

SESSION OF 2026

SUPPLEMENTAL NOTE ON SENATE BILL NO. 379

As Amended by Senate Committee on Utilities

Brief*

SB 379, as amended, would require the State 911 Board (Board) to establish a statewide emergency medical dispatch (EMD) and Telecommunicator Cardiopulmonary Resuscitation (T-CPR) program and to adopt statewide protocols for the provision of EMD and T-CPR, medical direction, and quality assurance services for public safety answering points (PSAPs) and emergency medical dispatchers. The bill would also create the EMD and T-CPR Fund.

***Board-procured Medical Direction of EMD and T-CPR
(New Section 1)***

The bill would require the Board to provide for and coordinate a statewide EMD and T-CPR program (Program). The scope and purpose of the Program would be to adopt statewide protocols for PSAPs and emergency medical dispatchers for the provision of EMD and T-CPR, medical direction, and quality assurance services.

The bill would allow the Board to employ, contract for, or enter into an agreement, including an interagency agreement, to procure the services of a medical director to provide medical direction regarding the management and accountability of the medical care aspects of EMD and T-CPR protocols and services rendered. The bill would authorize medical direction to include, but would not be limited to:

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

- Evaluation recommendation, development, and maintenance of EMD and T-CPR protocols;
- Establishment and oversight of minimum training standards; and
- Establishment of minimum guidelines for and review of quality assurance methods and services used in the evaluation and quality performance review of services rendered.

The bill would not require a PSAP to utilize the medical direction services of a medical director. A PSAP could employ, contract for, or enter into an agreement to procure the PSAP's own medical direction option.

Board-acquired Quality Assurance and Evaluations

The bill would authorize the Board to establish, contract for, or enter into an agreement, including an interagency agreement, to acquire a centralized quality assurance system for the evaluation and quality performance review of the services rendered pursuant to the statewide EMD and T-CPR protocols.

The bill would not require a PSAP to utilize the services of a Board-acquired quality assurance system. A PSAP could establish, contract for, or enter into an agreement to procure the PSAP's own quality assurance system.

Director of Purchases

The bill would subject the Board to continuing law regarding the powers and duties of the Director of Purchases when contracting or entering into an agreement with any person, entity, or agency for EMD and T-CPR, medical direction, and quality assurance services. The bill would allow the Director of Purchases to authorize the Board to acquire services from other state agencies or political subdivisions of the state without competitive bids.

PSAP Contracts

The bill would not prohibit a PSAP or governing body of a PSAP from contracting or entering into an agreement with another PSAP or governing body of a PSAP for the provision of EMD or T-CPR, medical direction, or quality assurance services.

EMD and T-CPR Fund

The bill would create the EMD and T-CPR Fund (Fund), which would be administered by the Board.

The bill would require expenditures from the Fund to be made in accordance with appropriation acts upon warrants of the Director of Accounts and Reports issued in accordance with vouchers approved by the Chairperson of the Board (Chairperson), or the Chairperson's designee.

The bill would allow the Fund to be used to provide statewide EMD and T-CPR, medical direction, and quality assurance services.

EMD and T-CPR Fund Transfers

The bill would require the Board, or the Board could authorize the Chairperson, to determine the amount of

moneys considered necessary to carry out the program and provide for services. The Board could certify to the Director of Accounts and Report the amounts to be transferred from the State 911 Operations Fund to the Fund, as appropriate.

Notice and Receipt of Certification

The bill would require the Chairperson, or the Chairperson's designee, to transmit a copy of any certification to the Director of the Budget and the Director of Legislative Research. Upon receipt of any certification, the Director of Accounts and Reports would be required to transfer the requested amount from the State 911 Operations Fund to the Fund.

Transfer Frequency and Limitations

The bill would allow the Chairperson, or the Chairperson's designee, to certify amounts to be transferred on an ongoing basis to cover program expenditures and would cap the total amount of moneys that could be transferred at \$300,000.

EMD and T-CPR Program Report

The bill would require the Board to prepare and submit a report on the Program to assess system performance, guide quality improvement efforts, inform policy and funding decisions, and improve health outcomes.

The bill would require the Board's report on the Program to include:

- The number and geographical territory of PSAPs using EMD protocols;

- The number and geographical territory of PSAPs using T-CPR protocols; and
- Information on any barriers to increasing availability and uptake.

The bill would require the report to be submitted to the Senate Committee on Utilities and the House Committee on Energy, Utilities and Telecommunications, or any successor committees, on or before January 31 of each year.

