

CHAPTER 100**(HB 106)**

AN ACT relating to emergency medical services.

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

➔Section 1. KRS 311A.010 is amended to read as follows:

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

- (1) ***"Advanced emergency medical technician" or "AEMT" means a person certified by the board under this chapter as an advanced emergency medical technician;***
- (2) ***"Advanced practice paramedic" or "APP" means a paramedic licensed by the board under this chapter as a paramedic and certified by the board under this chapter in at least one (1) emergency medical services subspecialty, including community paramedic, critical care paramedic, wilderness paramedic, tactical paramedic, or flight paramedic;***
- (3) ***"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;***
- ~~(4)(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 **that may include transport** 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 **a Class I, II, III, or IV ground ambulance provider, a Class VI medical first response provider, a Class VII air ambulance provider, or a Class VIII event medicine provider**~~[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];~~***
- ~~(5)(3)~~ ***"Board" means the Kentucky Board of Emergency Medical Services;***
- (6) ***"Community paramedic" or "CP" means an advanced practice paramedic certified under this chapter as a CP;***
- ~~(7)(4)~~ ***"Emergency medical facility" means a hospital or any other institution licensed by the Cabinet for Health and Family Services that furnishes emergency medical services;***
- (8) ***"Emergency medical responder" or "EMR" means a person certified under this chapter as an EMR or EMR instructor;***
- ~~(9)(5)~~ ***"Emergency medical services" or "EMS" 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;***
- (10) ***"Emergency medical services educator" or "EMS educator" means a person who is certified and licensed by the board under this chapter as a Level I, II, or III EMS educator to provide emergency medical services education and training with the scope of practice established by the board through administrative regulations;***
- ~~(11)(6)~~ ***"Emergency Medical Services for Children Program" or "EMSC Program" means the program established under this chapter;***
- (12) ***"Emergency medical services medical director" means a physician licensed in Kentucky and certified by the board under this chapter who is employed by, under contract to, or has volunteered to provide supervision for a paramedic or an ambulance service, or both;***
- ~~(13)(7)~~ ***"Emergency medical services personnel" means:***

- (a) Persons ~~certified or licensed, and~~ trained to provide emergency medical services **and certified or licensed by the board under this chapter as an AEMT, APP, EMR, EMR instructor, EMT, EMT instructor, paramedic; or paramedic instructor; and ~~and an~~**
- (b) Authorized emergency medical services medical **directors and** ~~director~~ **mobile integrated healthcare program medical directors**, whether on a paid or volunteer basis;
- ~~(14)(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, **mobile integrated healthcare 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;
- ~~(15)(9)~~ "Emergency medical services training or educational institution" means any ~~person or~~ organization **licensed by the board under this chapter to provide** ~~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;
- ~~(16)(10)~~ "Emergency medical technician" or "EMT" means a person certified under this chapter as an EMT **or EMT instructor** ~~basic, EMT basic instructor, or EMT instructor trainer~~;
- (17) **"Executive director" means the executive director of the Kentucky Board of Emergency Medical Services;**
- ~~(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;
- (18) **"Mobile integrated healthcare" or "MIH" means a program licensed by the board under this chapter to provide services including evaluation, advice, and medical care for the purpose of preventing or improving a particular medical condition outside of a hospital setting to eligible patients who do not require or request emergency medical transportation;**
- (19) **"Mobile integrated healthcare program medical director" or "MIH program medical director" means a physician licensed in Kentucky and certified by the board under this chapter who is employed by, under contract to, or has volunteered to provide supervision for a licensed MIH program;**
- ~~(20)(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;~~
- ~~(21)(15)~~ "Paramedic preceptor" means a licensed ~~paramedic~~ who supervises a paramedic student during the field portion of the student's training;
- ~~(22)(16)~~ "Prehospital care" means the provision of emergency medical services, **mobile integrated healthcare**, 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
- ~~(23)(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. KRS 311A.015 is amended to read as follows:

