualifying as an indirect air carrier that undertakes, by itself or through a company affiliated through common ownership, to provide intermodal-air-and-ground-transportation, and "intermodal-air-and-ground-transportation" shall mean transportation involving the carriage of articles weighing not more than one hundred fifty (150) pounds by aircraft or other forms of transportation, including by motor vehicle, wholly within the Commonwealth of Kentucky. The incidental or occasional use of aircraft in transporting packages or articles shall not constitute an integrated intermodal operation within the meaning of this section; or
- (13) Motor vehicles operated pursuant to a grant of funds in furtherance of and governed by 49 U.S.C. secs. 5310 or 5311, including all amendments, and whose operators have jurisdictions and services approved annually by the Transportation Cabinet in accordance with 49 C.F.R. Title VI.

Section 39. KRS 311.666 is amended to read as follows:

As used in KRS 311.665 to 311.669, unless the context requires otherwise:

- (1) "Automated external defibrillator" or "AED" means an external defibrillator capable of cardiac rhythm analysis which will charge and, with or without further operator action, deliver a shock after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia. These devices are known as fully or semiautomatic defibrillators;
- (2) "Cardiopulmonary resuscitation" or "CPR" means a basic emergency procedure for life support, consisting of artificial respiration and manual external cardiac massage; and
- (3) "Emergency medical services system" means the same as in *Section 1 of this Act* ~~KRS 311.6521~~.

Section 40. KRS 311.669 is amended to read as follows:

- (1) The provisions of KRS 311.665 to 311.669 shall not apply to the use of an AED by:
 - (a) Physicians, podiatrists, or osteopaths licensed under KRS Chapter 311 or chiropractors licensed under KRS Chapter 312;

- (b) Physician assistants as defined in KRS 311.550;
 - (c) Registered nurses, practical nurses, or advanced registered nurse practitioners licensed under KRS Chapter 314;
 - (d) Dentists licensed under KRS Chapter 313; or
 - (e) Paramedics *licensed or first responders*~~[certified under KRS 311.654]~~, or emergency medical technicians certified, under KRS *Chapter 311A*~~[211.964]~~.
- (2) Nothing in this section shall preclude the licensing boards referred to in subsection (1) of this section from requiring continuing education or training on the use of an AED.

Section 41. KRS 314.181 is amended to read as follows:

- (1) A registered nurse who is employed by an ambulance service shall complete training in determination of death and preservation of evidence as required by the board through the promulgation of administrative regulations in accordance with KRS Chapter 13A.
- (2) A registered nurse who is employed by an ambulance service shall determine whether or not a patient served by the ambulance service is dead. The registered nurse shall utilize the protocol specified by the board by administrative regulations. The registered nurse shall, when responding to a patient, first attempt resuscitation, unless the protocol indicates that the patient is not capable of being resuscitated.
- (3) If it is determined that death has occurred in accordance with the procedures of KRS 446.400(1) concerning patients whose circulation and respiration are not being artificially maintained, the registered nurse who is employed by an ambulance service may make the actual determination and pronouncement of death.
- (4) When the determination and pronouncement of death of a patient whose circulation and respiration are not being artificially maintained, as required under KRS 446.400(1), occurs in a hospital or nursing facility, that declaration may be made by a registered nurse, in addition to any other person permitted by law to determine and pronounce death. The nurse shall notify the patient's attending physician of the death in accordance with the hospital's or facility's policy.
- (5) In the event that a registered nurse who is employed by an ambulance service determines that a person is dead, the registered nurse shall make the notifications required by KRS 72.020 and take the protective actions required by that statute.
- (6) The administration of cardiopulmonary resuscitation or other basic life support measures to the apparently dead person, prior to the arrival of the registered nurse who is employed by an ambulance service, by any person shall not be considered as artificial maintenance of respiration and circulation for the purposes of this section and KRS 446.400. The administration of advanced cardiac life support procedures by any person, other than a paramedic rendering care pursuant to *Section 33 of this Act*~~[KRS 311.660]~~, prior to the arrival of the registered nurse shall preclude the determination of death by the registered nurse, and the provisions of KRS 446.400 shall apply. Nothing in this section shall preclude the supervising physician from directing the registered nurse who is employed by an ambulance service to cease resuscitative efforts under approved agency medical protocols.
- (7) The resuscitative efforts of a nurse under protocols authorized by this section shall not invoke the provisions of KRS 446.400.

