Kansas Board of Emergency Medical Services

Consequences of Not Funding this Program

Public safety in pre-hospital care is jeopardized when the competency of resources are not ensured prior to dispatch. Qualified attendants and services are not in place to respond to emergencies apppropriately. Substandard care from failure to adhere to evidence based medicine.

Statutory Basis		Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific	KSA 65-6101 through KSA 65-6160	Mandatory	No	1

Program Goals

A. To promote emergency medical services (EMS) through the consistent application of laws

B. To provide support for the ambulance services, EMS providers, and EMS educational organizations in maintaining statutory and regulatory compliance

C. To enhance patient care through evidence-based practice

Program History

Beginning with the Bureau of Emergency Medical Services within the Kansas Department of Health and Environment (KDHE), and later, legislation transferred EMS operations to the Kansas Highway Patrol while EMS training remained within the University of Kansas Medical Center, the Kansas Board of Emergency Medical Services was established in 1988 by K.S.A. 65-6102, and the current board assumed all powers, duties and functions concerning EMS. The 2004 Legislature established permanent funding for the Board of Emergency Medical Services with the passage of SB 312 which allows the Board .25% of Kansas Fire Insurance Premiums in the State of Kansas (K.S.A. 75-1508). The 2006 Legislature, with the passage of SB 546, established the Kansas EMS Information System (KEMSIS). The intent of this system is to collect and analyze EMS information for assisting the Board in improving the quality of emergency medical services. The 2010 Legislature with the passage of SB 262 established a Medical Advisory Council for KBEMS and added two physicians to the Board. This will assist the Board as state ambulance services need assistance in the development of guidelines for their attendants. Additionally, SB 262 enhanced the treatment capabilities of EMS attendants by moving from authorized activities to a scope of practice. As a result, communities throughout Kansas will be afforded a higher level of pre-hospital care. The 2016 Legislature passed SB 225 incorporating the State of Kansas in the Interstate Compact for Recognition of Emergency Personnel Licensure. The Compact is being established to facilitate the day-to-day movement of EMS personnel across state boundaries in performance of their EMS duties. The Compact serves many purposes including increasing public access to EMS personnel, enhancing public safety, and supporting licensing of military members separating from active duty. The Legislature also amended K.S.A. 65-6111 by passing SB 224 to enable the board to levy fines and issue subpoenas. The 2019 Legislature passed SB 53, which amended multiple statutes in completing four items: 1) Changed the term “attendant” to “emergency medical service provider”; 2) created an inactive certificate; 3) enabled the Board to perform a fingerprint based criminal history record check on new applicants; and 4) changed the minimum board meeting frequency from six meetings annually to four annually. The 2021 Legislature passed SB 238 which further strengthened medical direction in Kansas by clearing identifying the roles and responsibilities of the position of medical director and defined medical oversight. This Legislature also passed HB 2270 which made permanent what had been addressed historically as an annual proviso to the appropriations bill for the distribution of funding pursuant to K.S.A. 75-4215 with 20% of those funds being distributed to the EMS Operating Fund.

Performance Measures

Outcome Measures	Goal	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Previous Est.	FY 2022 Actuals	FY 2023 Est.	FY 2024 Est.	3- yr. Avg.
1. Percent of ambulance services	A&B	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2. Percent of applicants certified within 7 days of passing both exams	A&B	97.0%	97.0%	100.0%	97.0%	100.0%	97.0%	97.0%	99.0%
3. Percent of investigations closed within 180 days	A&B	98.0%	81.0%	73.0%	80.0%	82.0%	80.0%	80.0%	78.7%
Output Measures									
4. Number of providers re-certified	A&B	3,627	4,163	3,869	4,000	3,657	3,400	4,100	3,896
5. Number of continuing education audits	A&B	10	196	215	500	271	3,300	4,000	227
Additional Measures as Necessary									
6. Number of new applicants certified	A&B	768	570	760	600	866	750	775	732
7. Percent of patient care reports with a validity score of 80-100	C	89.0%	96.0%	98.0%	100.0%	93.4%	94.5%	96.0%	95.8%
8. Number of initial education courses processed	A&B	179	193	282	225	194	200	200	223
9. Average Cost of KRAF grants awards	B	$14,280	$19,268	$11,504	$14,459	$13,185	$12,586	$15,054	$14,652

Funding

Funding Source	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Approved	FY 2022 Actuals	FY 2023 Est.	FY 2024 Est.	3-yr. Avg.
State General Fund	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Non-SGF State Funds	1,959,509	1,987,325	2,018,507	2,518,202	2,250,227	2,676,475	2,759,469	2,085,353
Federal Funds	8,499	3,300	321	-	-	-	-	1,207
Total	$ 1,968,008	$ 1,990,625	$ 2,018,828	$ 2,518,202	$ 2,250,227	$ 2,676,475	$ 2,759,469	$ 2,086,560
FTE	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0