The following regulations have been adopted and published in the Kansas Register. They will become effective on the final date listed in the history section that follows each regulation. Regulations become effective 15 days after publication in the Kansas Register unless a later effective date is given in the body of the regulation.

State of Kansas
Department of Agriculture
Division of Water Resources
Permanent Administrative Regulations

Article 19.—LOCAL ENHANCED MANAGEMENT AREAS

5-19-1. Definitions. Each of the following terms, as used in this article of the division’s regulations, shall have the meaning specified in this regulation:

(a) “GMD” means a groundwater management district established pursuant to K.S.A. 82a-1020 et seq., and amendments thereto.

(b) “LEMA” means a local enhanced management area pursuant to K.S.A. 82a-1041, and amendments thereto.

(c) “LEMA plan” means the document adopted by a groundwater management district that specifies the basis for the designation and operation of a local enhanced management area.

(d) “Presiding officer” means either the chief engineer or a hearing officer appointed for the purpose of conducting public hearings regarding a local enhanced management area pursuant to K.S.A. 82a-1041, and amendments thereto. (Authorized by K.S.A. 82a-1041; implementing K.S.A. 74-510a and K.S.A. 82a-1041; effective Dec. 27, 2021.)

5-19-2. LEMA plans. (a) Before a GMD’s board of directors recommends formal approval of a LEMA plan and submission to the chief engineer for review, the GMD’s board of directors or staff may request the division to assist in the development of the LEMA plan or to informally review the LEMA plan.

(b) In addition to the requirements for LEMA plans specified in K.S.A. 82a-1041 and amendments thereto, each GMD that recommends approval of a LEMA plan and formally submits the LEMA plan to the chief engineer shall ensure that the LEMA plan includes the following:

(1) Each condition specified in K.S.A. 82a-1036(a) through (d), and amendments thereto, that the LEMA plan is intended to address;

(2) a statement of each goal that the LEMA plan is intended to achieve;

(3) documentation that quantifies how any corrective controls that establish allocations, cuts, or limitations to water use would affect each individual water right within the proposed boundaries;

(4) an appropriate appeals procedure for water right owners based on the corrective controls implemented;

(5) an executive summary of the proposed goals and corrective controls;

(6) documentation, evidence, or other information indicating that the proposed corrective controls will meet each stated goal of the proposed LEMA plan;

(7) a description of how the boundary of the proposed LEMA was determined;

(8) a description of how due consideration was given to water users who already have implemented reductions in water use resulting in voluntary conservation measures if the corrective controls result in any allocations, reductions, or limitations of water rights that are based on past use. If applicable, the description shall include the following:

(A) An explanation of the criteria or methods used to address voluntary water management or conservation that reduced water usage; and

(B) a requirement that any owner or holder of a water right provide documentation of any voluntary conservation that resulted in the use of less water;

(9) if applicable to the LEMA plan, specification of how past reductions in water use resulting in voluntary conservation will be considered in any appeal process provided; and

(10) if a stated goal of the LEMA plan is to address an impairment or there are known cases of direct impairment within the LEMA, an explanation of how each impairment is legally addressed.

(c) A separate memorandum containing a summary of the public outreach conducted by the GMD before recommending the LEMA plan for approval shall be submitted simultaneously with the LEMA plan and shall include a description of any changes made to the LEMA plan due to any public comments.

(d) If the stated goal of a LEMA plan is to improve water quality, the GMD’s board of directors or staff may consult with the chief engineer before formal submission of the proposed LEMA plan to determine which requirements in subsections (b) and (c) are applicable and to determine any other information necessary in order for the chief engineer to perform a review of the LEMA plan. (Authorized by and implementing K.S.A. 82a-1041; effective Dec. 27, 2021.)

5-19-3. Public hearings. (a) If the chief engineer initiates proceedings to designate a LEMA, the chief engineer may preside over any public hearings or may designate a presiding officer.

(b) If, following the initial hearing, the presiding officer determines that the proposed LEMA plan meets the initial requirements in K.S.A. 82a-1041 and amendments thereto, then a second hearing or hearings on the elements of the proposed LEMA plan shall be held. Each subsequent hearing shall include consideration of the LEMA plan’s corrective controls, the likelihood that the LEMA plan will achieve the stated goals, and any other matters deemed necessary by the presiding officer.

(c) If a presiding officer is appointed to conduct a subsequent hearing as described in subsection (b), the presiding officer for the subsequent hearing shall be authorized only to make recommendations to the chief engineer and shall not have the authority to issue an order of decision or an order of designation.

(d)(1) Before any public hearing, the presiding officer shall hold a prehearing conference, with at least 15 days
of notice, to select a date for the public hearing, specify the procedures to be followed at the public hearing, set any deadlines, and consider any other matters necessary for conducting the public hearing.

The presiding officer may establish any procedural rules that are deemed necessary or expedient for the conduct of the public hearing, including holding formal and informal phases of testimony, rules for discovery, and cross-examination of witnesses.

(2) Following the prehearing conference, the presiding officer shall issue a prehearing order that specifies the formal parties designated pursuant to paragraph (d) if requested, all procedures to be followed during the public hearing, all deadlines, and any other matters necessary for conducting the public hearing.

(e) If formal and informal phases of testimony are held, the GMD that proposed the LEMA and the division shall be considered formal parties at the public hearing. Each other person or entity that wishes to be designated as a formal party shall file a timely request with the presiding officer. The presiding officer shall have discretion to approve or deny any request based upon the effect that the proposed LEMA would have on that person or entity or the timeliness of the person’s or entity’s request.

(f) Each GMD proposing a LEMA plan shall be required to prove that the LEMA plan meets the requirements of K.S.A. 82a-1041, and amendments thereto, and that the corrective controls are sufficient to meet the stated goals. The GMD’s representative shall call witnesses or testify first, followed by the division, and then by any other formal parties, unless the presiding officer determines that another order of testimony will better facilitate the proceedings. The division may proffer its record along with providing testimony or in lieu of providing testimony.

(2) In order to change an existing LEMA plan, each GMD proposing a LEMA plan substantially similar to the LEMA plan that was previously adopted, the hearing schedule and requirements may be consolidated and simplified if notice of the consolidation or simplification is provided in the public notice required by K.S.A. 82a-1041 and amendments thereto, the proposing GMD does not object, and all parties are given a reasonable opportunity to be heard.

(i) The GMD and other parties shall not be required to pay any costs related to the presiding officer, hearing location, court reporter, and published notice or any other costs related to hosting a public hearing that may be approved by the chief engineer, except that the GMD may assist in organizing the hearing and may contribute funds to cover part or all of any costs incurred by the division.

(j) The presiding officer may conduct any public hearing by using a medium for interactive communication that meets the requirements of the Kansas open meetings act, K.S.A. 75-4317 et seq. and amendments thereto, if requested or approved by the GMD. The presiding officer may hold any prehearing, scheduling, or other conference by using a medium for interactive communication at the presiding officer’s sole discretion. (Authorized by K.S.A. 82a-706a and K.S.A. 82a-1041; implementing K.S.A. 74-510a and K.S.A. 82a-1041; effective Dec. 27, 2021.)

5-19-4. Due consideration for past voluntary water conservation. (a) Each past reduction in water use that has resulted in voluntary water conservation implemented during any period upon which a LEMA plan’s corrective controls are based shall be given due consideration by the GMD’s board of directors or staff in determining allocations or eligible acres under a LEMA plan if the allocations or eligible acres are based on past use.

(b) If the GMD’s board of directors or staff determines that water use has already been voluntarily reduced through management or conservation practices, the allocation or eligible acres under the LEMA plan or the average used to determine individual allocations and eligible acres may be adjusted based on the amount of water conserved for each year that the conservation measure was in place.

(c) The GMD’s board of directors or staff, in consultation with the chief engineer, may develop or apply any other criteria or methods to determine reductions in water use that resulted in voluntary conservation that are suitable to local conditions under the LEMA plan. (Authorized by and implementing K.S.A. 82a-1041; effective Dec. 27, 2021.)

5-19-5. Review and modification of a designated LEMA. (a) Once a LEMA has been designated by the chief engineer, the corrective controls in the LEMA plan shall remain in place until the LEMA expires pursuant to the terms of the LEMA plan or until the LEMA plan is changed.

(i) A GMD’s board of directors or staff may request assistance in developing changes or informally reviewing any proposed changes to a LEMA plan before recommending adoption of the changes and submitting the changes to the chief engineer for consideration.

(ii) In order to change an existing LEMA plan, each proposed change shall first be adopted by resolution of the GMD and then sent to the chief engineer for a public hearing.

(iii) If the chief engineer determines that the proposed changes should be made part of the LEMA plan based on the findings at a public hearing, an order amending the LEMA plan shall be issued. However, no amendments may be retroactively applied in a way that requires greater reductions in water use than were required by the existing LEMA plan.

(b) If any proposed changes result from a formal review of the LEMA plan pursuant to K.S.A. 82a-1041 and amendments thereto or as required by the LEMA plan, the proposed changes with the chief engineer’s findings
shall be sent to the GMD’s board of directors following
the formal review hearing. The GMD’s board of directors
shall have 60 days to review the proposed changes and
approve, reject, or amend the proposed changes.

(1) If the proposed changes are approved by resolu-
tion of the GMD, the chief engineer shall issue a LEMA
review order containing the chief engineer’s findings
and implementing the changes and amending the
LEMA plan.

(2) If the proposed changes are rejected by resolution
of the GMD or the GMD fails to act within 60 days, the
chief engineer shall issue a LEMA review order sum-
marizing the chief engineer’s findings and recommenda-
dations but without ordering any changes or amending
the LEMA plan.

(3) If the proposed changes are amended by resolution
of the GMD and sent back to the chief engineer, an addi-
tional public hearing to consider the amendments shall
be held. The additional hearing shall allow for the submis-
sion of written comments and may be conducted by us-
ing a medium for interactive communication that meets
the requirements of the Kansas open meetings act, K.S.A.
75-4317 et seq. and amendments thereto. The amend-
ments to the proposed changes shall not be amended by
the chief engineer but may only be adopted or rejected as
received from the GMD. Following the public hearing on
the amendment, the chief engineer shall issue an order
with findings that either reject the changes or order the
amendment of the LEMA plan.

(c) Each hearing to consider changes in a designated
LEMA and each formal review hearing shall be conduct-
ed pursuant to the hearing requirements in K.A.R. 5-19-
3, unless the existing LEMA plan prescribes different or
additional procedural requirements for a formal review.

(d) In addition to any topics required by the LEMA
plan to be reviewed, each LEMA plan formal review
hearing shall, at a minimum, include review and con-
sideration of the effectiveness of the current corrective
controls to meet the LEMA plan’s stated goal. This sub-
section shall not serve as a limitation on topics that the
presiding officer may hear or that the public may present
during a formal review. (Authorized by K.S.A. 82a-706a
and K.S.A. 82a-1041; implementing K.S.A. 82a-1041; ef-
fective Dec. 27, 2021.)

Earl D. Lewis, P.E.
Chief Engineer

Doc. No. 049623

State of Kansas
Department of Wildlife and Parks
Permanent Administrative Regulations

Article 4.—BIG GAME

115-4-4a. Wild turkey; legal equipment and taking
methods. (a) Hunting equipment for the taking of wild
turkey during a wild turkey archery season shall consist
of the following:

(1) Archery equipment.
(A) No bow or arrow shall have any electronic device
attached to the bow or arrow that controls the flight of
the arrow. Devices that may be attached to a bow or ar-
row shall include lighted pin, dot, or holographic sights;
iluminated nocks; rangefinders; film or video cameras;
and radio-frequency location devices.

(B) Each arrow used for hunting shall be equipped with
a broadhead point incapable of passing through a ring
with a diameter of three-quarters of an inch when fully
expanded. A wild turkey hunter using archery equip-
ment may possess non-broadhead-tipped arrows while
hunting if the arrows are not used to take or attempt to
take wild turkeys.

(2) Crossbows using arrows that are equipped with
broadhead points incapable of passing through a ring
with a diameter of three-quarters of an inch when fully
expanded. A wild turkey hunter using crossbow equip-
ment may possess non-broadhead-tipped arrows while
hunting if the arrows are not used to take or attempt to
take wild turkeys.

No crossbow or arrow shall have any electronic device
attached to the crossbow or arrow that controls the flight
of the arrow. Devices that may be attached to a crossbow
or arrow shall include lighted pin, dot, or holographic
sights; illuminated nocks; rangefinders; film or video
screens; and radio-frequency location devices.