Section 42. KRS 311.990 is amended to read as follows:

- (1) Any person who violates KRS 311.250 shall be guilty of a violation.
- (2) Any college or professor thereof violating the provisions of KRS 311.300 to 311.350 shall be civilly liable on his bond for a sum not less than one hundred dollars (\$100) nor more than one thousand dollars (\$1,000) for each violation, which may be recovered by an action in the name of the Commonwealth.
- (3) Any person who presents to the county clerk for the purpose of registration any license which has been fraudulently obtained, or obtains any license under KRS 311.380 to 311.510 by false or fraudulent statement or representation, or practices podiatry under a false or assumed name or falsely impersonates another practitioner or former practitioner of a like or different name, or aids and abets any person in the practice of podiatry within the state without conforming to the requirements of KRS 311.380 to 311.510, or otherwise violates or neglects to comply with any of the provisions of KRS 311.380 to 311.510, shall be guilty of a Class A misdemeanor. Each case of practicing podiatry in violation of the provisions of KRS 311.380 to 311.510 shall be considered a separate offense.
- (4) Each first violation of KRS 311.560 is a Class A misdemeanor. Each subsequent violation of KRS 311.560 shall constitute a Class D felony.
- (5) Each violation of KRS 311.590 shall constitute a Class D felony. Conviction under this subsection of a holder of a license or permit shall result automatically in permanent revocation of such license or permit.
- (6) Conviction of willfully resisting, preventing, impeding, obstructing, threatening, or interfering with the board or any of its members, or of any officer, agent, inspector, or investigator of the board or the Cabinet for Health Services, in the administration of any of the provisions of KRS 311.550 to 311.620 shall be a Class A misdemeanor.
- (7) Each violation of subsection (1) of KRS 311.375 shall, for the first offense, be a Class B misdemeanor, and, for each subsequent offense shall be a Class A misdemeanor.
- (8) Each violation of subsection (2) of KRS 311.375 shall, for the first offense, be a violation, and, for each subsequent offense, be a Class B misdemeanor.
- (9) Each day of violation of either subsection of KRS 311.375 shall constitute a separate offense.
- (10) (a) Any person who intentionally or knowingly performs an abortion contrary to the requirements of KRS 311.723(1) shall be guilty of a Class D felony; and
(b) Any person who intentionally, knowingly, or recklessly violates the requirements of KRS 311.723(2) shall be guilty of a Class A misdemeanor.
- (11) (a) 1. Any physician who performs a partial-birth abortion in violation of KRS 311.765 shall be guilty of a Class D felony. However, a physician shall not be guilty of the criminal offense if the partial-birth abortion was necessary to save the life of the mother whose life was endangered by a physical disorder, illness, or injury.
2. A physician may seek a hearing before the State Board of Medical Licensure on whether the physician's conduct was necessary to save the life of the mother whose life was endangered by a physical disorder, illness, or injury. The board's findings, decided by majority vote of a quorum, shall be admissible at the trial of

the physician. The board shall promulgate administrative regulations to carry out the provisions of this subparagraph.