- (1) The Kentucky Board of Emergency Medical Services is created and shall be attached to the Kentucky Community and Technical College System.
- (2) The board shall consist of **thirteen (13)** ~~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;]~~
- ~~(b) [(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;~~
- ~~(c) [(f)] One (1) physician licensed in Kentucky who *is* routinely ~~[is]~~ involved in the emergency care of ill ~~or [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;]~~
- ~~(d) [(h)] One (1) citizen having no involvement in the delivery of medical or emergency services;~~
- ~~(e) [(i)] One (1) *certified* emergency medical services educator [certified by the board];~~
- ~~(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;]~~
- ~~(f) [(m)] One (1) fire-service-based, licensed Class I ground ambulance service administrator who is a certified emergency medical technician, *an advanced emergency medical technician*, or a licensed paramedic;~~
- ~~(g) [(n)] One (1) licensed air ambulance service administrator or paramedic for a licensed air ambulance service headquartered in Kentucky;~~
- ~~(h) [(o)] One (1) *privately operated*, ~~[private]~~ licensed Class 1 ground ambulance service administrator who is a certified emergency medical technician, *an advanced emergency medical technician*, or a licensed paramedic ~~[who is a resident of Kentucky];~~~~
- ~~(i) [(p)] One (1) hospital administrator selected from a list of *three (3)* ~~[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]~~
- ~~(j) [(r)] One (1) advanced life support ~~[government operated]~~ ambulance *provider* ~~[service administrator]~~ who is *an advanced emergency medical technician* ~~[a certified emergency medical technician]~~ or a licensed paramedic, *who works for a government agency but is not serving in an educational, management, or supervisory capacity*;~~
- ~~(k) *One (1) publicly operated Class I ground ambulance service administrator who is a certified emergency medical technician, an advanced emergency medical technician, or a licensed paramedic;*~~
- ~~(l) *One (1) mayor of a city that operates, either directly or through contract services, a licensed Class I ground ambulance service; and*~~
- ~~(m) *One (1) county judge/executive from a county that operates, whether directly or through contract services, a licensed Class I ground ambulance service.*~~
- (3) (a) *Members shall serve for a term of four (4) years, may be reappointed, and* ~~[No board member]~~ shall serve *no* 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 *at least* one (1) term.

- (b) *Any person serving on the board in a position eliminated on the effective date of this Act, and whose term has not expired prior to the effective date of this Act, may continue to serve in a voting, ex officio capacity until the expiration of his or her term.*
- (4) The board shall ~~annually~~:
- (a) Meet at least six (6) times a year; *and*
 - (b) At the first meeting of the board after September 1 *of each year*, 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.
- (5) The board shall adopt a quorum and rules of procedure by administrative regulation.
- (6) (a) A member of the board who misses three (3) regular meetings in *a twelve (12) month period* ~~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.
- ~~(d)~~ ~~(e)~~ The person removed under this subsection shall not be reappointed to the board for *at least* ten (10) years.
- (7) 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.~~
- (8) Annual reports and recommendations from the board shall be sent by September 1 each year to the Governor, the president of the Kentucky Community and Technical College System, and the General Assembly.

➔Section 3. KRS 311A.020 is amended 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 and Family Services in the regulation of the emergency medical services system and the practice of *emergency medical services* ~~first responders, emergency medical technicians, paramedics, ambulance services~~, and emergency medical services training institutions, with the exception of employment of personnel as described in subsections (5) and (6) of this section;
 - (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 *emergency medical* ~~first~~ responders;
 5. Certification and recertification of emergency medical technicians *and advanced emergency medical technicians*;
 6. Licensure and relicensure of ambulances, ~~and~~ ambulance services, *and mobile integrated healthcare programs*;
 7. Licensure and relicensure of paramedics;
 8. *Certification and recertification of advanced practice paramedics*;
 9. Certification and recertification of *EMS educators* ~~paramedic course coordinators~~;

~~10.19.~~ Investigation of and resolution of quality complaints and ethics issues; and

~~11.10.~~ 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 an attorney licensed to practice law in Kentucky and fix the compensation. The attorney shall serve at the pleasure of the board and have primary assignment to the board;
 - (g) Employ personnel sufficient to carry out the statutory responsibilities of the board.
 1. Personnel assigned to investigate *an emergency medical* ~~first~~ responder program complaint or regulate the *emergency medical* ~~first~~ responder programs shall be certified *emergency medical* ~~first~~ responders, emergency medical technicians, *advanced 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, *advanced emergency medical technicians*, or paramedics.
 3. *Personnel assigned to investigate an advanced emergency medical technician program complaint or regulate the advanced emergency medical technician program shall be certified advanced emergency medical technicians or paramedics.*
 4. Personnel assigned to investigate a paramedic program complaint or regulate the paramedic program shall be licensed paramedics.
 - ~~5.4.~~ 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.
 - ~~6.5.~~ A person who is employed by the board may instruct in emergency medical subjects in which he or she is qualified, with the permission of the board. All instruction shall be rendered without remuneration other than his or her state salary and the employee shall be considered as on state duty when teaching.
 - ~~7.6.~~ 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 KRS 311A.170~~, the board shall not serve as the lead agency relating to the development or regulation of trauma systems, but shall be a partner with other state agencies in the development, implementation, and oversight of such systems.
- (5)
 - (a) The Kentucky Community and Technical College System shall employ personnel for the work of the board, and the personnel in the positions described in this section and all other persons in administrative and professional positions shall be transferred to the personnel system of the Kentucky Community and Technical College System on July 12, 2006, in the appropriate classification to carry out the mission of the board. All employees transferred under this paragraph shall have all employment records and months of service credit transferred to the Kentucky Community and Technical College System. Employees of the board transferred under this paragraph who subsequently return to state employment under KRS Chapter 18A shall have their employment records and months of service credit under the Kentucky Community and Technical College System transferred back to the KRS Chapter 18A personnel system, and the employment records and months of service credit shall be used in calculations for all benefits under KRS Chapter 18A.
 - (b) New employees hired or contracted after July 12, 2006, shall be employed or contracted by the Kentucky Community and Technical College System.
- (6) The board shall appoint a personnel committee consisting of the chair of the board, one (1) physician member of the board, one (1) ambulance service provider member of the board, one (1) additional member of the board selected by the chair of the board, and one (1) representative of the Kentucky Community and Technical College System administration. The personnel committee shall conduct an annual job performance review of the executive director, the medical advisor, and the board attorney that conforms with the personnel standards of the Kentucky Community and Technical College System and includes a recommendation for or against continued employment to be presented to the personnel office of the Kentucky Community and Technical College System.
- (7) All state general fund moneys appropriated to the board, all federal funds, all moneys collected by the board, and all equipment owned by the board shall be transferred to the Kentucky Community and Technical College System on July 1, 2006.
- (8) The board shall develop a proposed biennial budget for all administrative and operational functions and duties in conjunction with the Kentucky Community and Technical College System budget submission process. The Kentucky Community and Technical College System shall not make changes to the budget proposal submitted by the board, but may submit written comments on the board's budget proposal to the board and other agencies in the budget submission process.