(b) Hunting equipment for the taking of wild turkey
during a wild turkey firearm season shall consist of the
following:

(1) Archery and crossbow equipment as authorized in
subsection (a);
(2) shotguns and muzzleloading shotguns using only
size two shot through size nine shot;
(3) choked handguns and muzzleloading handguns
having a minimum barrel length of 10 inches, including
the chamber, and using only size two shot through size
nine shot.

(c) Legal accessory equipment for the taking of wild
turkey during any wild turkey season shall consist of the
following:

(1) Lures; decoys, except live decoys; and nonelectric
calls;
(2) blinds and stands;
(3) range-finding devices, if the devices do not project
visible light toward the target; and
(4) optical scopes or sights that project no visible light
forward of the target and do not electronically amplify visi-
tile light or detect infrared light or thermal energy.

(d) Shooting hours for wild turkey during each day of
any turkey hunting season shall be from one-half hour
before sunrise to sunset.

(e) Each individual hunting turkey shall shoot or at-
tempt to shoot a turkey only while the turkey is on the
ground or in flight.

(f) Dogs may be used while hunting turkey, but only
during the fall turkey season.

(g) Firearm report-suppressing devices may be used.

(h) Handguns may be possessed during all wild tur-
key seasons. (Authorized by and implementing K.S.A.
2020 Supp. 32-807 and K.S.A. 2020 Supp. 32-969; effective
April 22, 2005; amended April 13, 2007; amended April
11, 2008; amended May 21, 2010; amended April 20, 2012;
amended April 19, 2013; amended Dec. 25, 2020; amend-
ed Dec. 27, 2021.)
Article 17.—WILDLIFE, COMMERCIAL USES AUTHORIZED

115-17-2. Commercial sale of fishing bait. (a) The following live species of wildlife may be commercially sold in Kansas for fishing bait:
   (1) The following species of fish:
   (A) Black bullhead (Ameiurus melas);
   (B) bluegill (Lepomis macrochirus), including hybrids;
   (C) fattenhead minnow (Pimephales promelas), including “rosy reds”;
   (D) golden shiner (Notemigonus crysoleucas);
   (E) goldfish (Carassius auratus), including “black salmons”;
   (F) green sunfish (Lepomis cyanellus), including hybrids; and
   (G) yellow bullhead (Ameiurus natalis);
   (2) only species of annelids native to or naturalized in the continental United States;
   (3) the following species of crayfish:
   (A) Virile crayfish (Orconectes virilis);
   (B) calico crayfish (Orconectes immunus); and
   (C) white river crayfish (Procambarus acutus); and
   (4) only species of insects native to or naturalized in Kansas.
   (b) The following species of wildlife may be commercially sold only if dead:
   (1) Bighead carp (Hypophthalmichthys nobilis);
   (2) emerald shiners (Notropis atherinoides);
   (3) gizzard shad (Dorosoma cepedianum);
   (4) silver carp (Hypophthalmichthys molitrix);
   (5) skipjack herring (Alosa chrysoralis); and
   (6) threadfin shad (Dorosoma petenense).
   (c) Wildlife listed in K.A.R. 115-15-1 or in K.A.R. 115-15-2 or prohibited from importation pursuant to K.S.A. 32-956, and amendments thereto, shall not be sold.
   (d) Live aquatic bait shall be certified free of the following pathogens before import, according to K.A.R. 115-17-2a:
   (1) Spring viremia of carp virus;
   (2) infectious pancreatic necrosis virus;
   (3) viral hemorrhagic septicemia virus; and
   (4) infectious hematopoietic virus.
   (e) Each distribution tank and each retail tank shall utilize a source of potable water or well water.


Brad Loveless
Secretary

State of Kansas
Board of Nursing

Permanent Administrative Regulations

Article 1.—APPROVAL OF SCHOOLS OF NURSING

60-1-102. Approval procedure. Each institution wanting to establish a nursing program shall meet the following requirements:
   (a) Notify the board and provide any information that the board requires to establish satisfactory proof that the institution will maintain the standards and curriculum of an approved nursing program;
   (b) submit the name and qualifications of the nursing program administrator for approval by the board;
   (c) employ a qualified nursing program administrator;
   (d) employ a second faculty member;
   (e) have financial resources for faculty, other necessary personnel, equipment, supplies, counseling, and other services;
   (f) have adequate clinical and educational facilities to meet student learning outcomes;
   (g) provide general education courses required for admission to the nursing program;
   (h) submit an application with a detailed proposed three-year budget, curriculum plan, list of prospective faculty, organizational chart, organizing curricular framework, program outcomes, student and faculty pol-
cies, program evaluation plan, and contractual agreements for clinical facilities at least six months before enrollment of students; and

(i) be approved before the admission of any students.


60-1-104. Definitions. Each of the following terms, as used in the board’s regulations except articles 5, 6 and 17, shall have the meaning specified in this regulation:

(a) “Affiliating agency” means an agency that cooperates with the nursing program to provide facilities and clinical resources for selected student experiences.

(b) “Approval” means the status granted by the board to a nursing program that provides evidence of both of the following:

(1) The nursing program is operating on a sound educational basis that is consistent with the educational requirements as specified in the nurse practice act and the board’s regulations.

(2) The nursing program has no deficiencies that would adversely affect student learning outcomes.

(c) “Articulation” means the process by which a registered professional nurse, licensed practical nurse, or mental health technician who is enrolled in a nursing program is given credit for previous education in nursing or mental health technology.

(d) “Bilevel program” means a nursing program that has one application process, with faculty teaching practical nurse (PN) and registered nurse (RN) content from the first day of the nursing program. The student can opt out of the RN program, which is known as the PN exit option, take the national council license examination-practical nursing (NCLEX-PN), and become licensed as a PN; or the student can matriculate through the entire nursing program, take the national council license examination-registered nurse (NCLEX-RN), and become licensed as an RN.

(e) “Capstone course” means an experiential nursing course for students to demonstrate integration of knowledge and professional nursing supervised by a preceptor during the final semester of the professional nursing program.

(f) “Clinical learning experience” means an active process in which the student participates in nursing activities while being guided by a member of the faculty.

(g) “Clinical observational experience” means the process in which the student views health care interventions but does not participate in the interventions. Affiliating agency personnel shall be responsible for patient care. However, a student may use any of the five senses while with the patient for the sole purpose of observing as the agency professional assesses and provides care to the patient. The instructor shall not be required to be present, but the students shall be included in the faculty-student ratio.

(h) “Community-based health care” means health care provided outside of hospitals and long-term care facilities, including public health departments, ambulatory

health clinics, prenatal and well-baby clinics, hospice agencies, doctors’ offices, industrial settings, homeless shelters, nursing centers, home health agencies, and patients’ homes.

(i) “Conditional approval” means the status that the board imposes on an approved nursing program for a limited time to comply after finding evidence that the nursing program no longer meets educational requirements as specified in the nurse practice act or the board’s regulations. When placed on conditional approval, the nursing program may be directed by the board to limit or cease admissions.

(j) “Contractual agreement” means a written contract signed by the legal representatives for the nursing program and the affiliating agency.

(k) “Criteria for unscheduled survey” means indications that the nursing program no longer meets the requirements in the nurse practice act or the board’s regulations.

(l) “Debriefing” means an activity that follows a simulation experience and is led by a facilitator. Participants’ reflective thinking is encouraged and feedback is provided regarding the participants’ performance while various aspects of the completed simulation are discussed. Participants are encouraged to explore emotions and question, reflect, and provide feedback to one another in order to facilitate the transfer of learning to future situations.

(m) “Faculty degree plan” means the plan for a course of study leading to a degree appropriate for a teaching position.

(n) “Faculty hire exception” means that a nursing program is allowed by the board to hire, on a limited-time basis and in accordance with K.A.R. 60-2-103, an instructor who does not meet the faculty qualifications if no qualified individuals are available.

(o) “Generic student” means one who enters at the beginning of a prelicensure nursing program and plans to complete the entire curriculum.

(p) “Initial approval” means the approval period from the first admission of nursing students to the nursing program through the first full implementation of the curriculum and graduation.

(q) “Loss of approval” means the status that results when the board withdraws its approval of a nursing program.

(r) “National nursing accreditation agency” means the accreditation commission for education in nursing, the commission for nursing education accreditation, or the commission on collegiate nursing education.

(s) “Nursing program administrator” means an individual with successful experience in administration or teaching and with a graduate degree in nursing. However, an individual with successful experience in administration or teaching whose graduate degree is not in nursing and was conferred on or before July 1, 1999 shall be acceptable. This individual has the primary responsibility and dedicated time for effective and continuous oversight of a nursing program, including the following:

(1) Verification that the nursing program complies with the nursing act and the board’s regulations;

(2) assurance that nursing program and educational
outcomes are met;
(3) assessment of and recommendations for material, human, and clinical resources for effective nursing program implementation;
(4) collaboration with faculty for continuous nursing program improvement; and
(5) responsibility for the development and implementation of the nursing program.

(t) “Nursing program” means practical nursing program or professional nursing program, or both.

(u) “One-plus-one program” means a nursing program that includes two application processes, one for the practical nurse (PN) program and one for the registered nurse (RN) program. The first level has only PN content, and the student must obtain a PN license before continuing in the RN program.

(v) “Online or distance learning” means the acquisition of knowledge and skills through information and instruction provided by means of a variety of technologies.

(w) “PN exit option” means in the bilevel programs that there is one application process for the PN and RN programs. Therefore, a PN exit option allows students to opt out of the RN program at a designated point in the curriculum. At this point, these students apply for licensure and take the NCLEX-PN.

(x) “Practical nursing program” means a course of study leading to a certificate and preparing an individual for licensure as a practical nurse.

(y) “Preceptor” means a registered professional nurse supervising a student in the clinical setting who is not employed as nursing faculty. The preceptor provides oversight of each student’s patients and gives feedback to the student and clinical instructor. The nursing program faculty shall not be required to be in the affiliating agency’s facilities but shall be immediately available.

(z) “Professional nursing program” means a course of study preparing an individual for licensure as a registered professional nurse. This term shall include baccalaureate degree programs and associate degree programs.

(1) A “baccalaureate degree program” shall lead to a baccalaureate degree with a major in nursing.

(2) An “associate degree program” shall lead to an associate of science or applied science degree, each with a major in nursing.

(aa) “Program evaluation plan” means a nursing program’s written systematic methodology or plan for measuring and analyzing student learning outcomes and program outcomes against defined standards and timelines to determine effectiveness and provide for ongoing nursing program improvement.

(bb) “Refresher course” means an educational program for nurses whose licenses are inactive or have lapsed for more than five years.

(cc) “Review course” means an education offering used to prepare students for the licensing examination.

(dd) “Satellite program” means an existing, approved nursing program that is offered at a location geographically separate from the parent nursing program. The students may spend a portion or all of their time at the satellite location. The curricula in all locations shall be the same, and the credential shall be given by the parent institution.

(ee) A “school of nursing” means a nursing program.
(7) the number, qualifications, and assignments of faculty members;
(8) a proposed date of initial admission of students to the nursing program;
(9) the number of times students are to be admitted each year and the proposed number of students per admission;
(10) the admission requirements;
(11) a description of the clinical facilities;
(12) copies of the current school bulletin or catalog;
(13) the name of each hospital and affiliating agency providing facilities for clinical experience. Each hospital and affiliating agency shall be licensed, accredited, or approved by the appropriate licensing or certifying body;
(14) a contractual agreement or letter from each clinical facility stating that the clinical facility will provide clinical experiences for the nursing program’s students; and
(15) for each applicant with any existing nursing programs, the following:
(A) The nursing program outcomes; and
(B) any nursing program outcomes not meeting the stated benchmark. If any outcomes are not meeting the stated benchmark, a new nursing program shall not be approved.
(c) Surveys. Each nursing program shall have a survey for initial approval by the board. A survey shall be conducted by the board to validate information submitted in the program’s initial application before granting initial approval.
(1) During an initial survey, the nursing program administrator shall make available the following:
(A) The educational institution’s administration, prospective faculty and students, clinical facility representatives, and support services personnel to discuss the nursing program;
(B) minutes of faculty meetings;
(C) faculty and student handbooks;
(D) policies and procedures;
(E) curriculum materials;
(F) a copy of the nursing program’s budget;
(G) each contractual agreement; and
(H) a nursing program evaluation plan that addresses compliance with the nurse practice act and board regulations.
(2) The nursing program administrator or designated personnel shall take the survey team to inspect the nursing educational facilities, including satellite program facilities and library facilities.
(3) Upon completion of the survey, the nursing program administrator shall be asked to correct any inaccurate statements contained in the survey report, limiting comments to errors, unclear statements, and omissions.
(d) Approval. Each nursing program seeking approval shall perform the following:
(1) Submit a progress report that includes the following:
(A) Updated information on all areas identified in the initial application;
(B) the current number of admissions and enrollments;
(C) the current number of qualified faculty; and
(D) detailed course syllabi; and
(2) have a survey conducted by the board’s survey team after the first graduation.
(e) Denial of approval. If a nursing program fails to meet the requirements of the board within a designated period of time, the nursing program shall be notified by the board’s designee of the board’s intent to deny approval.