3. Upon a motion of the physician, the court shall delay the beginning of the trial for not more than thirty (30) days to permit the hearing, referred to in subparagraph 2. of this paragraph, to occur.
 - (b) Any person other than a physician who performs a partial-birth abortion shall not be prosecuted under this subsection but shall be prosecuted under provisions of law which prohibit any person other than a physician from performing any abortion.
 - (c) No penalty shall be assessed against the woman upon whom the partial-birth abortion is performed or attempted to be performed.
- (12) Any person who intentionally performs an abortion with knowledge that, or with reckless disregard as to whether, the person upon whom the abortion is to be performed is an unemancipated minor, and who intentionally or knowingly fails to conform to any requirement of KRS 311.732 is guilty of a Class A misdemeanor.
- (13) Any person who negligently releases information or documents which are confidential under KRS 311.732 is guilty of a Class B misdemeanor.
- (14) Any person who performs an abortion upon a married woman either with knowledge or in reckless disregard of whether KRS 311.735 applies to her and who intentionally, knowingly, or recklessly fails to conform to the requirements of KRS 311.735 shall be guilty of a Class D felony.
- (15) Any person convicted of violating KRS 311.750 shall be guilty of a Class B felony.
- (16) Any person who violates KRS 311.760(2) shall be guilty of a Class D felony.
- (17) Any person who violates KRS 311.770 or 311.780 shall be guilty of a Class D felony.
- (18) A person convicted of violating KRS 311.780 shall be guilty of a Class C felony.
- (19) Any person who violates KRS 311.810 shall be guilty of a Class A misdemeanor.
- (20) Any professional medical association or society, licensed physician, or hospital or hospital medical staff who shall have violated the provisions of KRS 311.606 shall be guilty of a Class B misdemeanor.
- (21)~~Any person who falsely represents that he or she is a paramedic, emergency medical technician first responder, or medical technician shall be guilty of a Class A misdemeanor.~~
- ~~(22)~~ Any administrator, officer, or employee of a publicly owned hospital or publicly owned health care facility who performs or permits the performance of abortions in violation of KRS 311.800(1) shall be guilty of a Class A misdemeanor.
- ~~(22)~~~~(23)~~ Any person who violates KRS 311.914 shall be guilty of a violation.
- ~~(23)~~~~(24)~~ Any person who violates the provisions of KRS 311.820 shall be guilty of a Class A misdemeanor.
- ~~(24)~~~~(25)~~ (a) Any person who fails to test organs, skin, or other human tissue which is to be transplanted, or violates the confidentiality provisions required by KRS 311.281, shall be guilty of a Class A misdemeanor;

- (b) Any person who has human immunodeficiency virus infection, who knows he is infected with human immunodeficiency virus, and who has been informed that he may communicate the infection by donating organs, skin, or other human tissue who donates organs, skin, or other human tissue shall be guilty of a Class D felony.
- ~~(25)~~~~(26)~~ Any person who sells or makes a charge for any transplantable organ shall be guilty of a Class D felony.
- ~~(26)~~~~(27)~~ Any person who offers remuneration for any transplantable organ for use in transplantation into himself shall be fined not less than five thousand dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).
- ~~(27)~~~~(28)~~ Any person brokering the sale or transfer of any transplantable organ shall be guilty of a Class C felony.
- ~~(28)~~~~(29)~~ Any person charging a fee associated with the transplantation of a transplantable organ in excess of the direct and indirect costs of procuring, distributing, or transplanting the transplantable organ shall be fined not less than fifty thousand dollars (\$50,000) nor more than five hundred thousand dollars (\$500,000).
- ~~(29)~~~~(30)~~ Any hospital performing transplantable organ transplants which knowingly fails to report the possible sale, purchase, or brokering of a transplantable organ shall be fined not less than ten thousand dollars (\$10,000) or more than fifty thousand dollars (\$50,000).

SECTION 43. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *Any emergency medical technician or paramedic may administer epinephrine to any person whom the EMT or paramedic has been called to attend if the EMT or paramedic makes an assessment that the person is exhibiting symptoms consistent with an anaphylactic reaction. The EMT or paramedic shall follow the medical protocol established by the medical director of the employing licensed ambulance service in determining the appropriate dose or doses of epinephrine and the routes for administration.*
- (2) *Every ambulance provider in the Commonwealth shall:*
- (a) *Maintain an adequate supply of epinephrine and disposable sterile needles and syringes on every ambulance that it operates; and*
- (b) *Establish medical protocols to be used by EMT providers and paramedics in determining symptoms of an anaphylactic reaction, the appropriate dose or doses of epinephrine, and the routes for administration.*

SECTION 44. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *The provisions of Section 9 of this Act relating to the certification and licensure of a felon as a first responder, emergency medical technician, or paramedic to the contrary notwithstanding, the board may issue a limited certification as a first responder or emergency medical technician or a limited license as a paramedic to a convicted felon who is currently serving a sentence for a felony and is in a facility operated by or under contract to the Department of Corrections.*