➔Section 4. KRS 311A.025 is amended 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) ***Emergency medical services educator, Level I, II, and III***~~First responder and first responder instructor~~;
 - (b) ***Emergency medical responder***;
 - (c) Emergency medical technician ***and advanced emergency medical technician***~~basic, emergency medical technician basic instructor, and emergency medical technician basic instructor trainer~~;
 - (d)~~(c)~~ Paramedic, ***advanced practice*** paramedic~~course coordinator, paramedic instructor~~, and paramedic preceptor;
 - (e)~~(d)~~ Emergency medical services medical director who supervises a person or organization licensed or certified by the board;
 - (f) ***Mobile integrated healthcare program medical director who supervises a MIH program licensed by the board***;
 - (g)~~(e)~~ Emergency medical service training institution;
 - (h)~~(f)~~ Emergency medical service testing agency;

- (i)~~(g)~~ Ground ambulance service, including categories thereof;
 - (j)~~(h)~~ Air ambulance service;
 - (k)~~(i)~~ Medical first response provider;
 - (l)~~(j)~~ Emergency medical dispatcher, emergency medical dispatch instructor, and emergency medical dispatch instructor trainer;
 - (m)~~(k)~~ Emergency medical dispatch center or public safety answering point; and
 - (n)~~(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. KRS 311A.030 is amended 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, ***mobile integrated healthcare programs***, 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;
 - (b)~~(e)~~ 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;
 - (c)~~(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}~~
 - (d) ***Class IV ground ambulance providers, which provide basic life support or advanced life support services and transportation for restricted locations such as industrial sites and other sites that do not provide services outside a designated site;***
 - (e) ***Class V mobile integrated healthcare programs, which do not transport patients as a function of the program and which must be operated by or in affiliation with a Class I ambulance provider that provides emergency medical response in the geographic area***~~{Medical first response providers, which provide prehospital or advanced life support services, but do not transport patients};~~
 - (f) ***Class VI medical first response providers, which provide basic or advanced life support services, but do not transport patients;***
 - (g) ***Class VII air ambulance providers, which provide basic or advanced life support services; and***
 - (h) ***Class VIII event medicine providers, which provide basic or advanced life support services, but do not transport patients;*** and
- (2) ***Licensing, inspecting, and regulating of*** 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. KRS 311A.040 is amended 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 *Franklin* 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 7. KRS 311A.050 is amended 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, *advanced emergency medical technician*, *emergency medical*~~{first}~~ responder, paramedic, *advanced practice paramedic*, *emergency medical services educator*,~~{first responder instructor or instructor trainer, emergency medical technician instructor or instructor trainer, or paramedic instructor, paramedic instructor trainer, or}~~ paramedic course coordinator, *emergency medical services medical director*, *mobile integrated healthcare program medical director*, or any other member of *emergency medical services personnel* unless licensed or certified under the provisions of this chapter. The provisions of this ~~paragraph~~~~{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 *emergency medical services personnel*~~{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 *and licensed* under the provisions of this chapter. The provisions of this paragraph shall not apply to continuing education provided by a licensed ambulance service for anyone certified or licensed by the board given by an ambulance service for its employees or volunteers; or
 - (c) Knowingly employ *emergency medical services personnel*~~{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, if in accordance with KRS Chapter 335B;
 - (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, if in accordance with KRS Chapter 335B;
 - (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, *or* have entered an Alford plea to a felony offense, ~~or completed a diversion program for a felony offense,~~ if in accordance with KRS Chapter 335B.
- (3) It shall be unlawful for an employer of a person licensed or certified by the board having knowledge of the facts to refrain from reporting to the board ***on an official complaint form approved by the board through administrative regulation*** any person licensed or certified by the board who:
- (a) Has been convicted of, has entered a guilty plea to, *or* 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 8. KRS 311A.055 is amended 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, *emergency medical services personnel*,~~{first responder, emergency medical technician, paramedic, emergency medical services medical advisor}~~ or *any* 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, *the employer of the emergency services personnel 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 *or mobile integrated healthcare program medical director* for the organization~~{and for any paramedic}~~ against whom the complaint *has been*~~{is}~~ filed *or that employs the emergency medical services personnel against whom the complaint has been 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 one (1) member of the board selected by the chair, and two (2) persons representing the same category of certification or licensure as the defendant who are not members of the board appointed by the chairman of the board.
- (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 emergency medical services provider or related 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 9. KRS 311A.060 is amended to read as follows:

