Narrative Information—DA 400

Division of the Budget
State of Kansas

Agency Board of Emergency Medical Services
Program 20600 Agency-Wide Information

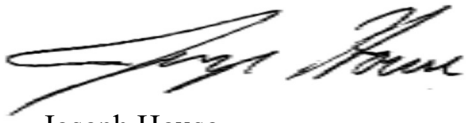
Mr. Adam Proffitt, Director
Division of the Budget
Landon State Office Building
900 SW Jackson, Room 504
Topeka, Kansas, 66612

Dear Mr. Proffitt:

As Executive Director of the Board of Emergency Medical Services, I hereby submit for your consideration the Fiscal Year 2028 budget document for our Agency. It has been prepared in accordance with the instructions provided on your website**.** To the best of my knowledge and belief, the information and explanation included in this budget request are true, correct, and complete.

As always, my staff and I are prepared to provide any additional information which you or our budget analyst may require.

Sincerely,



Joseph House
Executive Director

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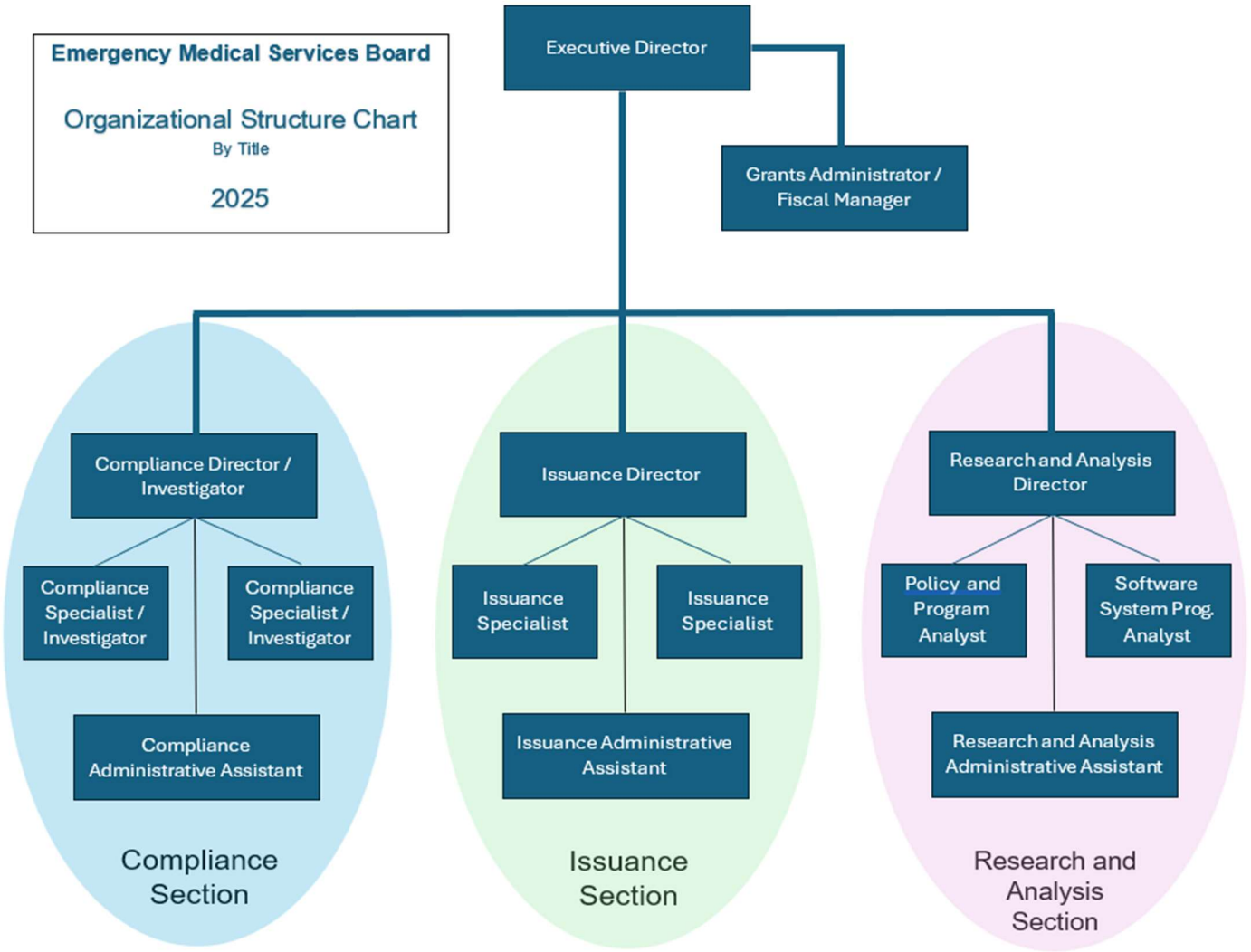