- (2) *A felon with a limited certification or license shall be limited to performing his or her services only upon other inmates, visitors, or staff of an institution operated by or under contract to the Department of Corrections.*
- (3) *Upon release by expiration of sentence, probation, shock probation, parole, or other form of early release or upon the escape of the inmate from confinement the license or certification shall automatically terminate. If the inmate has escaped from confinement he or she shall never be issued a future limited certification or license.*
- (4) *All other provisions of this chapter relating to first responders, emergency medical technicians, paramedics, and their employment and supervision shall apply to convicted felons with a limited license or certification.*
- (5) *An inmate who violates the provisions of this section shall be guilty of a Class D felony.*

Section 45. KRS 311.653 is repealed, reenacted as a new section of KRS Chapter 311A, and amended to read as follows:

The ***Kentucky Board of Emergency Medical Services***~~[Board of Medical Licensure]~~ shall, by regulation, require an applicant for ***licensure***~~[certification]~~ as a paramedic to have completed a ***board or*** Cabinet for Health Services-approved educational course on the transmission, control, treatment and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome with an emphasis on appropriate behavior and attitude change. ***The board shall require continuing education that updates this training at least one (1) time every ten (10) years that is consistent with and as required for other health care providers under KRS 214.610.***

Section 46. KRS 311.6531 is repealed, reenacted as a new section of KRS Chapter 311A, and amended to read as follows:

As a condition of being issued a certificate ***or license*** as an emergency medical technician ***or first responder***, the applicant shall have completed a Kentucky Board of Emergency Medical Services approved educational course on the transmission, control, treatment, and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome with an emphasis on appropriate behavior and attitude change. ***The board shall require continuing education that updates this training at least one (1) time every ten (10) years that is consistent with and as required for other health care providers under KRS 214.610.***

Section 47. KRS 214.610 is amended to read as follows:

- (1) (a) The Cabinet for Health Services or the licensing board or certifying entity, subject to the board's or entity's discretion, shall approve appropriate educational courses on the transmission, control, treatment, and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome, that may address appropriate behavior and attitude change, to be completed as specified in the respective chapters by each person licensed or certified under KRS Chapters 311, ***311A***, 312, 313, 314, 315, 320, 327, 333, and 335~~[and emergency medical technicians certified pursuant to KRS Chapter 314]~~. Each licensing board or certifying entity shall have the authority to determine whether it shall approve courses or use courses approved by the cabinet. Completion of the courses shall be required at the time of initial licensure or certification in the Commonwealth, as required under KRS 214.615 and 214.620, and shall not be required under this section or any other section more frequently than one (1) time every ten (10) years thereafter, unless the licensing board or certifying entity

specifically requires more frequent completion under administrative regulations promulgated in accordance with KRS Chapter 13A.

- (b) The Department for Public Health shall publish on its Web site the current informational resources for the development of the educational courses or programs. To the extent possible, the educational courses or programs under this subsection shall:
1. Include changes in Kentucky law affecting HIV testing and reporting; confidentiality and privacy of HIV-related data, information, and reports; and advances in treatment protocols, intervention protocols, coordination of services, and other information deemed important by the Department for Public Health and the Centers for Disease Control and Prevention (CDC);
 2. Inform all professions involved with or affected by the birthing process about the importance of HIV testing of pregnant women and the probability of preventing perinatal transmission of HIV with appropriate treatment; and
 3. Update all health care professionals identified under paragraph (a) of this subsection requesting information about the potential involvement of their occupation in the treatment or prevention of blood-borne pathogens with the latest CDC guidelines on occupational exposure to HIV and other blood-borne pathogens.
- (2) Each licensee or certificate holder shall submit confirmation on a form provided by the cabinet of having completed the course by July 1, 1991, except persons licensed under KRS Chapters 314 and 327 for whom the completion date shall be July 1, 1992.

Section 48. KRS 214.615 is amended to read as follows:

- (1) The licensing board or certifying entity shall require as a condition of granting a license or certificate under ***KRS Chapter 311A and as*** ~~[the chapters]~~ specified in KRS 311.450, 311.601, 312.175, 313.080, 313.305, 314.073, 315.065, 320.280, 327.050, 333.190, 335.080, 335.090, 335.100, and 335.150 that an applicant making initial application for licensure or certification complete an educational course approved by the cabinet or the licensing board or certifying entity on the transmission, control, treatment, and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome. An applicant who has not taken a course at the time of licensure or certification shall upon an affidavit showing good cause be allowed six (6) months to complete this requirement.
- (2) The licensing board or certifying entity may promulgate administrative regulations to carry out the provisions of this section.