- (1) If it is determined that an entity *or a member of emergency medical services personnel* regulated, *licensed, or certified* 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 *or a member of emergency medical services personnel* 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 shall require an acceptable plan of correction and may use any one (1) or more of the following sanctions when disciplining *emergency medical services personnel* ~~[- 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, *emergency medical* ~~[- first]~~ responder's, *advanced emergency medical technician's*, or emergency medical technician's emergency medical services or related 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 *certification or* 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, *emergency medical* ~~[- first]~~ responder, *advanced emergency medical technician*, or emergency medical technician examination;
 - (k) Probation for a specified time; or
 - (l) If it is found that the person who is licensed or certified by the board has been convicted of, pled guilty to, *or* 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 10. KRS 311A.065 is amended 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 *the person to submit to a mental health, neuropsychological, psychosocial, psychosexual, substance use disorder, or physical evaluation by a licensed or certified practitioner designated by the board* ~~[- 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 health, neuropsychological, psychosocial, psychosexual, substance use disorder, or physical evaluation**~~[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 **evaluation**~~[examination]~~. The office of the board may issue an immediate and temporary suspension from the time of the **evaluation**~~[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 a **mental health, neuropsychological, psychosocial, psychosexual, substance use disorder, or physical evaluation**~~[an examination]~~ when so directed in writing by the board. The direction to submit to an **evaluation**~~[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 **evaluation**~~[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 health, neuropsychological, psychosocial, psychosexual, substance use disorder, or physical evaluation ordered by the board**~~[or physical examination ordered by the office of the board]~~.

➔Section 11. KRS 311A.075 is amended to read as follows:

- (1) The ~~[state medical advisor, one (1) physician board member selected by the chair of the board, and one (1) member of the board of the same category of licensure or certification as the defendant selected by the]~~ chair of the board, **or his or her designee**, in writing, may determine that immediate temporary suspension of a license or certification of a natural person against **whom**~~[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 **or mobile integrated healthcare program medical director may** ~~[shall]~~ be sought with regard to the matter. In the event of an action against an organization, the determination that an immediate temporary suspension is necessary in order to protect the public shall be made by the ~~[state medical advisor, and two (2) other members of the board who are appointed by the]~~ chair of the board, **or his or her designee, in writing**. 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 **preliminary inquiry panel hearing of the same licensee or certification holder**~~[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 12. KRS 311A.095 is amended to read as follows:

- (1) A paramedic license, **emergency medical**~~[first]~~ responder certification, **advanced emergency medical technician certification**, or emergency medical technician certification shall:
 - (a) Be valid for a period of two (2) years **upon renewal; and**~~[]~~
 - (b) ~~[(2) Each paramedic license, first responder certification, or emergency medical technician certification shall]~~ Expire on December 31 of the second year from its **initial** issuance.
- ~~(2)~~~~(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 **send notification correspondence**~~[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 **complete and submit the application for renewal**~~[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.

- (3)~~(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.
- (4)~~(5)~~ **Correspondence regarding renewal of a license or certification shall be sent to the electronic mail address provided by the individual certified or licensed by the board**~~[An application for renewal of a license or certification shall be sent to the last known address of each licensee or certified person].~~
- (5)~~(6)~~ Any person **engaging in**~~[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.
- (6)~~(7)~~ Failure to receive **correspondence**~~[the application]~~ for renewal of a license or certification shall not relieve a paramedic, **emergency medical**~~[first]~~ responder, **advanced emergency medical technician**, 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.
- (7)~~(8)~~ The duration of any license or certification issued by the board may be limited by disciplinary action of the board.
- (8)~~(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.
- (9)~~(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 13. KRS 311A.105 is amended to read as follows:

Any person as defined in KRS 446.010 licensed or certified by the board shall maintain a current mailing **and electronic mailing** address with the office of the board and immediately notify the board in writing of a change of mailing **or electronic 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 14. KRS 311A.120 is amended to read as follows:

- (1) As a condition of being issued a certificate or license as an emergency medical technician, **advanced emergency medical technician, emergency medical responder, or paramedic**~~[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.
- (2) The board shall require continuing education for emergency medical technicians, **advanced emergency medical technicians, emergency medical responders, or paramedics**~~[or first responders]~~ that includes the completion of one and one-half (1.5) hours of board approved continuing education covering the recognition

and prevention of pediatric abusive head trauma, as defined in KRS 620.020, at least one (1) time every five (5) years. The one and one-half (1.5) hours required under this section shall be included in the current number of required continuing education hours.