STATUTORY HISTORY

The Kansas Board of Emergency Medical Services (KBEMS) has been characterized by evolution and growth, beginning with the Bureau of Emergency Medical Services within the Kansas Department of Health and Environment (KDHE), and later (with legislation) transferred Emergency Medical Services (EMS) operations to the Kansas Highway Patrol while EMS training remained within the University of Kansas Medical Center.

Established in 1988 by K.S.A. 65-6102, the current board assumed all powers, duties and functions concerning EMS in Kansas.

During this evolution and growth, the focus of EMS has been primarily on out of hospital, emergency care. Thousands of EMS providers have been trained and equipped and are regarded as providing high levels of health care to the patients they encounter. The next evolution of EMS will expand to the provision of in-home care and strategies to ensure the patient is taken to the appropriate destination for the care needed whether the destination is a hospital, a substance use treatment facility, a clinic, or an urgent care facility.

Prior efforts have included expanding medical director responsibilities in quality assurance, upgrading homeland security response, and partnering with other state and federal agencies. Until recently, there had been relatively little focus on measuring the outcome of these efforts, i.e., defining the impact these programs and services have had on the emergency needs of Kansans as well as their ongoing health and safety needs.

In 1994, the National Highway Traffic Safety Administration (NHTSA) conducted an assessment of Kansas Emergency Medical Services, the final report states:

> "…Kansas now needs to broaden its focus to encompass a comprehensive EMS system—from prevention and emergency access through acute care and rehabilitation. Planning, development and implementation of the Kansas EMS system will require a broadly focused EMS lead agency with the resources and vision to move Kansas to the next evolution in EMS systems development. This will require strong medical direction, quality assurance and measurement of patient outcomes."

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).

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The 2006 Legislature established the Kansas EMS Information System (KEMSIS) with the passage of SB 546 which provides ambulance services and the Board the ability to measure quality assurance and patient outcomes.

The 2010 Legislature established a Medical Advisory Council for KBEMS with the passage of SB 262 and added two physicians to the Board. This continues to assist the Board with ensuring evidence based clinical treatment and guidelines. This provides the foundation for building the strength of medical direction within Kansas. Additionally, SB 262 enhanced the treatment capabilities of EMS providers by moving from authorized activities to a scope of practice. As a result, communities throughout Kansas will be afforded a higher level of out of hospital care.

The 2016 Legislature passed SB 225 incorporating the State of Kansas into the Interstate Compact for Recognition of Emergency Personnel Licensure. The Compact exists to facilitate the day-to-day movement of EMS personnel across state boundaries in performance of their requested EMS duties. The Compact serves many purposes including increasing public access to EMS personnel, enhancing public safety, and contains measures that support the 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 in investigative matters.

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 built upon the strong foundation of medical direction in Kansas by clearly 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.

The 2023 Legislature passed HB 2014 which, as requested by the Board, eliminated the occupational license for an EMS instructor-coordinator and appropriately placed the responsibility of vetting and qualifying instructors to the organizations offering EMS education and held accountable for successful student outcomes.

The 2024 Legislature approved the Governor's Budget Amendment allowing our agency the means to restructure to align staffing with our budgetary sub-programs. This restructuring and realignment supports the agency in succession planning as well as recruitment efforts while maintaining our core essential functions. FY 2026 was our first full year of operation under this restructuring and has demonstrated numerous efficiencies in agency operations.

The 2025 Legislature passed HB 2039 which amended multiple statutes to modernize aspects of EMS and help strengthen the existing foundation for the continued evolution of the Kansas EMS system. This included a revision and restructuring of authorized activity statutes related to the scope of practice, the clinical oversight within EMS education, the allowance for a transfer only ambulance service to function less than 24 hours a day, and the modernization of the KBEMS AED registry.

These Legislative items, along with the strong, broadly focused leadership of the Board and this agency, have continued to strengthen the foundation in preparation for our next evolution in system development of Kansas EMS.