60-2-102. Reapproval requirements. (a) Based on the annual report, each nursing program shall be reviewed for approval annually by the board and pay the annual fee to the board specified in K.A.R. 60-4-103.
(b) Each approval of a nursing program shall be valid for not more than 10 years. If the nursing program is accredited by a national nursing accreditation agency, the next survey visit may be made in coordination with a national nursing accreditation agency visit. Each nursing program without national nursing accreditation shall have a survey visit every five years.
(c) An unannounced survey may be conducted at any time other than a scheduled survey visit if the board determines that there is evidence reflecting any deficiency in meeting the requirements or the board is determining whether or not any deficiency has been corrected by a nursing program on conditional approval.
(d) Each deficiency sufficient to warrant action by the board shall include the deficiencies specified in subsections (e) through (h). Failure to correct any deficiency within the prescribed period may result in the board’s placement of the nursing program on conditional approval or may result in loss of approval.
(e) (1) If the first-time candidates in a nursing program have a pass rate of less than 80 percent for one year, the nursing program shall receive a written notice of concern from the board.
(2) The nursing program shall have three months after the date of the written notice of concern to submit a written report analyzing all aspects of the nursing program, identifying areas contributing to the pass rate and the nursing program’s plan of action to improve the pass rate. The nursing program shall have one year after the date of the written notice to demonstrate evidence of implementing strategies to correct any deficiency to bring the pass rate up to at least the 80 percent criterion.
(3) If the nursing program has an annual pass rate of less than 80 percent for two consecutive years, the nursing program may receive a survey for evaluation and recommendation and be placed on conditional approval. The nursing program administrator shall appear before the board and present an analysis of the measures taken and an analysis of the reasons for the nursing program’s pass rate below 80 percent.
(f) If the nursing program has an annual pass rate of less than 80 percent for three consecutive years for first-time candidates, the nursing program may be directed by the board to cease admissions.
(f) A nursing program that is accredited by a national nursing accrediting agency and is subsequently placed on warning or whose accreditation by the national nursing accrediting agency is withdrawn shall be scheduled immediately for a survey visit.

(g) Failure to meet the requirements of the education statutes and regulations shall result in action by the board.

(h) Each complaint involving education statutes and regulations reported to board members or staff shall initiate an investigation by the board and may require a survey visit, depending on the seriousness and number of complaints.

(i) The nursing program administrator shall make the following information available during each survey visit:

(1) Data about the nursing program, including the following:

(A) The number of students;
(B) the legal body responsible for policy and support of the nursing program;
(C) the organizational chart;
(D) an audited fiscal report covering the previous two years, including a statement of income and expenditures;
(2) the nursing program administrator’s responsibilities;
(3) for each faculty member and preceptor, the following information:

(A) Job descriptions;
(B) selection policies;
(C) orientation plan;
(D) faculty organization by-laws;
(E) number of full-time and part-time faculty and non-nursing faculty with academic credentials and assignments; and
(F) faculty-student clinical ratio;
(4) degree plan, if applicable;
(5) a copy of the current curriculum with the date of last revision;
(6) the testing process with test analysis and the written test procedure;
(7) a description of education facilities, including classrooms, offices, library, and computers;
(8) a list of clinical facilities;
(9) the number of students by classes; and
(10) the policies for students as listed in K.A.R. 60-2-107.

(j) During each survey visit, the nursing program administrator shall make available the following:

(1) The educational institution’s administration, faculty, support services personnel, and students;
(2) staff members of selected affiliating agencies;
(3) faculty minutes for at least the three previous years;
(4) faculty and student handbooks;
(5) student records;
(6) policies and procedures;
(7) curriculum materials;
(8) a copy of the nursing program’s audited fiscal report covering the previous two years, including income and expenditures;
(9) contractual agreements;
(10) program evaluation plan and evidence of nursing program effectiveness, which shall address compliance with the nurse practice act and board regulations; and

(k) The nursing program administrator or designated personnel shall take the survey visit team to the nursing educational facilities, including satellite program facilities, library facilities, and clinical agencies.

(l) Upon completion of the survey visit, the nursing program administrator shall be given a copy of the survey report and asked to correct any inaccurate statements contained in the survey report, limiting comments to errors, unclear statements, and omissions.

(m) If a nursing program fails to meet the requirements for approval within the designated period of time, the nursing program shall be provided notice stating the deficiencies and the opportunity for a hearing if requested within 60 days from the date of service of the notice. If no hearing is requested timely, the nursing program shall be removed from the list of approved schools.

(n) The parent institution shall be responsible for securing and providing for the permanent custody and storage of records of all students and graduates.


60-2-103. Nursing program faculty and preceptor qualifications. (a) Professional nursing programs.

(1) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(2) Each preceptor shall meet the following requirements:

(A) Be licensed as a registered professional nurse in the state in which the individual is currently practicing nursing; and
(B) complete a preceptor orientation that includes information about the pedagogical aspects of the student-preceptor relationship and course information.

(3) Each nursing program shall have a written plan that includes the method of selection of preceptors, the roles of the faculty members and preceptors, and the methods of contact between faculty members and preceptors during the preceptorship.

(4) Each nurse faculty member shall have academic preparation and experience as follows:

(A) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree. Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, preferably in the clinical area being taught, except for any person whose graduate degree was conferred before July 1, 2001.

(B) Each nurse faculty member responsible for clinical instruction shall possess a graduate degree or provide to the board a faculty degree plan that projects completion of a graduate degree. Each person who is hired as a nurse faculty member responsible for clinical instruction shall meet one of the following requirements:

(i) Have a graduate degree in nursing, preferably in the clinical area being taught, except for any person whose graduate degree was conferred on or before July 1, 2001; or
(ii) provide to the board a faculty degree plan that projects completion of a graduate degree.

(b) Practical nursing programs.
(1) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(2) Each nurse faculty member shall have academic preparation and experience as follows:

(A) Each nurse faculty member who is assigned the responsibility of a course shall hold a baccalaureate degree. Each person who is hired as a nurse faculty member shall have a baccalaureate or higher degree in nursing, except for any person whose degree was conferred on or before July 1, 2001.

(B) Each nurse faculty member responsible for clinical instruction shall possess a baccalaureate degree or provide to the board a faculty degree plan that projects completion of a baccalaureate degree. Each person who is hired as a nurse faculty member responsible for clinical instruction shall meet one of the following requirements:

(i) Have a baccalaureate or higher degree in nursing, except for any person whose degree was conferred on or before July 1, 2001; or

(ii) provide to the board a faculty degree plan that projects completion of a baccalaureate or higher degree in nursing.

(c)(1) For each nursing program, each nursing program administrator shall submit to the board the following:

(A) A faculty qualification report for each faculty member newly employed. Faculty with a continuing appointment shall have an appropriate degree;

(B) a faculty degree plan reflecting completion of the degree within six years for each instructor without the appropriate degree. Upon completion of the degree, a transcript showing completion of the nursing program shall be submitted to the board; and

(C) notification and a rationale for each faculty member who is not following the degree plan as submitted.

(2) The nursing program administrator may request a faculty hire exception to be approved by the board's professional staff, if faculty meeting the criteria specified in this regulation are not available, by providing documentation of the following:

(A) A lack of qualified applicants;

(B) a rationale for the need to hire the applicant;

(C) the applicant’s qualifications; and

(D) a plan for faculty recruitment.


60-2-104. Curriculum requirements. (a) The faculty in each nursing program shall develop a curriculum to meet program and student learning outcomes and meet the following requirements:

(1) Identify the competencies of the graduate for the level of nursing practice;

(2) determine the approach and content for learning experiences;

(3) direct clinical instruction as an integral part of the program; and

(4) provide for learning experiences of the depth and scope needed to fulfill the objectives or student learning outcomes for nursing courses.

(b) The curriculum in each nursing program shall include the following:

(1) Content in the biological, physical, social, and behavioral sciences that provides a foundation for safe and effective nursing practice;

(2) the art and science of nursing; and

(3) didactic content and clinical experience to meet the objectives or student learning outcomes specified in subsection (c) or (d).

(c) Each professional nursing program shall provide instruction and clinical learning experience in the following areas:

(1) The aspects of a safe, effective care environment, including the coordination of care, safety, and infection control;

(2) health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease;

(3) psychosocial integrity, including coping, adaptation, and psychosocial adaptation;

(4) physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potential, and physiological adaptation;

(d) Each practical nursing program shall provide instruction and clinical learning experience in the following areas:

(1) The aspects of a safe, effective care environment, including the coordination of care, safety, and infection control;

(2) health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease;

(3) psychosocial integrity, including coping, adaptation, and psychosocial adaptation;

(4) physiological integrity, including basic care and comfort, pharmacology, reduction of risk potential, and physiological adaptation;

(5) intravenous fluid therapy, including, at minimum, didactic, supervised laboratory or supervised clinical practice as specified in K.A.R. 60-16-104.

(e)(1) Each practical nursing program shall have at least 15 credit hours in nursing courses or the equivalent in clock-hours.

(2) Each professional nursing program shall have at least 30 credit hours in the nursing major.

(f) The faculty in each nursing program shall develop and implement a program evaluation plan.

(g) Each nursing program shall submit major curriculum revisions for approval by the board at least 30 days before the board meetings. The nursing program shall have received board approval before implementation. Major curriculum revisions shall include the following:

(1) Any change in the plan of nursing curriculum organization involving philosophy, number of semesters of study, or the delivery method of nursing courses;

(2) any change in content requiring a change of clock-hours or credit hours in nursing courses; and

(3) any change in the number of students to be admitted to the nursing program.

(h) Each nursing program shall submit other curriculum revisions of a course's content, title, objectives, or outcomes to the board's education specialist for approv-
al. The nursing program shall not implement revisions before receiving approval from the board’s education specialist. The information specified in this subsection shall be submitted in writing with the annual report.

(i) The nurse administrator shall submit to the board office each change under subsection (g) or (h).

(j) Each nursing program shall have an articulation plan.


60-2-105. Clinical resources. (a) Each contractual agreement shall be kept on file in the nursing program office.

(b) Clinical learning experiences and sites shall be selected to provide learning opportunities necessary to achieve student learning outcomes.

(c) The faculty of each nursing program shall be responsible for student learning outcomes and evaluation in the clinical area.

(d) The nursing program shall provide verification that each affiliating agency used for clinical instruction has clinical facilities that are adequate for the number of students served in terms of space, equipment, and other necessary resources, including an adequate number of patients or clients necessary to meet the nursing program objectives or outcomes.

(e) A maximum of a 1:10 faculty-to-student ratio shall be maintained during the clinical learning experience and the clinical observational experience.

(f)(1) The objectives or student learning outcomes for each clinical observational experience shall reflect observation rather than participation in nursing interventions.

(2) Affiliating agencies in which clinical observational experiences take place shall not be required to be staffed by registered nurses.

(3) Clinical observational experiences shall constitute no more than 15 percent of the total hours for the clinical course.

(4) Simulation experiences shall constitute no more than 50 percent of the total hours for the clinical course.

(g) Clinical learning experiences with preceptors shall be no more than 20 percent of the total clinical hours of the nursing program. This prohibition shall not apply to the capstone course.

(h) Each affiliating agency used for clinical instruction shall be staffed independently of student assignments.

(i) The number of affiliating agencies used for clinical learning experiences and clinical observational experiences shall be adequate for meeting curriculum objectives and student learning outcomes. The nursing program faculty shall provide the affiliating agency staff with the organizing curriculum framework and objectives and student learning outcomes for clinical learning experiences and clinical observational experiences used.

(j) A sufficient number and variety of patients representing all age groups shall be utilized to provide clinical learning experiences that meet curriculum objectives or outcomes. If more than one nursing program uses the same affiliating agency, the nursing programs shall document the availability of appropriate clinical learning experiences for all students.