➔Section 15. KRS 311A.125 is amended 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 continuing education training provided by a licensed ambulance service for anyone certified or licensed by the board.
- ~~(3)~~~~{(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 16. KRS 311A.130 is amended 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 **any emergency medical services personnel**~~{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, United States 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 17. KRS 311A.140 is amended 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) ***An applicant for initial certification as an emergency medical responder, emergency medical technician, or advanced emergency medical technician, or licensure as a paramedic shall***~~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) ***An applicant for certification renewal as an emergency medical responder, emergency medical technician, or advanced emergency medical technician, or renewal of licensure as a paramedic, shall meet the educational requirements for renewal of the appropriate certification or licensure credential as required by administrative regulations promulgated by the board or***~~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 KRS 311A.060, 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 18. KRS 311A.170 is amended 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) ***The board shall promulgate administrative regulations in accordance with KRS Chapter 13A establishing the educational requirements, testing requirements, credentialing, and licensure requirements of advanced practice paramedics. Advanced practice paramedics shall validate competency as prescribed in***

administrative regulations and be identified as one (1) or more of the following certification levels of advanced practice paramedic:

- (a) *Certified community paramedic;*
 - (b) *Certified critical care paramedic;*
 - (c) *Certified flight paramedic;*
 - (d) *Certified tactical paramedic; or*
 - (e) *Certified wilderness paramedic.*
- (4) 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.
- (5)~~(4)~~ A paramedic shall be permitted to render services only under the supervision of ~~a certified~~^{an} emergency medical services medical director, *certified mobile integrated healthcare program medical director, or under the direct supervision of an emergency department medical director.*
- (6) *A paramedic holding board certification as a community paramedic may provide mobile integrated healthcare services only as an employee of a mobile integrated healthcare program holding a Class V Mobile Integrated Healthcare license in affiliation with a Class I ground ambulance provider.*
- (7)~~(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 practice registered nurse, 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 KRS 311A.175 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.

- (8)~~(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 19. KRS 311A.175 is amended to read as follows:

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

➔Section 20. KRS 311A.190 is amended to read as follows:

- Each licensed ambulance provider, *mobile integrated healthcare program*, and medical first response provider as defined in this chapter shall collect and provide to the board *patient care record~~run~~* data and information required by the board by this chapter and administrative regulation.
- The board shall develop a *patient care record~~run report~~* form for the use of each class of ambulance provider, *mobile integrated healthcare program*, and medical first response provider containing the data required in subsection (1) of this section. An ambulance provider, *mobile integrated healthcare program*, or medical first response provider may utilize any *patient care record~~run~~* form it chooses in lieu of or in addition to the board developed *patient care record~~run report~~* form. However, the data captured on the *patient care record~~run report~~* form *utilized by the ambulance service provider, mobile integrated healthcare program, or medical first response provider* shall include at least that *data which is* required by the administrative regulations promulgated pursuant to subsection (1) of this section.
- An ambulance provider, *mobile integrated healthcare program*, or medical first response provider shall report the required *patient care record~~run report~~* data *as prescribed through administrative regulations promulgated by the board~~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.
- 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, *mobile integrated healthcare program* and medical first response provider *patient care records*~~[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 *provider, mobile integrated healthcare program, or medical first response provider patient care record*~~[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 *care record*~~[run report form]~~ or the inspection or copying of the *patient care record*~~[run report form]~~. Any authorization for the release of information or for inspection or copying of a *patient care record*~~[run report form]~~ shall be in writing.
- (6) *An ambulance provider or medical first response provider that collects patient data through electronic means shall have the means of providing a patient care record or summary report*~~[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 *patient care record or summary report of the patient care record*~~[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 *patient care record*~~[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 *upon request*. If the ambulance provider, medical facility, patient, or patient's legal guardian refuses delivery of their *patient care record*~~[run report form]~~ or is unavailable to receive the form, that copy of the *patient care record*~~[form]~~ shall be returned to the medical first response provider or ambulance provider and destroyed.
- (7) All ambulance services *and mobile integrated healthcare programs* 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 *or licensure*; and
 - (b) Health records of all *personnel*~~[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, *mobile integrated healthcare programs*, 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 21. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

- (1) *An advanced emergency medical technician may, subject to the provisions of this section, perform:*
- (a) *Any procedure specified in the most recent curriculum of the United States Department of Transportation training course for advanced 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 advanced 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. 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 advanced emergency medical technician shall successfully complete the new material or lose his or her certification as an advanced 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 advanced 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 advanced emergency medical technician for the purpose of the individual working with primary responsibility and duties limited to hospitals, physician's offices, clinics, or other definitive care facilities, except as an advanced emergency medical technician student.*