BOARD OF EMERGENCY MEDICAL SERVICES VISION AND MISSION

In August 2018, the Board established a vision for Kansas EMS as a system providing an established standard of care through the utilization of promising practices and oversight. The Board of Emergency Medical Services exists to protect and promote the welfare of the citizens of Kansas through the efficient and effective regulation of EMS and to ensure that quality out-of-hospital care is available throughout the State. The agency's mission is to promote EMS through the consistent application of laws; to provide support for the ambulance services, the EMS professionals, and the EMS educational organizations in maintaining statutory and regulatory compliance; and to enhance patient care through evidence-based practice.

AGENCY PHILOSOPHY:

EMS has been a focus of public health care for over 50 years. Kansas has a proud history and is recognized as a front-runner in the delivery of out-of-hospital care and the support of training to accomplish that goal. Changes in the Board of Emergency Medical Services' leadership at both the Board and Agency level have forged an emerging philosophy of support, training, and guidance which has resulted in increased statutory and regulatory compliance. A shift that has led to revising regulations to being based upon reaching an intended outcome rather than prescribing a specific path. This shift will continue to take persistent leadership and positive demonstration. The Board's focus on the six EMS Regions in

providing leadership, funding, and training will continue to benefit the EMS professionals and successfully fulfill the objectives deemed necessary for the Kansas EMS System of the future.

Traditionally, the goal of EMS has been to provide immediate medical assistance and rapid transportation to a medical care facility. In the rural areas of Kansas, a rising aging population, a decrease in volunteers, a lack of adequate funding, increasing numbers of earlier discharges from hospitals, and the potential for closure of some local hospitals are significantly influencing a growing demand for expansion of services provided by EMS. The life of any person in the State could at some point depend on a responsive and well-trained EMS delivery system. As a potential initial phase of the continuum of medical care, EMS is not an aspect that we can leave unattended or only minimally supported. All too often our rural communities suffer from inadequate access to other medical resources and EMS becomes the safety net for a broad array of health care services that would otherwise be inaccessible to those communities. EMS proved itself as a safety net through response to the multi-faceted health related requests that emerged during the 2020 pandemic response, from assisting local health departments in testing and monitoring symptomatic individuals, to providing direct patient care in long-term facilities and hospitals when they experienced staffing shortages in trained medical personnel. After hospital closures in Independence, Fort Scott, Oswego, Horton, and Wellington, EMS additionally proved itself as an effective safety net to mitigate the immediate loss suffered within each of those communities after losing a hospital. These factors create an increased area of responsibility for the Board in seeing that the most distant and rural services have access to Board support through representation, available grants, technical support and professional assistance.

Presently, three major areas of concern face Kansas EMS and the Board of Emergency Medical Services:

1) EMS Workforce. While this is not just a rural/volunteer dilemma, is not an issue unique to EMS, but is starting to resolve within EMS, the Board is very optimistic that the continuation of increased funding for the "Educational Incentive Grant" program will continue to have an impact on addressing portions of this workforce issue primarily in the more rural areas of our state and within the lower-income population. Full-time, urban based services are searching for help as diligently as volunteer, rural based services. The continuation and funding for the program has provided a number of services with additional personnel to better address the shortage of EMS providers working in rural Kansas. EMS faces the same issues in workforce recruitment and retention as its other public safety entities: law enforcement and fire services; as well as these same challenges currently being experienced by multiple hospitals in recruiting and retaining trained medical staff – however, EMS is now also a direct staffing competitor with hospitals as more EMS providers are being recruited to perform roles within these facilities at a significantly higher rate of pay and better work environment than what they would experience within an EMS service.

2) Rural Hospital Closures and Decreases in Access to Health Care. The closure of a rural hospital has significant impact upon EMS within that community. In many areas, this means an increased need for a higher level of care at the patient's side, an increased transport time to ongoing care, an increased transport distance, and an increase in 911 requests. Many of these areas with a rural hospital at risk of closure have grown to become dependent upon a volunteer EMS system which may prove unable to effectively mitigate the increased personnel and health care demands that occur within a community when their local hospital closes. Additionally, we are seeing significant decreases in the availability of adequate health care staffing, particularly in our rural communities, subsequently creating "deserts" for certain specialties such as maternal health care, orthopedics, and oncology. In communities where the local hospital is struggling financially and health care resources are not in close proximity, EMS must be adequately prepared, supported and funded to bear the increased demands of the community. We believe that the rural emergency hospital designation recently passed by the Kansas Legislature may assist in keeping care facilities open. However, we clearly anticipate, and have seen, an increased reliance upon EMS for transportation of more critically ill patients as we see rural hospitals close, hospitals switching to the rural emergency hospital designation, and the creation and expansion of these health care "deserts" due to decreases in access to care.