60-2-106. Educational facilities. (a) Classrooms, laboratories, and conference rooms shall be available when needed and shall be adequate in size, number, and type according to the number of students and the educational purposes for which the rooms are to be used.

(b) Each nursing program shall provide the following:

(1) A physical facility that is safe and is conducive to learning;

(2) space for counseling students in private that is available and adequate in size and number;

(3) secure space for nursing student records; and

(4) current technological resources and student support services for online or distance learning if online or distance learning is provided.

(c) The library resources, instructional media, and materials shall be of sufficient recency, pertinence, level of content, and quantity as indicated by the curriculum to meet the needs of nursing students and faculty and shall be available to online or distance learning students.


60-2-107. Student policies. (a) Each nursing program shall have clearly defined written student policies for the following:

(1) Admission:

(A) Generic students;

(B) transfer students; and

(C) articulation;

(2) oral and written English proficiency;

(3) readmission;

(4) progression criteria;

(5) counseling and guidance;

(6) the difference between the student role and the employee role;

(7) representation on faculty governance;

(8) graduation;

(9) refund policies governing all fees and tuition paid by students; and

(10) ethical practices for the performance of activities including recruitment, admission, and advertising.

(b) Each nursing program shall have a written policy providing information to all students regarding licensure disqualifications pursuant to K.S.A. 65-1120, and amendments thereto. The information shall be provided to each student before admission to the nursing program.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Nov. 7, 2008; amended Jan. 1, 2022.)

60-2-108. Reports. (a) An annual report and all applicable fees shall be submitted to the board by each nursing program on or before June 30 of each year. Each report shall include the following:

(1) Changes in the nursing program policies, organiz-
ing curriculum framework, objectives or outcomes, and major and other curriculum changes;
(2) faculty responsibilities for required and elective nursing courses;
(3) for each facility member, the name, license number, academic credentials, employment date, and full-time or part-time status;
(4) for each preceptor, the name, license number, academic credentials, current clinical area of practice, and place where currently employed;
(5) the nurse administrator’s teaching responsibilities;
(6) for each affiliating agency, the following information:
   (A) The name;
   (B) the location; and
   (C) the student-faculty clinical ratio for the reporting period;
(7) statistics for generic, articulation, and transfer students, including the following:
   (A) Admissions, readmissions, withdrawals, and graduations; and
   (B) first-time pass rate for each of the last five years;
(8) faculty statistics, including hiring, retention, and separation;
(9) the budget spent for library and audiovisual acquisitions to support the nursing program for the most recent year;
(10) an audited fiscal report covering the previous two years, including a statement of income and expenditures;
(11) any complaints involving educational statutes and regulations;
(12) a response to the recommendations and requirements from the last annual report or last survey or site visit;
(13) any plans for the future, including proposed changes to the nursing program;
(14) a description of the practices used to safeguard the health and well-being of students;
(15) a copy of the school’s current catalog;
(16) the total number of library holdings and number of holdings regarding nursing;
(17) a list of the theory courses and the clinical courses in the curriculum; and
(18) statistics for each clinical course, including the following:
   (A) Total number of hours;
   (B) total number of clinical observation experience hours;
   (C) total number of precepted hours; and
   (D) total number of simulation experience hours.
(b) If the nursing program fails to meet the requirements of the board or to submit required reports within a designated period of time, the nursing program shall be notified and given the opportunity for a hearing regarding the board’s intent to remove the nursing program from the list of approved nursing programs.


Carol Moreland, MSN, RN
Executive Administrator

State of Kansas
State Employees Health Care Commission

Permanent Administrative Regulations

Article 1.—ELIGIBILITY REQUIREMENTS

108-1-1. Eligibility. (a) Definitions. Each of the following terms, as used in this regulation, shall have the meaning specified in this subsection:
(1) “Active participant” means any person enrolled in the health care benefits program.
(2) “Child” means any of the following:
   (A) A natural son or daughter of a primary participant;
   (B) a lawfully adopted son or daughter of a primary participant. The term “lawfully adopted” shall include those instances in which a primary participant has filed the petition for adoption with the court, has a placement agreement for adoption, or has been granted legal custody;
   (C) a stepchild of a primary participant. However, if the natural or adoptive parent of the stepchild is divorced from the primary participant, the stepchild shall no longer qualify;
   (D) a child of whom the primary participant has legal custody; or
   (E) a grandchild, if at least one of the following conditions is met:
      (i) The primary participant has legal custody of the grandchild or has lawfully adopted the grandchild;
      (ii) the grandchild lives in the home of the primary participant and is the child of a covered eligible dependent child, and the primary participant provides more than 50 percent of the support for the grandchild; or
      (iii) the grandchild is the child of a covered eligible dependent child and is considered to reside with the primary participant even when the grandchild or eligible dependent child is temporarily absent due to special circumstances including education of the covered eligible dependent child, and the primary participant provides more than 50 percent of the support for the grandchild.
(3) “COBRA” means the consolidated omnibus budget reconciliation act, public law 99-272, as amended.
(4) “Commission” means the Kansas state employees health care commission.
(5) “Direct bill participant” means any person enrolled in the health care benefits program pursuant to subsections (d), (e), and (h).
(6) “Eligible dependent child” means any dependent child who meets one of the following criteria:
   (A) The child is under 26 years of age.
   (B) The child is aged 26 or older, has a permanent and total disability, and has continuously maintained group coverage as an eligible dependent child of the primary participant before attaining the age of 26. The child shall be chiefly dependent on the primary participant for support.
(7) “Health care benefits program” means the state of Kansas health care benefits program established by the commission.
(8) “Permanent and total disability” means that an individual is unable to engage in any substantial gainful activity by reason of any medically determinable physi-
cal or mental impairment that can be expected to result in death or has lasted or can be expected to last for a continuous period of at least 12 months. An individual shall not be considered to have a permanent and total disability unless that person furnishes proof of the permanent and total disability in the form and manner, and at the times, that the health care benefits program may require.

(9) “Primary participant” means any person enrolled in the health care benefits program under subsection (b), a direct bill participant under subsection (d), or a COBRA participant.

(10) “Variable-hour employee” means any officer or employee of a state agency for whom, at the date of hire, it cannot be determined that the employee is reasonably expected to work at least 1,000 hours per year.

(b) Primary participants. Subject to the provisions of subsection (c), the classes of persons eligible to participate as primary participants in the health care benefits program shall be the following classes of persons:

(1) Any elected official of the state;
(2) any other officer or employee of a state agency who meets the following conditions:
   (A) Is working in one or more positions that together require at least 1,000 hours of work per year; and
   (B) is not a variable-hour employee;
(3) any person engaged in a postgraduate residency training program in medicine at the university of Kansas medical center or in a postgraduate residency or internship training program in veterinary medicine at Kansas state university;
(4) any person serving with the foster grandparent program;
(5) any person participating under a phased retirement agreement outlined in K.S.A. 76-746, and amendments thereto;
(6) any student employee and any adjunct professor at a state institution of higher learning if the individual works in one or more positions that together require at least 1,560 hours of work per year; and
(7) any other class of individuals approved by the Kansas state employees health care commission, within the limitations specified in K.S.A. 75-6501 et seq., and amendments thereto.

(c) Eligibility upon beginning employment.

Each person who is within a class listed in paragraph (b)(1), (b)(2), (b)(3), (b)(4), (b)(6), or (b)(7) shall become eligible for enrollment in the health care benefits program on the first day of work for the state of Kansas. Each person shall have 31 days after becoming eligible to elect coverage.

(d) Classes of direct bill participants. Subject to the provisions of subsection (e), the classes of persons eligible to participate as members of the health care benefits program on a direct bill basis shall be the following:

(1) Any former elected state official;
(2) any retired state officer or employee who is eligible to receive retirement benefits under K.S.A. 74-4925, and amendments thereto, or retirement benefits administered by the Kansas public employees retirement system;
(3) any totally disabled former state officer or employee who is receiving disability benefits administered by the Kansas public employees retirement system;
(4) any surviving spouse or dependent of a qualifying participant in the health care benefits program;
(5) any person who is in a class listed in paragraph (b) (1), (b)(2), (b)(3), (b)(4), or (b)(6) and who is lawfully on leave without pay;
(6) any blind person licensed to operate a vending facility as defined in K.S.A. 75-3338, and amendments thereto;
(7) any former “state officer,” as that term is defined in K.S.A. 74-4911f and amendments thereto, who elected not to be a member of the Kansas public employees retirement system as provided in K.S.A. 74-4911f and amendments thereto; and
(8) any former state officer or employee who separated from state service when eligible to receive a retirement benefit but, in lieu of that, withdrew that individual’s employee contributions from the retirement system.

(e) Conditions for direct bill participants. Each person who is within a class listed in paragraph (d)(1), (d)(2), (d)(3), (d)(4), (d)(5), (d)(7), or (d)(8) shall be eligible to participate on a direct bill basis only if the conditions of both paragraphs (e)(1) and (e)(2) are met:

(1) The person was covered by the health care benefits program on one of the following bases:
   (A) The person was covered as an active participant, as a COBRA participant, or as a spouse under paragraph (g)(1) immediately before the date that person ceased to be eligible for that type of coverage or the date the individual became newly eligible for a class listed in subsection (d).
   (B) The person is the surviving spouse or eligible dependent child of a person who was enrolled as a primary participant or a direct bill participant when the primary participant died, and the surviving spouse or eligible dependent child was covered by the health care benefits program as a dependent pursuant to subsection (g) when the primary participant died.

(2) The person completes an enrollment form requesting transfer to the direct bill program and submits the form to the health care benefits program. The form shall be submitted no more than 30 days after the person ceased to be eligible for coverage.

(f) COBRA participants. Any individual with rights to extend coverage under COBRA may continue to participate in the health care benefits program, subject to the provisions of that federal law.

(g) Eligible dependent participants.

(1) Any person enrolled in the health care benefits program as a primary participant may enroll the following dependents, subject to the same conditions and limitations that apply to the primary participant:
   (A) The primary participant’s lawful wife or husband, as recognized by Kansas law and subject to the documentation requirements of the commission or its designee; and
   (B) any of the primary participant’s eligible dependent children, subject to the documentation requirements of the commission or its designee.

(2) An eligible dependent child who is enrolled by one primary participant shall not be eligible to be enrolled by another primary participant.

(3) An individual who is eligible to enroll as a primary participant in the health care benefits program shall be
eligible to be enrolled under this subsection as a dependent in the health care benefits program, subject to the following requirements:

(A) The individual who enrolls as a dependent of a primary participant shall be the lawful spouse, as defined in paragraph (g)(1)(A).

(B) An individual who enrolls as a dependent of a primary participant shall not be eligible to be enrolled as a primary participant during that plan year.

(C) Each individual who enrolls as a dependent of a primary participant shall be subject to the copays, deductibles, coinsurance, and employer contribution levels as a dependent and not as a primary participant.

(4) The term “dependent” shall exclude any individual who is not a citizen or national of the United States, unless the individual is a resident of the United States or a country contiguous to the United States, is a member of a primary participant’s household, and resides with the primary participant for more than six months of the calendar year. The dependent shall be considered to reside with the primary participant even when the dependent is temporarily absent due to special circumstances, including illness, education, business, vacation, and military service.

(h) Direct bill participants; continuous coverage provisions.

(1) Except as otherwise provided in this subsection, each direct bill participant enrolled in the state health care benefits program on or after January 21, 2001 shall maintain continuous coverage in the program or shall lose eligibility to be in the state health care benefits program as a direct bill participant.

(2) Any person who discontinued direct bill coverage in the state health care benefits program before January 21, 2001 and who is not a direct bill participant on that date may return one time to the state health care benefits program if the person meets the criteria specified in subsections (d) and (e) and if that person has not previously discontinued and returned to direct bill coverage before January 21, 2001. (Authorized by K.S.A. 75-6501 and K.S.A. 75-6510; implementing K.S.A. 75-6501; effective, T-85-22, July 16, 1984; effective May 1, 1985; amended, T-88-64, Dec. 30, 1987; amended, T-89-12, May 1, 1988; amended, T-108-9-12-88, Sept. 12, 1988; amended Oct. 31, 1988; amended May 9, 1997; amended Jan. 21, 2001; amended Aug. 27, 2004; amended June 17, 2005; amended Jan. 6, 2006; amended July 16, 2010; amended, T-108-8-16-10, Aug. 16, 2010; amended March 11, 2011; amended Jan. 2, 2015; amended Jan. 3, 2022.)