➔Section 22. KRS 95A.262 is amended to read as follows:

- (1) The Commission on Fire Protection Personnel Standards and Education shall, in cooperation with the Cabinet for Health and Family Services, develop and implement a continuing program to inoculate every paid and volunteer firefighter in Kentucky against hepatitis B. The program shall be funded from revenues allocated to the Firefighters Foundation Program fund pursuant to KRS 136.392 and 42.190. Any fire department which has inoculated its personnel during the period of July 1, 1991 to July 14, 1992, shall be reimbursed from these revenues for its costs incurred up to the amount allowed by the Cabinet for Health and Family Services for hepatitis B inoculations.
- (2) (a) Except as provided in subsection (3) of this section, the Commission on Fire Protection Personnel Standards and Education shall allot on an annual basis a share of the funds accruing to and appropriated for volunteer fire department aid to volunteer fire departments in cities of all classes, fire protection districts organized pursuant to KRS Chapter 75, county districts established under authority of KRS 67.083, and volunteer fire departments created as nonprofit corporations pursuant to KRS Chapter 273.
- (b) The commission shall allot eight thousand two hundred fifty dollars (\$8,250), and beginning on July 1, 2018, the commission shall allot eleven thousand dollars (\$11,000) annually to each qualifying department.
- (c) Any qualifying department which fails to participate satisfactorily in the Kentucky fire incident reporting system as described in KRS 304.13-380 shall forfeit annually five hundred dollars (\$500) of its allotment.
- (d) If two (2) or more qualified volunteer fire departments, as defined in KRS 95A.500 to 95A.560, merge after January 1, 2000, then the allotment shall be in accordance with the provisions of KRS 95A.500 to 95A.560.
- (e) Administrative regulations for determining qualifications shall be based on the number of both paid firefighters and volunteer firemen within a volunteer fire department, the amount of equipment, housing facilities available, and any other matters or standards that will best effect the purposes of the volunteer fire department aid law. A qualifying department shall:
1. Include at least twelve (12) firefighters;
 2. Have a chief;
 3. Have at least one (1) operational fire apparatus or one (1) on order; and
 4. Have at least fifty percent (50%) of its firefighters who have completed at least one-half (1/2) of one hundred fifty (150) training hours, or as otherwise established by the commission under KRS 95A.240(6), toward certification within the first six (6) months of the first year of the department's application for certification, and there shall be a plan to complete the one hundred fifty (150) training hours, or as otherwise established by the commission by KRS 95A.240(6), within the second year.
- These personnel, equipment, and training requirements shall not be made more stringent by the promulgation of administrative regulations.
- (f) No allotment shall exceed the total value of the funds, equipment, lands, and buildings made available to the local fire units from any source whatever for the year in which the allotment is made.
- (g) A portion of the funds provided for above may be used to purchase group or blanket health insurance and shall be used to purchase workers' compensation insurance, and the remaining funds shall be distributed as provided in this section.

- (3) There shall be allotted two hundred thousand dollars (\$200,000) of the insurance premium surcharge proceeds accruing to the Firefighters Foundation Program fund that shall be allocated each fiscal year of the biennium to the firefighters training center fund, which is hereby created and established, for the purposes of constructing new or upgrading existing training centers for firefighters. If any moneys in the training center fund remain uncommitted, unobligated, or unexpended at the close of the first fiscal year of the biennium, then such moneys shall be carried forward to the second fiscal year of the biennium, and shall be reallocated to and for the use of the training center fund, in addition to the second fiscal year's allocation of two hundred thousand dollars (\$200,000). Prior to funding any project pursuant to this subsection, a proposed project shall be approved by the Commission on Fire Protection Personnel Standards and Education as provided in subsection (4) of this section and shall comply with state laws applicable to capital construction projects.
- (4) Applications for funding low-interest loans and firefighters' training centers shall be submitted to the Commission on Fire Protection Personnel Standards and Education for their recommendation, approval, disapproval, or modification. The commission shall review applications periodically, and shall, subject to funds available, recommend which applications shall be funded and at what levels, together with any terms and conditions the commission deems necessary.
- (5) Any department or entity eligible for and receiving funding pursuant to this section shall have a minimum of fifty percent (50%) of its personnel certified as recognized by the Commission on Fire Protection Personnel Standards and Education.
- (6) Upon the written request of any department, the Commission on Fire Protection Personnel Standards and Education shall make available a certified training program in a county of which such department is located.
- (7) The amount of reimbursement for any given year for costs incurred by the Kentucky Community and Technical College System for administering these funds, including but not limited to the expenses and costs of commission operations, shall be determined by the commission and shall not exceed five percent (5%) of the total amount of moneys accruing to the Firefighters Foundation Program fund which are allotted for the purposes specified in this section during any fiscal year.
- (8) The commission shall withhold from the general distribution of funds under subsection (2) of this section an amount which it deems sufficient to reimburse volunteer fire departments for equipment lost or damaged beyond repair due to hazardous material incidents.
- (9) Moneys withheld pursuant to subsection (8) of this section shall be distributed only under the following terms and conditions:
 - (a) A volunteer fire department has lost or damaged beyond repair items of personal protective clothing or equipment due to that equipment having been lost or damaged as a result of an incident in which a hazardous material (as defined in any state or federal statute or regulation) was the causative agent of the loss;
 - (b) The volunteer fire department has made application in writing to the commission for reimbursement in a manner approved by the commission and the loss and the circumstances thereof have been verified by the commission;
 - (c) The loss of or damage to the equipment has not been reimbursed by the person responsible for the hazardous materials incident or by any other person;
 - (d) The commission has determined that the volunteer fire department does not have the fiscal resources to replace the equipment;
 - (e) The commission has determined that the equipment sought to be replaced is immediately necessary to protect the lives of the volunteer firefighters of the fire department;
 - (f) The fire department has agreed in writing to subrogate all claims for and rights to reimbursement for the lost or damaged equipment to the Commonwealth to the extent that the Commonwealth provides reimbursement to the department; and
 - (g) The department has shown to the satisfaction of the commission that it has made reasonable attempts to secure reimbursement for its losses from the person responsible for the hazardous materials incident and has been unsuccessful in the effort.