Section 49. KRS 214.620 is amended to read as follows:

- (1) The boards of the professions in ***KRS Chapter 311A and*** KRS 311.450, 311.571, 311.601, 312.085, 312.175, 313.040, 313.080, 313.290, 313.305, 314.041, 314.042, 314.051, 314.073, 315.050, 315.065, 320.250, 320.280, 327.050, 333.100, 333.190, 335.080, 335.090, 335.100, and 335.150, and the Cabinet for Health Services shall begin planning for the implementation of those sections listed above which require, as a part of initial licensure ***or certification***, applicants for certain specified professions to complete an educational course on the transmission, control, treatment, and prevention of human immunodeficiency virus and acquired immunodeficiency syndrome. The planning shall include collecting information from the facilities and programs which educate and train the licensed

professionals affected by the licensure requirements of those sections listed above and shall also include developing administrative regulations for the implementation of the licensure requirements.

- (2) The Cabinet for Health Services shall develop, if requested by a licensing board or certifying entity, instructional material on the human immunodeficiency virus, including information related to methods of transmission, education, and infection control. The materials developed under this section shall be provided to persons licensed under KRS Chapters 317 and 317A. Costs of production and distribution of the instructional materials shall be wholly assumed from the fees assessed by the licensing boards which regulate the professionals who are provided with educational materials under this section. To expeditiously and economically develop, produce, and distribute the instructional material required under this section, the Cabinet for Health Services shall consult with the professional associations of professions to determine whether suitable instructional materials already exist that may be lawfully reproduced or reprinted.
- (3) The Cabinet for Human Resources shall require that, by July 1, 1992, all employees of health facilities defined in KRS 216B.015 shall have completed an educational course on the transmission, control, treatment, and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome with an emphasis on appropriate behavior and attitude change except for those employees who shall have completed such a course as required for their professional licensure or upon evidence that the employee received such a course from another health facility where the employee was previously employed.
- (4) Information on the human immunodeficiency virus infection shall be presented to any person who receives treatment at any hospital, however named, skilled-nursing facilities, primary-care centers, rural health clinics, outpatient clinics, ambulatory-care facilities, ambulatory surgical centers, and emergency-care centers licensed pursuant to KRS Chapter 216B. The information shall include, but not be limited to, methods of transmission and prevention and appropriate behavior and attitude change.
- (5) Notwithstanding any provision of law to the contrary, the licensing board or certifying entity of any profession required to complete the course described in subsection (1) or (2) of this section shall have the discretion to develop and approve its own instructional course to be required for the profession under the jurisdiction of the respective licensing board or certifying entity.

Section 50. The following KRS sections are repealed:

216B.410 Reports and records of licensed ambulance providers and medical first response providers -- Annual report by cabinet -- Exemptions from disclosure requirements.

311.652 Current valid license required -- Violation of law or regulation.

311.6521 Definitions for KRS 311.652 to 311.658.

311.6522 Current valid certification as emergency medical technician required -- Violation of law or administrative regulations.

311.6523 Kentucky Board of Emergency Medical Services -- Members -- Duties.

311.6524 Board to promulgate administrative regulations to carry out the functions of KRS 311.652 to 311.658.

311.6525 Legislative declaration of purpose of KRS 311.6526.

- 311.6526 Emergency Medical Services for Children Program.
- 311.654 Administrative regulations.
- 311.6541 Administrative regulations -- Certification and recertification procedures for emergency medical technicians and others.
- 311.656 Fees and charges.
- 311.6561 Fees and charges.
- 311.6563 Matching fund program to assist local units of government to purchase ambulances and equipment and provide for and educate trained emergency medical services personnel.
- 311.6577 Investigation and discipline of entities licensed by the board, paramedics, emergency medical technician first responders, and emergency medical technicians -- Sanctions -- Appeals.
- 311.6579 Certification and utilization of emergency medical technicians and first responders restricted.
- 311.658 Services permitted -- Supervision.
- 311.660 Paramedic's resuscitation protocol -- Determination of death -- Training -- Procedures not deemed artificial maintenance of respiration and circulation.

Approved April 5, 2002