3) Decreases in Available Grant Funding. The 2017 Legislature enacted SB 89 which reduced the percentage of remitted fines, penalties, and forfeitures to the district court disbursed to the EMS revolving fund pursuant to K.S.A. 74-7336 from 2.28% to 2.23%. Although an increased fine amount was included for one violation within this bill, we anticipated a continued downward trending of funding available to aid local units of government through the EMS revolving fund and this trend has continued. The EMS revolving fund provides for assistance with capital to ambulance services to purchase patient care equipment that would otherwise be unable to be purchased due to decreasing amounts designated for capital outlay from reductions in local governmental budgets. There was an effort in the 2019 Legislature (SB 83) to increase the percent disbursement to 2.93% as an effort to restore funding to approximately the amount originally allocated in 2009.

Although not areas of concern, the following four items remain areas of focus as they are believed to be crucial to success as we move forward.

1) Outcome Based Regulation. The Board continues to work in reviewing and revising its regulations in an effort to regulate to an outcome rather than prescribing a certain method or procedure of compliance. The 2020 pandemic proved that the Board is headed in the correct direction with this type of regulation as we found ourselves not having to set aside regulation or process which allowed each individual jurisdiction to adjust what they needed to adjust given the resources available to them and remain in full compliance. Although we opened up additional avenues to address what we anticipated would be shortcomings, none of those additional avenues resulted in a need to utilize (examples: temporary certification of recently expired individuals; temporary licensing/permitting of neighboring state ambulance services, etc.) as Kansas services, Kansas providers, and Kansas

educational programs had the flexibility they needed within existing regulations to adjust their process and still meet the outcome based regulation. Regulating to an outcome stimulates the growth and development of creative solutions while maintaining the core parameters necessary, in this case, to protect patients. We believe we continue to prove to be an ideal model of flexibility within regulation for other state agencies to implement.

2) Kansas Emergency Medical Services Information System (KEMSIS). The Board continues to appreciate the passage of 2006 SB 546 that created KEMSIS. KEMSIS is the tool necessary for the Board to meet its goal of being able to appropriately measure patient outcomes and to take another step towards evidence-based practice. The creation of this system provides EMS services with information on the number of ambulance calls being made, whether they are emergent or non-emergent in nature, and provides EMS services with the ability to assess and track response, training, and funding needs. Through continued support, KEMSIS has the ability to provide the Governor and Legislature with timely and accurate information upon EMS responses showing the value of statewide data collection in better assuring appropriate care of patients, training and response. In early FY2023, the Board achieved the statutory intent of all ambulance services reporting data into KEMSIS. Our efforts are now to focus upon enhancing the data quality while utilizing the information we are receiving for evidence-based analysis and changes in practice and to inherently create linkages for patient outcome data within existing provider workflows.

3) Public Perception. In Kansas, EMS is not considered an "essential service". Meaning, if a local jurisdiction opted to not provide funding for an ambulance service, that area could effectively be without EMS. EMS has historically been seen as only a public safety agency, but with advances in out-of-hospital care and an increased scope of practice, EMS has entered into a combination of public safety and the early provision/activation of health care. Public perception maintains that if you are being robbed or your home is on fire, there is no hesitation in calling 911. However, due to the "bill", most citizens who are injured (but not critically) will drive themselves for care in lieu of calling 911. This not only places EMS in a viewed position of a "pay for performance" public safety agency, but also endangers those transporting a loved one to the hospital in an urgent need to acquire medical assistance. EMS services work very closely with hospitals and regional health care coalitions to improve health care across the state. KBEMS continues to work on designating EMS as an essential service provided by government, developing an image of EMS as a hybrid of public safety and health care whose primary purpose is to provide emergency medical services to the public upon their request. Also, to speak and to inform the public that service in their area can, and will, vary dependent upon recruitment and retention, the level of EMS provider, their location, and funding necessary to equip and maintain the operational status of equipment and vehicles associated with the service and those EMS professionals waiting to provide critical care at the most critical times.

To accomplish this, it is important that our agency's image be one of support and promotion, in addition to just regulation. The regulatory role is established by law and is critical to ensuring quality care and the safe provision of EMS. But, providing support and assistance to the EMS community continues to be the Board's underlying philosophy.