108-1-3. School district employee health care benefits plan. (a) Definitions. Each of the following terms, as used in this regulation, shall have the meaning specified in this subsection:

(1) “Active participant” means any person who is enrolled in the school district plan.

(2) “Child” means any of the following:

(A) A natural son or daughter of a primary participant;

(B) a lawfully adopted son or daughter of a primary participant. The term “lawfully adopted” shall include those instances in which a primary participant has filed the petition for adoption with the court, has a placement agreement for adoption, or has been granted legal custody;

(C) a stepchild of a primary participant. However, if the natural or adoptive parent of the stepchild is divorced from the primary participant, the stepchild shall no longer qualify;

(D) a child of whom the primary participant has legal custody; or

(E) a grandchild, if at least one of the following conditions is met:

(i) The primary participant has legal custody of the grandchild or has lawfully adopted the grandchild;

(ii) the grandchild lives in the home of the primary participant and is the child of a covered eligible dependent child, and the primary participant provides more than 50 percent of the support for the grandchild;

(iii) the grandchild is the child of a covered eligible dependent child and is considered to reside with the primary participant even when the grandchild or eligible dependent child is temporarily absent due to special circumstances including education of the covered eligible dependent child, and the primary participant provides more than 50 percent of the support for the grandchild.

(3) “COBRA” means the consolidated omnibus budget reconciliation act, public law 99-272, as amended.

(4) “Commission” means the Kansas state employees health care commission.

(5) “Direct bill participant” means any person enrolled in the school district plan pursuant to subsections (d), (e), and (h).

(6) “Eligible dependent child” means any dependent child who meets one of the following criteria:

(A) The child is under 26 years of age.

(B) The child is aged 26 or older, has a permanent and total disability, and has continuously maintained group coverage as an eligible dependent child of the primary participant before attaining the age of 26. The child shall be chiefly dependent on the primary participant for support.

(7) “Health care benefits program” means the state of Kansas health care benefits program established by the commission.

(8) “Permanent and total disability” means that an individual is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or has lasted or can be expected to last for a continuous period of at least 12 months. An individual shall not be considered to have a permanent and total disability unless that person furnishes proof of the permanent and total disability in the form and manner, and at the times, that the health care benefits program may require.

(9) “Primary participant” means any person enrolled in the school district plan under subsection (b), a direct bill participant under subsection (d), or a COBRA participant.

(10) “Qualified school district” means a public school district, community college, area vocational technical school, or technical college that meets the terms, conditions, limitations, exclusions, and other provisions established by the commission for participation in the school district employee health care benefits component of the health care benefits program and has entered into a written agreement with the commission to participate in the program.
(11) "School district employee" means any individual who is employed by a qualified school district and who meets the definition of employee under K.S.A. 74-4932(4), and amendments thereto, except that the following employees shall be employed in a position that requires at least 1,000 hours of work per year:
(A) Employees of community colleges; and
(B) employees of area vocational technical schools and technical colleges that are not governed by a unified school district.

For purposes of this definition, a technical college shall be a participating employer under K.S.A. 74-4931, and amendments thereto, in accordance with K.S.A. 74-32,456, and amendments thereto.

(12) "School district plan" means the school district employee health care benefits component of the health care benefits program.

(13) “Variable-hour employee” means any school district employee for whom, at the date of hire, it cannot be determined that the employee is reasonably expected to work at least 1,000 hours per year.

(b) Primary participants. Subject to the provisions of subsection (c), each school district employee shall be eligible to participate as a primary participant in the school district plan. Eligibility and participation shall be subject to terms, conditions, limitations, exclusions, and other provisions established by the commission, including the amount and method of payment for employee and employer contributions.

(c) Eligibility upon beginning employment.

Each school district employee whose first day of work for a qualified school district is on or after the first day on which the employee’s qualified school district participates in the school district plan shall become eligible for coverage on the first day of work for the qualified school district. Each school district employee shall have 31 days after becoming eligible to elect coverage.

(d) Classes of direct bill participants. Subject to the provisions of subsection (e), the classes of persons eligible to participate as members of the school district plan on a direct bill basis shall be the following:
(1) Any retired school district employee who is eligible to receive retirement benefits;
(2) any totally disabled former school district employee who is receiving benefits under K.S.A. 74-4927, and amendments thereto;
(3) any surviving spouse or dependent of a primary participant in the school district plan;
(4) any person who is a school district employee and who is on approved leave without pay in accordance with the practices of the qualified school district; and
(5) any individual who was covered by the health care plan offered by the qualified school district on the day immediately before the first day on which the qualified school district participates in the school district plan, except that no individual who is an employee of the qualified school district and who does not meet the definition of school district employee in subsection (a) shall be qualified as a direct bill participant under this paragraph.

(e) Conditions for direct bill participants. Each person who is within a class listed in subsection (d) shall be eligible to participate on a direct bill basis only if the person meets both of the following conditions:
(1) The person was covered by the school district plan or the health care insurance plan offered by the qualified school district on one of the following bases:
(A) Immediately before the date the person ceased to be eligible for coverage, or for any person identified in paragraph (d)(5), immediately before the first day on which the qualified school district participates in the school district plan, the person either was covered as a primary participant under subsection (b) or was covered by the health care insurance plan offered by the employee’s qualified school district.
(B) The person is a surviving spouse or dependent of a plan participant who was enrolled as a primary participant or a direct bill participant when the primary participant died, and the surviving spouse or eligible dependent child was covered by the health care benefits program as a dependent under subsection (g) when the primary participant died.
(C) The person is a surviving spouse or dependent of a primary participant who was enrolled under the health care insurance plan offered by the participant’s qualified school district when the primary participant died, and the person has maintained continuous coverage under the qualified school district’s health care insurance plan before joining the health care benefits program.
(2) The person completes an enrollment form requesting transfer to the direct bill program and submits the form to the health care benefits program. The form shall be submitted no more than 30 days after the person ceased to be eligible for coverage, or in the case of any individual identified in paragraph (d)(5), more than 30 days after the first day on which the qualified school district participates in the school district plan.
(f) COBRA participants. Any individual with rights to extend coverage under COBRA may participate in the school district plan, subject to the provisions of that federal law.

(g) Eligible dependent participants.

(1) Any person enrolled in the school district plan as a primary participant may enroll the following dependents, subject to the same conditions and limitations that apply to the primary participant:
(A) The primary participant’s lawful wife or husband, as recognized by Kansas law and subject to the documentation requirements of the commission or its designee; and
(B) any of the primary participant’s eligible dependent children, subject to the documentation requirements of the commission or its designee.
(2) An eligible dependent child who is enrolled by one primary participant shall not be eligible to be enrolled by another primary participant.
(3) An individual who is eligible to enroll as a primary participant in the health care benefits program shall be eligible to be enrolled under this subsection as a dependent in the health care benefits program, subject to the following requirements:
(A) The individual who enrolls as a dependent of a primary participant shall be the lawful spouse, as defined in paragraph (g)(1)(A).
(B) An individual who enrolls as a dependent of a pri-
mary participant shall not be eligible to be enrolled as a primary participant during that plan year.

(C) Each individual who enrolls as a dependent of a primary participant shall be subject to the copays, deductibles, coinsurance, and employer contribution levels as a dependent and not as a primary participant.

(4) The term “dependent” shall exclude any individual who is not a citizen or national of the United States, unless the individual is a resident of the United States or a country contiguous to the United States, is a member of a primary participant’s household, and resides with the primary participant for more than six months of the calendar year. The dependent shall be considered to reside with the primary participant even when the dependent is temporarily absent due to special circumstances, including illness, education, business, vacation, and military service.

(h) Direct bill participants; continuous coverage provisions.

(1) Except as otherwise provided in this subsection, each direct bill participant enrolled in the health care benefits program on or after January 21, 2001 shall maintain continuous coverage in the program or shall lose eligibility to be in the health care benefits program as a direct bill participant.

(2) Any person who discontinued direct bill coverage in the health care benefits program before January 21, 2001 and who was not a direct bill participant on that date may return one time to the health care benefits program if the person meets the criteria specified in subsections (d) and (e) and if that person has not previously discontinued and returned to direct bill coverage before January 21, 2001. (Authorized by K.S.A. 75-6501 and K.S.A. 75-6510; implementing K.S.A. 75-6501 and K.S.A. 75-6508; effective, T-108-9-13-99, Sept. 13, 1999; effective Feb. 4, 2000; amended July 16, 2010; amended, T-108-8-16-10, Aug. 16, 2010; amended March 11, 2011; amended Jan. 2, 2015; amended Jan. 3, 2022.)

108-1-1. Local unit of government employee health care benefits plan. (a) Definitions. Each of the following terms, as used in this regulation, shall have the meaning specified in this subsection:

(1) “Active participant” means any person who is enrolled in the local unit plan.

(2) “Child” means any of the following:

(A) A natural son or daughter of a primary participant;

(B) a lawfully adopted son or daughter of a primary participant. The term “lawfully adopted” shall include those instances in which a primary participant has filed the petition for adoption with the court, has a placement agreement for adoption, or has been granted legal custody;

(C) a stepchild of a primary participant. However, if the natural or adoptive parent of the stepchild is divorced from the primary participant, the stepchild shall no longer qualify;

(D) a child of whom the primary participant has legal custody; or

(E) a grandchild, if at least one of the following conditions is met:

(i) The primary participant has legal custody of the grandchild or has lawfully adopted the grandchild;

(ii) the grandchild lives in the home of the primary participant and is the child of a covered eligible dependent child, and the primary participant provides more than 50 percent of the support for the grandchild; or

(iii) the grandchild is the child of a covered eligible dependent child and is considered to reside with the primary participant even when the grandchild or eligible dependent child is temporarily absent due to special circumstances including education of the covered eligible dependent child, and the primary participant provides more than 50 percent of the support for the grandchild.

(3) “COBRA” means the consolidated omnibus budget reconciliation act, public law 99-272, as amended.

(4) “Commission” means the Kansas state employees health care commission.

(5) “Direct bill participant” means any person enrolled in the local unit plan pursuant to subsections (d), (e), and (h).

(6) “Eligible dependent child” means any dependent child who meets one of the following criteria:

(A) The child is under 26 years of age.

(B) The child is aged 26 or older, has a permanent and total disability, and has continuously maintained group coverage as an eligible dependent child of the primary participant before attaining the age of 26. The child shall be chiefly dependent on the primary participant for support.

(7) “Health care benefits program” means the state of Kansas health care benefits program established by the commission.

(8) “Local unit” means any of the following:

(A) Any county, township, or city;

(B) any community mental health center;

(C) any groundwater management district, rural water-supply district, or public wholesale water-supply district;

(D) any county extension council or extension district;

(E) any hospital established, maintained, and operated by a city of the first or second class, a county, or a hospital district in accordance with applicable law;

(F)(i) Any city, county, or township public library created under the authority of K.S.A. 12-1215 et seq., and amendments thereto;

(ii) any regional library created under the authority of K.S.A. 12-1231, and amendments thereto;

(iii) any library district created under the authority of K.S.A. 12-1236, and amendments thereto;

(iv) the Topeka and Shawnee county library district established under the authority of K.S.A. 12-1260 et seq., and amendments thereto;

(v) the Leavenworth and Leavenworth county library district established under the authority of K.S.A. 12-1276, and amendments thereto;

(vi) any public library established by a unified school district under the authority of K.S.A. 72-1418, and amendments thereto; or

(vii) any regional system of cooperating libraries established under the authority of K.S.A. 75-2547 et seq., and amendments thereto;

(G) any housing authority created pursuant to K.S.A. 17-2337 et seq., and amendments thereto;

(H) any local environmental protection program ob-
taining funds from the state water fund in accordance with K.S.A. 75-5657, and amendments thereto;

(1) any city-county, county, or multicounty health board or department established pursuant to K.S.A. 65-205, and amendments thereto;

(2) any nonprofit independent living agency, as defined in K.S.A. 65-5101 and amendments thereto;

(3) the Kansas guardianship program established pursuant to K.S.A. 74-9601 et seq., and amendments thereto;

(4) any group of persons on the payroll of a county, township, city, special district or other local governmental entity, public school district, licensed child care facility operated by a not-for-profit corporation providing residential group foster care for children and receiving reimbursement for all or part of this care from the department for children and families, nonprofit community mental health center pursuant to K.S.A. 19-4001 et seq. and amendments thereto, nonprofit community facility for people with intellectual disability pursuant to K.S.A. 19-4001 et seq. and amendments thereto, or nonprofit independent living agency as defined in K.S.A. 65-5101 and amendments thereto.