- (10) If a volunteer fire department has met all of the requirements of subsection (9) of this section, the commission may authorize a reimbursement of equipment losses not exceeding ten thousand dollars (\$10,000) or the actual amount of the loss, whichever is less.
- (11) Moneys which have been withheld during any fiscal year which remain unexpended at the end of the fiscal year shall be distributed in the normal manner required by subsection (2) of this section during the following fiscal year.
- (12) No volunteer fire department may receive funding for equipment losses more than once during any fiscal year.
- (13) The commission shall make reasonable efforts to secure reimbursement from the responsible party for any moneys awarded to a fire department pursuant to this section.
- (14) There shall be allotted each year of the 1992-93 biennium one million dollars (\$1,000,000), and each year of the 1994-95, 1996-97, 1998-99, and 2000-01 bienniums one million dollars (\$1,000,000) of the insurance premium surcharge proceeds accruing to the Firefighters Foundation Program fund for the purpose of creating a revolving low-interest loan fund, which shall thereafter be self-sufficient and derive its operating revenues from principal and interest payments. The commission, in accordance with the procedures in subsection (4) of this section, may make low-interest loans, and the interest thereon shall not exceed three percent (3%) annually or the amount needed to sustain operating expenses of the loan fund, whichever is less, to volunteer fire departments for the purposes of major equipment purchases and facility construction. Loans shall be made to departments which achieve the training standards necessary to qualify for volunteer fire department aid allotted pursuant to subsection (2) of this section, and which do not have other sources of funds at rates which are favorable given their financial resources. The proceeds of loan payments shall be returned to the loan fund for the purpose of providing future loans. If a department does not make scheduled loan payments, the commission may withhold any grants payable to the department pursuant to subsection (2) of this section until the department is current on its payments. Money in the low-interest loan fund shall be used only for the purposes specified in this subsection. Any funds remaining in the fund at the end of a fiscal year shall be carried forward to the next fiscal year for the purposes of the fund.
- (15) For fiscal year 2004-2005 and each fiscal year thereafter, there is allotted one million dollars (\$1,000,000) from the fund established in KRS 95A.220 to be used by the commission to conduct training-related activities.
- (16) If funding is available from the fund established in KRS 95A.220, the Commission on Fire Protection Personnel Standards and Education may implement the following:
- (a) A program to prepare emergency service personnel for handling potential man-made and non-man-made threats. The commission shall work in conjunction with the state fire marshal and other appropriate agencies and associations to identify and make maps of gas transmission and hazardous liquids pipelines in the state;
 - (b) A program to provide and maintain a mobile test facility in each training region established by the Commission on Fire Protection Personnel Standards and Education with equipment to administer Comprehensive Physical Aptitude Tests (CPAT) to ascertain a firefighter's ability to perform the physical requirements necessary to be an effective and safe firefighter;
 - (c) A program to provide defensive driving training tactics to firefighters. The commission shall purchase, instruct in the use of, and maintain mobile equipment in each of the training regions, and fund expenses related to equipment replacement;
 - (d) A program to annually evaluate equipment adequacy and to provide for annual physical examinations for instructors, adequate protective clothing and personal equipment to meet NFPA guidelines, and to establish procedures for replacing this equipment as needed;
 - (e) A program to establish a rotational expansion and replacement program for mobile fleet equipment currently used for training and recertification of fire departments;
 - (f) A program to expand and update current *emergency medical services* ~~[EMS]~~, *emergency medical* ~~[first]~~ responder, *emergency medical technician* ~~[EMT]~~, *advanced emergency medical technician*, and paramedic training and certification instruction; and
 - (g) A program to purchase thermal vision devices to comply with the provisions of KRS 95A.400 to 95A.440.