We have proven that strong, consistent support and assistance to the EMS community has resulted in better compliance with statutes and regulations. The structure of our agency is designed to enhance our ability to work with and represent our constituents throughout the State. We are directing more one-on-one support to instructors in the classroom and placing stronger emphasis on technical support in assisting agencies with compliance to statutes and regulations. As an agency, we are frequently requested to present on trainings for service directors, educational managers and medical advisors in addition to hosting numerous work sessions and briefings each month for these specific groups.

4) Alternate Destinations and Treatment-in-Place. EMS has historically been the conduit between a patient and their destination. The thought when EMS was created was that the destination was always a hospital and a practice was established to reimburse EMS only when transportation to a hospital occurred. In FY 2026, EMS did not transport approx. 37% of the patients they encountered, a 5% increase from FY 2025. Furthermore, in some of those situations where transport does occur, a hospital emergency room is not the most appropriate facility with the capability to treat that patient. In FY 2026, nearly 12% of EMS responses were for mental health issues/concerns. In many of these situations, a behavioral health unit or substance abuse unit would have been the appropriate destination for these patients. However, current funding models do not allow EMS to receive reimbursement for patients treated by EMS and left at home (example: diabetic patient with a low blood sugar event corrected by EMS) or to receive reimbursement if the patient is transported to a non-hospital facility, even when that non-hospital is the most appropriate destination. The Board supports federal initiatives to provide reimbursement to EMS for Treatment-in-Place and for transport to alternate, appropriate destinations and encourages the State to support and implement within their Medicaid program.

The Board is committed to improving the health and safety of the citizens of Kansas and ensuring that emergency medical services efficiently contribute to that goal. The Board accepts the responsibility of investing the resources necessary to provide the state's population with quality out of hospital emergency health care that is reliably accessible, effective, subject to continuous evaluation and integrated with the remainder of the health care system.

Additionally, the Board recognizes emergency medical services will continue to be diverse at the local level. Heterogeneity among EMS systems is often a reflection of the diversity in the communities they serve. Guiding principles are applicable to all EMS systems in the state. However, the

methods for applying such principles and the ability to reach specific process benchmarks will continue to be influenced by the nature of communities and the resources they possess.

The Board is encouraged by the significant public involvement provided through its recent process change allowing clear communication on topics being discussed before the Board – a process allowing participation from all persons and entities regulated by the Board as well as from members of the public. The public input throughout all states of discussion continues to allow for stronger policy decisions by the Board.

As previously stated, emergency medical services does not stand alone. It is an integral part of a comprehensive safety network and health care system. The Board recognizes that emergency medical services exist in a changing world and coordinates its activities with other state agencies and interested organizations. As mentioned earlier, the Board works very closely with the six EMS Regional Councils, KDHE, KDOT, the Office of the State Fire Marshal, and the Adjutant General's Office. Additionally, Board staff attends meetings, training, conferences, and exercises which include active participation with the Continuity of Operations Planning Committee, the Traffic Records Coordinating Council, Emergency Medical Services for Children, Advisory Committee on Trauma, and many others.

Public policy makers must be well informed about EMS issues. Attempts will continue to better educate public policy makers regarding important EMS related issues. These efforts will include programs to educate members of the Legislature, county commissions, and other state and local officials able to affect public policy that improves community emergency health care as well as efforts to educate other health care providers and care facilities to continue superior quality and appropriate clinical care. These attempts will also involve taking an active and participative role with the Kansas Association of Counties, the League of Municipalities, the Kansas Chapter of the National Association of EMS Physicians, the National Association of State EMS Officials, the EMS Compact Commission, the Kansas Emergency Medical Technicians Association (KEMTA), the Kansas Emergency Medical Services Association (KEMSA), and the Kansas Air Medical Transport Society (the three State professional organizations) as well as the Kansas Medical Society and Kansas Hospital Association.

The Board will continue to act according to the highest standards of ethics, accountability and openness. In serving the public, the Board will balance the interests of consumers, regulated entities and others, treating all with respect, consistency, and dignity through an open and transparent governance model. The public is at its safest when it is well informed and can see the work being done to ensure its safety and best interest.

Actual Position Data:
The Board of Emergency Medical Services has 14 positions for FY 2027 including five unclassified positions. Part-time Temporary positions are included for administration of examinations.

New Fund: No new funds are requested at this time.

Enhancement or Supplemental Package: No enhancement or supplement is requested at this time.