(9) “Local unit employee” means any individual who meets one or more of the following criteria:

(A) The individual is an appointed or elective officer or employee of a qualified local unit whose employment is not seasonal or temporary and whose employment requires at least 1,000 hours of work per year.

(B) The individual is an appointed or elective officer or employee who is employed concurrently by two or more qualified local units in positions that involve similar or related tasks and whose combined employment by the qualified local units is not seasonal or temporary and requires at least 1,000 hours of work per year.

(C) The individual is a member of a board of county commissioners of a county that is a qualified local unit, and the compensation paid for service on the board equals or exceeds $5,000 per year.

(D) The individual is a council member or commissioner of a city that is a qualified local unit, and the compensation paid for service as a council member or commissioner equals or exceeds $5,000 per year.

(10) “Local unit plan” means the local unit employee health care benefits component of the health care benefits program.

(11) “Permanent and total disability” means that an individual is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or has lasted or can be expected to last for a continuous period of at least 12 months. An individual shall not be considered to have a permanent and total disability unless that person furnishes proof of the permanent and total disability in the form and manner, and at the times, that the health care benefits program may require.

(12) “Primary participant” means any person enrolled in the local unit plan under subsection (b), a direct bill participant under subsection (d), or a COBRA participant.

(13) “Qualified local unit” means a local unit that meets the terms, conditions, limitations, exclusions, and other provisions established by the commission for participation in the local unit employee health care benefits component of the health care benefits program and that has entered into a written agreement with the commission to participate in the program.

(14) “Variable-hour employee” means any local unit employee for whom, at the date of hire, it cannot be determined that the employee is reasonably expected to work at least 1,000 hours per year.
participant under this paragraph.

(e) Conditions for direct bill participants. Each person
who is within a class listed in subsection (d) shall be eli-
gle to participate on a direct bill basis only if the person
meets both of the following conditions:
(1) The person was covered by the local unit plan or the
health care insurance plan offered by the qualified local
unit on one of the following bases:
(A) Immediately before the date the person ceased to
be eligible for coverage or, for any person identified in
paragraph (d)(5), immediately before the first day on
which the qualified local unit participates in the local
unit plan, the person either was covered as a primary
participant under subsection (b) or was covered by the
health care insurance plan offered by the employee’s
qualified local unit.
(B) The person is a surviving spouse or dependent of
a plan participant who was enrolled as a primary partici-

pant or a direct bill participant when the primary par-
ticipant died, and the person was covered by the health
care benefits program as a dependent under subsection
(g) when the primary participant died.
(C) The person is a surviving spouse or dependent of
a plan participant who was enrolled in the health care
insurance plan offered by the participant’s qualified local
unit when the participant died, and the person has main-
tained continuous coverage under the local unit’s health
insurance plan before joining the health care benefits
program.
(2) The person completes an enrollment form request-
ing transfer to the direct bill program and submits the
form to the health care benefits program. The form shall
be submitted no more than 30 days after the person
ceased to be eligible for coverage or, for any individual
identified in paragraph (d)(5), no more than 30 days after
the first day on which the qualified local unit participates
in the local unit plan.
(f) COBRA participants. Any individual with rights to
extend coverage under COBRA may participate in the lo-
cal unit plan, subject to the provisions of that federal law.
(g) Eligible dependent participants.
(1) Any person enrolled in the local unit plan under
subsection (b), (d), or (f) as a primary participant may
enroll the following dependents, subject to the same
conditions and limitations that apply to the primary
participant:
(A) The primary participant’s lawful wife or husband,
as recognized by Kansas law and subject to the docu-
mentation requirements of the commission or its design-
ee;
(B) any of the primary participant’s eligible dependent
children, subject to the documentation requirements of
the commission or its designee.
(2) An eligible dependent child who is enrolled by one
primary participant shall not be eligible to be enrolled by
another primary participant in the health care benefits
program.
(3) An individual who is eligible to enroll as a primary
participant in the health care benefits program shall be
eligible to be enrolled under this subsection as a depen-
dent in the health care benefits program, subject to the
following requirements:
(A) The individual who enrolls as a dependent of a pri-
mary participant shall be the lawful spouse, as defined in
paragraph (g)(1)(A).
(B) An individual who enrolls as a dependent of a pri-
mary participant shall not be eligible to be enrolled as a
primary participant during that plan year.
(C) Each individual who enrolls as a dependent of a pri-
mary participant shall be subject to the copays, de-
ductibles, coinsurance, and employer contribution levels
as a dependent and not as a primary participant.
(4) The term “dependent” shall exclude any individual
who is not a citizen or national of the United States, un-
less the individual is a resident of the United States or a
country contiguous to the United States, is a member of a
primary participant’s household, and resides with the pri-
mary participant for more than six months of the calendar
year.
(h) Direct bill participants; continuous coverage pro-
visions.
(1) Except as otherwise provided in this subsection,
each direct bill participant enrolled in the health care
benefits program shall maintain continuous coverage in
the program or shall lose eligibility to be in the health
care benefits program as a direct bill participant.
(2) Any person who discontinued direct bill coverage
in the health care benefits program before January 21, 2001
and was not a direct bill participant on that date may re-
turn one time to the health care benefits program if the
person meets the criteria specified in subsections (d) and
(e) and if that person has not previously discontinued and
returned to direct bill coverage before January 21, 2001.
(Authorized by K.S.A. 75-6501 and K.S.A. 75-6510; imple-
menting K.S.A. 75-6501 and K.S.A. 75-6508; effective Aug.
30, 2002; amended March 28, 2003; amended Jan. 9, 2004;
amended June 18, 2004; amended March 10, 2006; amend-
ed July 17, 2009; amended July 16, 2010; amended, T-108-
8-16-10, Aug. 16, 2010; amended March 11, 2011; amended
DeAngela Burns-Wallace, Ed.D.
Chairperson
State of Kansas
Board of Emergency Medical Services
Permanent Administrative Regulations
Article 1.—DEFINITIONS
109-1-1. Definitions. Each of the following terms, as
used in the board’s regulations, shall have the meaning
specified in this regulation:
(a) “AEMT” means advanced emergency medical tech-
nician.
(b) “Advanced life support” and “ALS” mean the statu-
sorily authorized activities and interventions that may be
performed by an advanced emergency medical techni-
cian or paramedic.
(c) “Air ambulance” means a fixed-wing or rotor-wing
aircraft that is specially designed, constructed or modified, maintained, and equipped to provide air medical transportation and emergency care of patients.

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

1. Is trained and experienced in care consistent with the air ambulance service’s mission statement; and
2. is knowledgeable in altitude physiology and the complications that can arise due to air medical transport.

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

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

(g) “Attendant” means EMS provider.

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

(i) “CAPCE” means the commission on accreditation for pre-hospital continuing education.

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

(k) “Class” means the period during which a group of students meets.

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

(m) “Course of instruction” means a body of prescribed EMS studies approved by the board.

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

(o) “Emergency” means a serious medical or traumatic situation or occurrence that demands immediate action.

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

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

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

(r) “EMR” means emergency medical responder.

(s) “EMS” means emergency medical services.

(t) “EMS provider” means emergency medical service provider.

(u) “EMT” means emergency medical technician.

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

(w) “Health care personnel” and “health care provider,” as used in the board’s regulations, means a physician, physician assistant, licensed professional nurse, advanced practice registered nurse, or respiratory therapist.

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

(y) “Incompetence,” as applied to instructor-coordinators and as used in K.S.A. 65-6129b and amendments thereto, means a pattern of practice or other behavior that demonstrates a manifest incapacity, inability, or failure to coordinate or to instruct EMS provider training programs.

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

1. The operator’s inability or failure to provide the level of service required for the type of permit held; or
2. the failure of the operator or an agent or employee of the operator to comply with a statute or regulation pertaining to the operation of a licensed ambulance service.

(aa) “Instructor-coordinator” and “I-C” mean any of the following individuals who are certified to instruct and coordinate EMS provider training programs:

1. Emergency medical technician;
2. physician;
3. physician’s assistant;
4. advanced practice registered nurse;
5. licensed professional nurse;
6. advanced emergency medical technician; or
7. paramedic.

(bb) “Interoperable” means that one system has the ability to communicate or work with another.

(cc) “Lab assistant” means an individual who is assisting a primary instructor in the instruction and evaluation of students in classroom laboratory training sessions.

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

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

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

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

(hh) “Program manager” means an individual who has been appointed, employed, or designated by a sponsoring organization, as defined in K.S.A. 65-6112 and amendments thereto, to ensure that the sponsoring organization is in conformance with applicable regulations and to ensure that quality EMS education is provided by the sponsoring organization’s qualified instructors.

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

(1) A ground ambulance service;
(2) the Kansas highway patrol or any law enforcement officer who is at the scene of an accident or medical emergency;
(3) a physician, as defined by K.S.A. 65-6112 and amendments thereto, who is at the scene of an accident or medical emergency; or
(4) an EMS provider who has been dispatched to provide emergency first response and who is at the scene of an accident or medical emergency.

(jj) “Quality management plan” means a written plan developed by a sponsoring organization that describes all processes utilized by the sponsoring organization to ensure that the EMS education provided meets the requirements of the community’s EMS training needs assessment or meets the training needs of the intended audience. Each quality management plan shall, at a minimum, include a review and analysis by the medical director and program manager of each completed course and the instructor evaluations.

(kk) “Reinstatement” means the process by which a person may be issued a certificate at the same level of certification as that of an expired certificate.

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

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

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

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

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

(qq) “Teach” means instruct or coordinate training, or both.

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

(1) Failing to take appropriate action to safeguard the patient;
(2) performing acts beyond the activities authorized for the level at which the individual is certified;
(3) falsifying a patient’s or an ambulance service’s records;
(4) verbally, sexually, or physically abusing a patient;
(5) violating statutes or regulations concerning the confidentiality of medical records or patient information obtained in the course of professional work;
(6) diverting drugs or any property belonging to a patient or an agency;
(7) making a false or misleading statement on an application for certification renewal or any agency record;
(8) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an EMS provider or
(9) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the EMS statutes or board regulations, including failing to furnish any documents or information legally requested by the board. EMS providers who fail to respond to requests for documents or requests for information within 30 days from the date of request shall have the burden of demonstrating that they have acted in a timely manner.

(ss) “Unprofessional conduct,” as applied to instructor-coordinators and as used in K.S.A. 65-6129b and amendments thereto, means any of the following:

(1) Engaging in behavior that demeans a student. This behavior shall include ridiculing a student in front of other students or engaging in any inhumane or discriminatory treatment of any student or group of students;
(2) verbally or physically abusing a student;
(3) failing to take appropriate action to safeguard a student;
(4) falsifying any document relating to a student or the sponsoring organization;
(5) violating any statutes or regulations concerning the confidentiality of student records;
(6) obtaining or seeking to obtain any benefit, including a sexual favor, from a student through duress, coercion, fraud, or misrepresentation, or creating an environment that subjects a student to unwelcome sexual advances, which shall include physical touching or verbal expressions;
Article 2.—AMBULANCE SERVICES; PERMITS AND REGULATIONS

109-2-1. Ambulance service operator. (a) Each operator of an ambulance service shall perform the following:
(1) Notify the board of any change in the service director within seven days of the change; and
(2) designate a person as the ambulance service director to serve as an agent of the operator.

(b) The ambulance service director shall meet the following requirements:
(1) Be responsible for the operation of the ambulance service;
(2) be available to the board regarding permit, regulatory, and emergency matters;
(3) be responsible for maintaining a current list of the ambulance service’s attendants;
(4) notify the board of each addition or removal of an attendant from the attendant roster within seven days of the addition or removal;
(5) notify the board of any known resignation, termination, incapacity, or death of a medical adviser once known and the plans for securing a new medical director; and

Article 3.—STANDARDS FOR AMBULANCE ATTENDANTS, FIRST RESPONDERS, AND DRIVERS


Article 5.—CONTINUING EDUCATION

109-5-1. Continuing education. (a) “Continuing education” shall mean a formally organized learning experience that has education as its explicit principal intent and is oriented towards the enhancement of EMS practice, values, skills, and knowledge.

(b) Continuing education credit shall be awarded in quarter-hour increments and shall not be issued for more than one hour of credit for a 60-minute period.

(c) Acceptable continuing education programs shall include the following:
(1) Initial courses of instruction and prior-approved continuing education provided by a sponsoring organization;
(2) programs approved or accredited by CAPCE, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirements; and
(3) programs or courses approved by another state’s EMS regulatory or accrediting body, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirements.