Liability for Services (New Section 2)

The bill would provide that any person or entity that is contracted by or enters into an agreement to provide medical direction or quality assurance services for the Board or any PSAP will not be held liable for any civil damages arising from the provision, or lack thereof, of any EMD or T-CPR, medical direction, or quality assurance services or for any emergency dispatcher's provision of, or failure to provide, emergency medical instructions unless the person or entity is guilty of gross and wanton negligence proximately causing injury.

Governmental Employment Liability (Section 4)

The bill would include in continuing law, regarding liability for damages of a governmental entity or an employee acting within the scope of the employee's employment, that there would not be liability for damages that would result from any claim arising from the provision, or lack thereof, of any EMD or T-CPR, medical direction, or quality assurance services or for an emergency dispatcher's rendering of or failure to render emergency medical instructions unless the governmental entity or employee is guilty of gross and wanton negligence proximately causing such injury.

Background

The bill was introduced by the Senate Committee on Utilities at the request of a representative of the Exploratory Committee on EMD and T-CPR services.

Senate Committee on Utilities

In the Senate Committee hearing, **proponent** testimony was provided by the SB 11 Study Group Chairperson and representatives from the Board, the Kansas Sheriffs Association, and the Kansas Association of Chiefs of Police. The Study Group Chair provided the Committee with a three-phase approach to successfully implement EMD and T-CPR in Kansas and advised against a mandate, which could result in an unfunded mandate if unexpected delays or challenges occur.

The Board representative explained the primary benefit of the bill is the ability to create optional statewide or multi-agency procurement arrangements. She explained centralized purchasing or negotiated contracts can reduce duplication of effort, increase consistency in available services, and provide cost savings, particularly for smaller PSAPs that may otherwise face higher per-agency costs. She noted the bill would clarify civil liability protections by amending the Kansas Tort Claims Act to include EMD and T-CPR services, and the bill would preserve local authority.

The representatives of the law enforcement agencies indicated the bill would offer phased implementation, beginning with T-CPR and then expanding into full EMD services, and a cost-effective solution.

Written-only proponent testimony was provided by representatives of Sherman County 911 and Kansas Association of Counties.

Opponent testimony was provided by a representative of the American Heart Association, who indicated every Kansan is not guaranteed lifesaving T-CPR phone instruction, leaving participation entirely voluntary. She also expressed concern regarding rural Kansans, noting where a person lives should not determine if they will live in an emergency.

The Senate Committee amended the bill to:

- Remove a transfer of \$300,000 from the State 911 Operations Fund to the Fund on July 1, 2027;
- Remove a transfer from the State General Fund to the Fund interest earnings on or before the 10th day of each month based on average daily balance of money in the Fund and the net earnings rate of the pooled money investment portfolio for the preceding month;
- Require the Board, which could authorize the Chairperson, to determine the amount of moneys considered necessary to carry out the Program and provide for services described in the bill, and certify amounts to be transferred from the State 911 Operations Fund to the Fund, as appropriate;
- Require the Chairperson, or the Chairperson's designee, to transmit the certification to the Director of the Budget and Director of Legislative Research, upon which the Director of Accounts and Reports will transfer that amount from the State 911 Operations Fund to the Fund;
- Allow the Chairperson, or the Chairperson's designee, to certify amounts to be transferred on an ongoing basis to cover expenditures; and
- Place a \$300,000 cap on the total amount of moneys that could be transferred.

Fiscal Information

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, the bill would create the Fund within the Board, and require, on July 1, 2027, the Director of Accounts and Reports to transfer \$300,000 from the State 911 Operations Fund to the Fund. The Board states that it would spend \$300,000 from the Fund in FY 2027 to enact the provisions of the bill. Of that amount, \$200,000 would be for a Medical Director. The Board also estimates \$100,000 in expenses associated with the quality assurance program.

The Office of Judicial Administration states the bill would have a negligible fiscal effect on expenditures that would be absorbed within its existing budget. The Office of the Attorney General states the bill would have no fiscal effect.

Any fiscal effect associated with the bill is not reflected in *The FY 2027 Governor's Budget Report*.

The Kansas Association of Counties states the bill would increase costs to counties for training and continuing education, as well as quality assurance costs; however, the Association could not estimate the fiscal effect, and it does not know who would pay those costs. The League of Kansas Municipalities states the bill would have no fiscal effect on cities.

State 911 Board; emergency medical dispatch; telecommunicator cardiopulmonary resuscitation; medical direction; quality assurance; dispatchers; public safety answering points; Emergency Medical Dispatch and Telecommunicator Cardiopulmonary Resuscitation Fund; liability; Kansas 911 Act