➔Section 23. KRS 189.910 is amended to read as follows:

- (1) As used in KRS 189.920 to 189.950, "emergency vehicle" means any vehicle used for emergency purposes by:
 - (a) The Department of Kentucky State Police;
 - (b) A public police department;
 - (c) The Department of Corrections;
 - (d) A sheriff's office;
 - (e) A rescue squad;
 - (f) An emergency management agency if it is a publicly owned vehicle;
 - (g) An ambulance service, *mobile integrated healthcare program*, or medical first response provider licensed by the Kentucky Board of Emergency Medical Services, for any vehicle used to respond to emergencies or to transport a patient with a critical medical condition;
 - (h) Any vehicle commandeered by a police officer;
 - (i) Any vehicle with the emergency lights required under KRS 189.920 used by a paid or volunteer fireman or paid or volunteer ambulance personnel, or a paid or local emergency management director while responding to an emergency or to a location where an emergency vehicle is on emergency call;
 - (j) An elected coroner granted permission to equip a publicly or privately owned motor vehicle with lights and siren pursuant to KRS 189.920; or
 - (k) A deputy coroner granted permission to equip a publicly or privately owned motor vehicle with lights and siren pursuant to KRS 189.920.
- (2) As used in KRS 189.920 to 189.950, "public safety vehicle" means public utility repair vehicle; wreckers; state, county, or municipal service vehicles and equipment; highway equipment which performs work that requires stopping and standing or moving at slow speeds within the traveled portions of highways; and vehicles which are escorting wide-load or slow-moving trailers or trucks.

➔Section 24. KRS 311.550 is amended to read as follows:

As used in KRS 311.530 to 311.620 and 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 license, and who appears from verifiable information in the application to the executive director 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 domestic administration of family remedies, the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter, the use of

automatic external defibrillators in accordance with the provisions of KRS 311.665 to 311.669, the practice of podiatry as defined in KRS 311.380, 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 practice of genetic counseling as defined in KRS 311.690, the performance of duties for which they have been trained by paramedics licensed under KRS Chapter 311A, ~~emergency medical first responders~~, **advanced emergency medical technicians**, or emergency medical technicians certified under Chapter 311A, 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 and Family 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) "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;
- (18) "Order" means a direction of the board or its panels made or entered in writing that determines some point or directs some step in the proceeding and is not included in the final order;
- (19) "Agreed order" means a written document that includes but is not limited to stipulations of fact or stipulated conclusions of law that finally resolves a grievance, a complaint, or a show cause order issued informally without expectation of further formal proceedings in accordance with KRS 311.591(6);
- (20) "Final order" means an order issued by the hearing panel that imposes one (1) or more disciplinary sanctions authorized by this chapter;
- (21) "Letter of agreement" means a written document that informally resolves a grievance, a complaint, or a show cause order and is confidential in accordance with KRS 311.619;
- (22) "Letter of concern" means an advisory letter to notify a physician that, although there is insufficient evidence to support disciplinary action, the board believes the physician should modify or eliminate certain practices and that the continuation of those practices may result in action against the physician's license;
- (23) "Motion to revoke probation" means a pleading filed by the board alleging that the licensee has violated a term or condition of probation and that fixes a date and time for a revocation hearing;
- (24) "Revocation hearing" means a hearing conducted in accordance with KRS Chapter 13B to determine whether the licensee has violated a term or condition of probation;
- (25) "Chronic or persistent alcoholic" means an individual who is suffering from a medically diagnosable disease characterized by chronic, habitual, or periodic consumption of alcoholic beverages resulting in the interference with the individual's social or economic functions in the community or the loss of powers of self-control regarding the use of alcoholic beverages;
- (26) "Addicted to a controlled substance" means an individual who is suffering from a medically diagnosable disease characterized by chronic, habitual, or periodic use of any narcotic drug or controlled substance resulting in the interference with the individual's social or economic functions in the community or the loss of powers of self-control regarding the use of any narcotic drug or controlled substance;

- (27) "Provisional permit" means a temporary permit issued to a licensee engaged in the active practice of medicine within this Commonwealth who has admitted to violating any provision of KRS 311.595 that permits the licensee to continue the practice of medicine until the board issues a final order on the registration or reregistration of the licensee;
- (28) "Fellowship training license" means a license to practice medicine or osteopathy in a fellowship training program as specified by the license; and
- (29) "Special faculty license" means a license to practice medicine that is limited to the extent that this practice is incidental to a necessary part of the practitioner's academic appointment at an accredited medical school program or osteopathic school program and any affiliated institution for which the medical school or osteopathic school has assumed direct responsibility.

➔Section 25. The following KRS sections are repealed:

- 311A.110 Educational course on AIDS for paramedics, first responders, and emergency medical technicians.
- 311A.115 Educational course on AIDS for paramedics.
- 311A.127 Course for paramedics on recognition and prevention of pediatric abusive head trauma.

Signed by Governor March 26, 2019.