(d) Any program not addressed in subsection (c) may be submitted for approval by the EMS provider as specified in K.A.R. 109-5-5.

(e) The amount of continuing education credit obtained in one calendar day shall not exceed 12 clock-hours.

(f) Each EMS provider and instructor-coordinator shall keep documentation of completion of approved continuing education for at least three years and shall provide this documentation to the board upon request by the executive director.

(g) Documentation of completion of approved continuing education shall verify the following for each continuing education course completed:
(1) The name of the provider of the continuing education course;
(2) the name of the individual being issued the continuing education credit;
(3) the title of the continuing education course;
(4) the date or dates on which the course was conducted;
(5) the location where the course was conducted;
(6) the amount of continuing education credit issued to the individual; and

109-5-3. Continuing education approval for long-term providers. (a) Any sponsoring organization may submit an application to the board requesting approval as a long-term provider.

(b) Each sponsoring organization seeking long-term provider approval shall submit a continuing education training program management plan at least 30 calendar days before the first course offering as a long-term provider.

(c) Each continuing education training program management plan shall include a description of the plan and all policies or documents demonstrating how the sponsoring organization will utilize its quality management plan to ensure that each continuing education course provided meets the following requirements:

(1) Is provided in a manner that protects the health and safety of students and participants;

(2) is oriented towards the enhancement of EMS practice, values, skills, and knowledge; and


109-5-6. Continuing education approval for single-program provider. (a) Any sponsoring organization may submit an application to the board requesting approval as a single-program provider.

(b) Each sponsoring organization seeking single-program provider approval shall submit a complete application at least 30 days before the requested offering that provides the following:

(1) Course educational objectives that are oriented towards the enhancement of EMS practice, values, skills, and knowledge;

(2) name of each qualified instructor for the course; and

(3) date, title, and location of the course. (Authorized by and implementing K.S.A. 2020 Supp. 65-6111; effective May 15, 2009; amended Dec. 31, 2021.)

Article 6.—TEMPORARY CERTIFICATION

109-6-2. Renewal of EMS provider and instructor-coordinator certificates. (a) Each EMS provider certificate shall expire on December 31 of the second complete calendar year following the date of issuance.

(b) An EMS provider and an instructor-coordinator who is also an EMS provider may renew that person’s certificate for each biennial period upon submission of a sufficient application for renewal as specified in subsection (d).

(c) Each application for certification renewal shall be submitted through the online license management system.

(d) Each application for renewal shall be deemed sufficient when all of the following conditions are met:

(1) The applicant provides in full the information requested and no additional information is required by the board to complete the processing of the application.

(2) The applicant submits a renewal fee in the applicable amount specified in K.A.R. 109-7-1.


109-6-4. Inactive certificate. (a) Before expiration of an active certificate, any emergency medical service provider may apply for an inactive certificate on a form provided by the board. The application shall be accompanied by the inactive certificate fee specified in K.A.R. 109-7-1.

(b) An inactive certificate may be renewed upon submission of a sufficient renewal application and the inactive certificate renewal fee specified in K.A.R. 109-7-1.

(c) The inactive certificate of a person may be reinstated to an active certificate by the board if the person meets the following requirements:

(1) Submits a completed application to the board on forms provided by the executive director;

(2) pays the applicable fee specified in K.A.R. 109-7-1;

(3) has completed any training necessitated by changes to the authorized activities specific to the person’s level of certification that occurred after issuance of the inactive certificate; and

(4) meets either of the following requirements:

(A) Completed continuing education in an amount to meet or exceed the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic for each two-year period after issuance of the inactive certificate; or

(B) successfully completed the cognitive and psychomotor assessment for the person’s level of certification, within three attempts. (Authorized by K.S.A. 2020 Supp. 65-6110 and 65-6111; implementing K.S.A. 2020 Supp. 65-6129d; effective Dec. 31, 2021.)

Article 7.—FEES

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

(b) Emergency medical responder fees:

(1) Application for certification fee ........................................ $15.00

(2) certification renewal application fee if received before certificate expiration ............................... 20.00

(3) certification reinstatement application fee if received within 31 calendar days after certificate expiration .................................................. 40.00

(4) certification reinstatement application fee if received on or after the 32nd calendar day
(c) Paramedic fees:
(1) Application for certification fee ......................... 65.00
(2) Certification renewal application fee if received before certificate expiration ......................... 50.00
(3) Certification reinstatement application fee if received within 31 calendar days after certificate expiration ......................... 100.00
(4) Certification reinstatement application fee if received on or after the 32nd calendar day after certificate expiration ......................... 200.00
(d) EMT and AEMT fees:
(1) Application for certification fee ......................... 50.00
(2) Certification renewal application fee if received before certificate expiration ......................... 30.00
(3) Certification reinstatement application fee if received within 31 calendar days after certificate expiration ......................... 60.00
(4) Certification reinstatement application fee if received on or after the 32nd calendar day after certificate expiration ......................... 120.00
(e) Inactive certificate fees:
(1) Application for inactive certificate ......................... 10.00
(2) Inactive certificate renewal fee ......................... 25.00
(3) Application fee for reinstatement of inactive certificate ......................... 20.00
(f) Instructor-coordinator fees:
(1) Application for certification fee ......................... 65.00
(2) Certification renewal application fee if received before certificate expiration ......................... 30.00
(3) Certification reinstatement application fee if received within 31 calendar days after certificate expiration ......................... 60.00
(4) Certification reinstatement application fee if received on or after the 32nd calendar day after certificate expiration ......................... 120.00
(g) Ambulance service fees:
(1) Service permit application fee ......................... 100.00
(2) Service permit renewal fee if received on or before permit expiration ......................... 100.00
(3) Service permit renewal fee if received after permit expiration ......................... 200.00
(4) Vehicle license application fee ......................... 40.00
(5) Temporary license for an ambulance ......................... 10.00
(h) Each application for certification shall include payment of the prescribed application for certification fee to the board.
(i) Payment of fees may be made by either of the following:
(1) An individual using a personal, certified, or cashier’s check, a money order, a credit card, or a debit card; or
(2) An ambulance service, fire department, or municipality utilizing warrants, payment vouchers, purchase orders, credit cards, or debit cards.

Article 10.—CURRICULA


Article 11.—COURSE APPROVALS

109-11-1a. Emergency medical responder (EMR) course approval. (a) EMR initial courses of instruction pursuant to K.S.A. 65-6144, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations. (b) Each sponsoring organization requesting approval to conduct an EMR initial course of instruction shall submit a complete application at least 30 calendar days before the first scheduled course session.
(c) Each complete application shall include the following:
(1) Name of the primary instructor;
(2) Name of each ambulance service and medical facility utilized for field or clinical training; and
(3) A course schedule that identifies the following:
(A) The date and time of each class session;
(B) The title of the subject matter of each class session;
(C) The qualified instructor for each class session; and
(D) The number of psychomotor skills laboratory hours for each class section.
(d) Each approved EMR initial course shall meet or exceed each of the educational standards specified in K.A.R. 109-10-1a.
(e) Any approved course may be monitored by the executive director.
109-11-3a. Emergency medical technician (EMT) course approval. (a) EMT initial courses of instruction pursuant to K.S.A. 65-6121, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct an EMT initial course of instruction shall submit a complete application at least 30 calendar days before the first scheduled course session.

(c) Each complete application shall include the following:

(1) Name of the primary instructor;
(2) name of each ambulance service and medical facility utilized for field or clinical training; and
(3) a course schedule that identifies the following:
(A) The date and time of each class session;
(B) the title of the subject matter of each class session;
(C) the qualified instructor for each class session; and
(D) the number of psychomotor skills laboratory hours for each class session.

(d) In the absence of participatory field or clinical training, contrived experiences may be substituted. As used in this regulation, “contrived experience” shall mean a simulated ambulance call and shall include dispatch communications; responding to the scene; assessment and management of the scene and the patient or patients; communications with medical control; ongoing assessment, care and transportation of the patient or patients; the transfer of the patient or patients to the staff of the receiving facility; completion of records; and preparation of the ambulance for return to service.

(e) Each approved EMT initial course shall meet or exceed each of the educational standards specified in K.A.R. 109-10-1b.

(f) Any approved course may be monitored by the executive director.


109-11-6a. Paramedic course approval. (a) Paramedic initial courses of instruction pursuant to K.S.A. 65-6119, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations that are accredited postsecondary educational institutions.

(b) Each sponsoring organization requesting approval to conduct a paramedic initial course of instruction shall submit a complete application at least 30 calendar days before the first scheduled class session.

(c) Each complete application shall include the following:

(1) Name of the primary instructor;
(2) name of each ambulance service and medical facility utilized for field internship or clinical training; and
(3) a course schedule that identifies the following:
(A) The date and time of each class session;
(B) the title of the subject matter of each class session;
(C) the qualified instructor for each class session; and
(D) the number of psychomotor skills laboratory hours for each class session.

(d) Each approved paramedic course shall meet or exceed each of the educational standards specified in K.A.R. 109-10-1d.

(e) Any approved course may be monitored by the executive director.


109-11-7. Instructor-coordinator course approval. (a) Instructor-coordinator initial courses of instruction may be approved by the executive director and shall be conducted only by sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct an instructor-coordinator initial course of instruction shall submit a complete application at least


Article 15.—CERTIFICATION

109-15-1. Reinstating EMS provider certificate after expiration. (a) The certificate of a person who applies for EMS provider certification after the person’s certificate has expired may be reinstated by the board if the person meets the following requirements:

(1) Submits a completed application to the board on forms provided by the executive director;

(2) pays the applicable fee specified in K.A.R. 109-7-1;

(3) provides validation of completed education requirements; and

(4) if the applicant is either currently certified or licensed in another jurisdiction or has been certified or licensed in another jurisdiction, provides information adequate for the board to determine the applicant’s current status of certification or licensure for the level of certification being sought and confirm that the applicant is in good standing with that jurisdiction.

(b) For the purposes of this regulation, the date of expiration for the certificate shall be one of the following:

(1) The expiration date of the person’s Kansas EMS provider certificate;

(2) 31 calendar days after the expiration date of the person’s certificate or license, if the person is currently certified or licensed in another jurisdiction; or

(3) the most recent expiration date of the person’s certificate or license in another jurisdiction, if the person is not currently certified or licensed in another jurisdiction but previously held a certificate or license in that jurisdiction.

(c) Completion of education requirements shall be validated by submission of the following:

(1) For applications submitted less than two years from the date of expiration and not more than three years from the last date of issuance of the person’s Kansas EMS provider certificate, documentation of continuing education from that last date of issuance to the date of application in sufficient quantity to meet or exceed the following:

(A) For applications submitted not more than 31 calendar days from the date of expiration, the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic; and

(B) for applications submitted more than 31 calendar days but less than two years from the date of expiration, two times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic;

(2) for applications submitted less than two years from the date of expiration and three or more years from the
last date of issuance of the person’s Kansas EMS provider certificate, documentation of continuing education for the three years before the date of application in sufficient quantity to meet or exceed the following:

(A) For applications submitted not more than 31 calendar days from the date of expiration, the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic; and

(B) for applications submitted more than 31 calendar days but less than two years from the date of expiration, two times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic; and

(3) for applications submitted more than two years from the date of expiration, validation of cognitive and psychomotor competency by the following:

(A) Successful completion of a cognitive assessment for the level of certification being sought, within three attempts;

(B) successful completion of a psychomotor assessment for the level of certification being sought, within three attempts; and

(C) documentation of successful completion of a cardiopulmonary resuscitation course for healthcare providers.

(d) Each person who applies for reinstatement of certification two or more years after the date of expiration shall take an entire initial course of instruction if the person is unable to provide validation of cognitive or psychomotor competency by one of the following, whichever occurs first:

(1) The person has exhausted the allowed attempts.

(2) One year has passed from the date of application.


109-15-2. Recognition of non-Kansas credentials. (a) Any individual who is currently licensed or was previously licensed or certified as an EMS provider in another jurisdiction may apply for Kansas certification through recognition of non-Kansas credentials by submitting the following:

(1) A completed application for recognition of non-Kansas credentials on a form provided by the board;

(2) application for certification fee for the level of certification sought, as specified in K.A.R. 109-7-1;

(3) documentation from another state or jurisdiction verifying one of the following:

(A) That the applicant is currently licensed or certified for the level of certification sought and is in good standing; or

(B) that the applicant was previously licensed or certified for the level of certification being sought and was in good standing at the time of expiration of that credential;

(4) documentation from another state or jurisdiction verifying that the applicant has successfully completed coursework that is substantially equivalent to the curriculum prescribed by the board for the level of certification sought, in accordance with subsection (b);

(5) documentation from another state or jurisdiction verifying that the applicant has successfully completed an examination prescribed by the board for the level of certification sought, in accordance with subsection (b); and

(6) a fingerprint card and criminal history record check fee of $50 for the board to successfully perform a state and national criminal history record check.

(b) Any applicant may validate successful completion of coursework in another state or jurisdiction that is substantially equivalent to the curriculum prescribed by the board for the level of certification sought by submitting one of the following:

(1) Documentation that the applicant is currently registered with the national registry of emergency medical technicians at the level for which certification is sought; or

(2) documentation that the applicant has successfully completed the following within four years before the date of application:

(A) The national registry of emergency medical technicians’ cognitive assessment or examination for the level of certification being sought; and

(B) the psychomotor skills examination prescribed by the national registry of emergency medical technicians or by the board for the level of certification being sought.

(c) Information obtained from the state and national criminal history record check may be used to verify the identity of each applicant and to assist in determining the qualifications and fitness of the applicant seeking issuance of an EMS provider certificate.


109-15-3. EMS provider certification. (a) Any individual who successfully completed an approved initial course of instruction may apply for Kansas EMS provider certification.

(b) An application for certification shall not be considered complete unless all requested information has been provided and the applicable application for certification fee, as specified in K.A.R. 109-7-1, has been submitted.

(c) Each applicant shall have 15 days to correct all identified deficiencies and submit a complete application. If the applicant fails to correct the deficiencies and submit a complete application within 15 days, the application may be considered by the board as withdrawn. All fees shall be nonrefundable.

(d) Each applicant shall be at least 17 years of age and meet the following requirements before the date of application:

(1) Have successfully completed an approved initial course of instruction at the level of certification being sought and within the previous 24 months;

(2) have passed both the cognitive and psychomotor examinations for the level of certification being sought after the date of the last class of the approved initial course of instruction completed and as specified in K.A.R. 109-8-1;

(3) if the level of certification being sought is AEMT, currently hold EMS provider certification as an EMT;

(4) if the level of certification being sought is paramed-
ic, currently hold EMS provider certification as an EMT or AEMT; and

(5) if the applicant has not previously held an EMS provider certificate in Kansas, have submitted a fingerprint card and criminal history record check fee of $50 for the board to successfully perform a state and national criminal history record check.

(e) Information obtained from the state and national criminal history record check may be used to verify the identity of each applicant and to assist in determining the qualifications and fitness of the applicant seeking issuance of an EMS provider certificate.

(f) The results from each applicant’s criminal history record check shall be received by the board before the issuance of an initial EMS provider certificate. (Authorized by and implementing K.S.A. 2020 Supp. 65-6111 and K.S.A. 2020 Supp. 65-6129; effective Dec. 31, 2021.)

Article 17.—SPONSORING ORGANIZATIONS

109-17-1. Sponsoring organization; general requirements; program manager. (a) Each sponsoring organization, as defined in K.S.A. 65-6112 and amendments thereto, shall perform the following:

(1) Designate a person as the program manager to serve as an agent of the sponsoring organization;
(2) notify the board of any change in the program manager within seven days of the change;
(3) designate a physician to serve as the medical director of the sponsoring organization;
(4) maintain training program records for at least three years from the last date of class;
(5) develop and maintain a quality management plan;
(6) ensure that EMS training equipment and supplies, including simulation models and empty pharmaceutical packages or containers for pharmaceutical training that are necessary to facilitate the teaching of all psychomotor skills being provided, meet the following requirements:
(A) Are available for use with the class;
(B) are functional, clean, serviceable, and in sufficient quantity to ensure that no more than six students are practicing together on one piece of equipment at any one time; and
(C) are functional, clean, and provided in sufficient quantity for each student to utilize without sharing if the equipment or supplies are for the purpose of protecting the student from exposure to bloodborne or airborne pathogens;
(7) select qualified instructors as determined by training and knowledge of subject matter as follows:
(A) Each didactic instructor and each instructor for medical skills shall possess certification, registration, or licensure in the subject matter or medical skills being taught;
(B) each instructor for nonmedical skills shall have technical training in and shall possess knowledge and expertise in the skill being taught;
(C) each instructor of clinical training being conducted in a clinical health care facility shall be a licensed physician or a licensed professional nurse; and
(D) each instructor of field internship training being conducted with a prehospital emergency medical service shall be an emergency medical services provider certified at or above the level of training being conducted; and
(8) maintain records of all individuals used as instructors or lab assistants to provide training for at least three years from the last date of class. These records shall include the following:
(A) The individual’s name and qualifications;
(B) the subject matter that the individual taught, assisted in teaching, or evaluated;
(C) the dates on which the individual instructed, assisted, or evaluated; and
(D) the students’ evaluation of the individual.
(b) Each program manager shall meet the following requirements:
(1) Be responsible for the EMS education provided by the sponsoring organization;
(2) be available to the board regarding regulatory and emergency matters;
(3) be responsible for maintaining a current list of the sponsoring organization’s qualified instructors;
(4) submit written notification of each addition or removal of a qualified instructor to the board within seven days of the addition or removal;
(5) submit written notification and the content of each change in the quality management plan to the board no later than seven days after the effective date of the change;
(6) submit written notification and the content of each change in the long-term provider continuing education program management plan to the board no later than seven days after the effective date of the change;
(7) submit written notification of any known resignation, termination, incapacity, or death of a medical director once known and the plans for securing a new medical director to the board; and
(8) submit written notification of each change in the medical director to the board within seven days of the change. (Authorized by K.S.A. 2020 Supp. 65-6110; implementing K.S.A. 2020 Supp. 65-6111; effective Dec. 31, 2021.)

109-17-2. Sponsoring organization; application for approval; approval renewal. (a) Each applicant for sponsoring organization approval shall indicate the EMS education that the applicant requests to provide as one or both of the following:

(1) Initial course of instruction; and
(2) continuing education.
(b) All sponsoring organization approval application and renewal forms shall be submitted in a format required by the executive director.
(c) Each applicant that submits an insufficient initial application or renewal application for a sponsoring organization approval shall have 30 days to correct all identified deficiencies and submit a sufficient application. If the applicant or operator fails to correct the deficiencies and submit a sufficient application, the application may be considered by the board as withdrawn.
(d) Each initial application for sponsoring organization approval shall meet the following requirements:

(1) Designate a program manager;
(2) designate a medical director;
(3) designate an office address where all training program records shall be maintained;
(4) provide a list of training equipment and supplies,
or a copy of each equipment-sharing agreement, necessary to support training requirements; and
(5) provide a copy of the quality management plan, as defined in K.A.R. 109-1-1.

(e) Each sponsoring organization approval shall expire on April 30 of each year. Any approval may be renewed annually in accordance with this regulation.

(f) Each renewal application for sponsoring organization approval shall affirm that the following information is current and accurate:
(1) Personnel affiliated with the sponsoring organization, including the program manager, medical director, and qualified instructors;
(2) the EMS education that the sponsoring organization requests approval to provide;
(3) the business address where all training program records shall be maintained;
(4) list of training equipment and supplies, or a copy of each equipment-sharing agreement, necessary to support training requirements;
(5) quality management plan; and
(6) all of the following that are applicable to the sponsoring organization:
(A) Initial course of instruction course policies;
(B) clinical and field training agreements; and

109-17-3. Sponsoring organization; initial course of instruction. (a) Any sponsoring organization may conduct an approved initial course of instruction through in-person instruction or distance learning, or a combination of both.

(b) Each sponsoring organization shall provide an enrollment roster listing each student enrolled in the course to the executive director within 20 days of the date of the first scheduled class session.

(c) Each sponsoring organization providing an initial course of instruction shall permit each student and the board access at each scheduled class session for in-person inspection of the course syllabus and all policies or documents addressing the following:
(1) Student evaluation of course;
(2) student attendance;
(3) student discipline;
(4) student and participant safety;
(5) student requirements for successful course completion;
(6) Kansas requirements for certification;
(7) student dress and hygiene;
(8) student progress conferences;
(9) equipment use;
(10) infection control; and
(11) acknowledgement of the commitment to provide the support as defined in the course curriculum from each of the following:
(A) Educational medical director;
(B) ambulance service director for each ambulance service utilized for field training; and
(C) administrator of each medical facility utilized for clinical training.

(d) The course syllabus shall include at least the following information:
(1) A summary of course goals and objectives;
(2) student prerequisites, if any, for admission into the course;
(3) instructional and any other materials required to be purchased by the student;
(4) a description of the clinical and field training requirements, if applicable; and
(5) instructor information, which shall include the following:
(A) Instructor name;
(B) office hours or hours available for consultation; and
(C) instructor electronic-mail address.

(e) Each sponsoring organization providing an initial course of instruction shall provide confirmation of each student’s successful course completion to the board.

(f) Each sponsoring organization shall schedule a psychomotor skills examination for the student’s initial examination as specified in K.A.R. 109-8-2.

(g) Each sponsoring organization shall maintain the following course records for each initial course of instruction for at least three years from the last date of class:
(1) Course syllabus;
(2) all policies or documents addressing the listed items in subsection (c);
(3) student attendance;
(4) student grades;
(5) student conferences;
(6) course curriculum;
(7) lesson plans for all lessons;
(8) clinical training objectives;
(9) field training objectives;
(10) completed clinical and field training preceptor evaluations for each student;
(11) a copy of each student’s psychomotor skills evaluations;
(12) a completed copy of each student’s evaluations of each course, all instructors for the course, and all lab instructors for the course; and
(13) a completed copy of the outcome assessment and outcome analyses tools used for the course that address at least the following:
(A) Each student’s ability to perform competently in a simulated or actual field situation, or both; and
(B) each student’s ability to integrate cognitive and psychomotor skills to appropriately care for sick and injured patients.

(h) Each sponsoring organization providing initial courses of instruction shall maintain an average pass rate of at least 70 percent on the cognitive examination for certification at each level of certification that the sponsoring organization instructs for all attempts made by the students in the preceding calendar year. Each sponsoring organization that fails to meet or exceed this average pass rate shall submit to the board a plan for ensuring that future cognitive examination pass rates meet or exceed this average no later than March 1.

(i) Any sponsoring organization may allow a student to enroll late in an initial course of instruction upon submitting to the executive director a make-up schedule that includes the provision of educational standards that the
late enrollee missed, within seven days of the student’s enrollment.

(j) Each sponsoring organization providing a paramedic initial course of instruction shall provide one of the following:

(1) Evidence that the sponsoring organization has been issued and maintains a current letter-of-review from the committee on accreditation of educational programs for emergency medical services professions; or

(2) evidence that the sponsoring organization holds accreditation from the committee on accreditation of allied health education programs.

(k) Each sponsoring organization shall provide any course documentation requested by the executive director within 30 days of the request.

(l) Violation of any provision of this regulation may subject the sponsoring organization to a civil fine and may result in a suspension of sponsoring organization approval.

(109-17-4. Sponsoring organization; continuing education. (a) Any sponsoring organization may provide prior-approved continuing education as a long-term provider or a single-program provider through in-person instruction or distance learning, or a combination of both.

(b) Each sponsoring organization providing prior-approved continuing education shall submit a training report on a form provided by the board.

(c) The training report shall include the following:

(1) The date or dates, title, and location of the class;

(2) a list of all qualified instructors used in the class;

(3) the name and certification number of each attendee; and

(4) the amount of continuing education awarded to each attendee.

(d) Each sponsoring organization shall maintain the following course records for each prior-approved continuing education class for at least three years from the last date of class:

(1) Course educational objectives;

(2) completed course attendance sheet;

(3) a completed copy of each student’s evaluation of the class and each instructor; and

(4) a copy of the submitted training report.

(e) Each completed course attendance sheet shall have the name and signature of each attendee of the prior-approved continuing education class.

(f) Each sponsoring organization providing prior-approved continuing education as a long-term provider shall develop and maintain a long-term continuing education program management plan.

(g) Each sponsoring organization shall provide any continuing education documentation requested by the executive director within 30 days of the request.

(h) Violation of any provision of this regulation may subject the sponsoring organization to a civil fine and may result in a suspension of sponsoring organization approval. (Authorized by K.S.A. 2020 Supp. 65-6110; implementing K.S.A. 2020 Supp. 65-6111; effective Dec. 31, 2021.)

Joseph House
Executive Director

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