PROGRAMS ESTABLISHED TO ASSIST WITH AGENCY MISSION

The EMS program is made up of three subprogram areas:

1. Compliance – Ensuring that ambulance services, vehicles, and providers have met and continue to maintain the standards established by the Kansas Legislature and the Board to safely and appropriately provide EMS to the public upon request.

2. Issuances – Processes involved with the issuance of certifications for providers, permits for operators, licenses for vehicles, and grants to qualified recipients. This includes the state examination process for providers.

3. Research and Analysis – Collection, utilization and maintenance of the data submitted to the Board's databases to assist in evidence-based decisions on process and clinical oversight.

PROGRAM GOAL

To meet the Vision and Mission of the Emergency Medical Services Board, our agency mission is:

- To promote EMS through the consistent application of laws;
- To provide support for the ambulance services, EMS providers, and EMS educational organizations in maintaining statutory and regulatory compliance; and

- To enhance patient care through evidence-based practice.
- To ensure the safety of the public through the provision of EMS.
- To validate and confirm minimum standards are met there by warranting the public's highest degree of trust in EMS providers and ambulance services.

SUBPROGRAM #1 - COMPLIANCE:

The Board of EMS has adopted the following goals for this subprogram during FY2027/2028:

1. To promptly, consistently, completely, and fairly investigate all matters involving potential non-compliance with statutory and regulatory requirements;
2. To ensure public complaints related to providers or services are addressed and responded to publicly;
3. To ensure that Kansas ambulance services are meeting or exceeding statutory and regulatory requirements;
4. To ensure that Kansas EMS providers have met continued licensing requirements; and,
5. To ensure that Kansas EMS Educational entities are meeting or exceeding statutory and regulatory requirements.

OVERALL OBJECTIVE(S)

By achieving these goals, we have the ability to ensure that when EMS is requested, a competent, trained crew should be available to deliver the medical care necessary for that patient and to ensure any person or organization involved in complaints and/or potential non-compliance receive a timely, fair, and consistent process.

Strategies/Performance Measures/Goals:

1. To inspect 100% of all permitted ambulance services annually.
2. To inspect at least 85% of all licensed ambulances annually.
3. To audit 100% of certified providers upon renewal to ensure adherence to continuing education requirements.
4. To inspect 100% of all state approved continuing education program providers annually to ensure regulatory compliance.

5. To inspect each state approved EMS initial course of instruction provider at least once every 3 years.
6. Investigate all complaints, in a timely manner, with a goal of 80 percent of all investigations being closed within 180 days.
7. Publicize findings and results of investigations after completion of investigation and action taken by the Investigations Committee.

SUBPROGRAM #2 - ISSUANCES:

The Board of EMS has adopted the following goals for this subprogram during FY2027/2028:

1. To timely issue certification to applicants that have met certification requirements;
2. To timely issue approval for EMS initial courses of instruction;
3. To timely issue approval of EMS continuing education offerings and programs;
4. To timely issue permits to applicants that have met ambulance service operator requirements;
5. To timely issue licenses to ambulance services for vehicles that have met licensing requirements; and
6. To timely process and issue awards for the EIG and KRAF grant processes to those that have met grant and eligibility requirements.

OVERALL OBJECTIVE(S)

By achieving these goals, personnel, ambulance services, and educational institutions will have the ability to perform their respective duties within their community without significant delay for processing of applications; thereby reducing a perceived obstacle. Grant processes and awards will continue to show appropriate disbursement of funds and continue to provide assistance with financial obstacles that may exist for recruitment and retention purposes as well as local capital projects to provide a higher standard of medical care to the community.

Strategies/Performance Measures:

1. To monitor the number of providers that are certified each year as well as those that renew their EMS certification.
2. To monitor the number, and regional location, of students that are granted an EIG award.
3. To monitor the number, and regional location served, of ambulance services granted a KRAF award for patient care equipment.
4. To monitor the number of initial education courses processed within each fiscal year.

5. To process and issue certification for at least 97% of applicants meeting requirements for certification within 7 days of submitting a complete application.

SUBPROGRAM #3 – RESEARCH AND ANALYSIS:

The Board of EMS has adopted the following goals for this subprogram during FY2027/2028:

1. To maintain ambulance service compliance with participation in the Kansas EMS Information System (KEMSIS);
2. To increase the average validity score for all patient care reports submitted to KEMSIS;
3. To utilize data to drive decisions on how best to ensure the continued provision of EMS at the local, regional, and state level;
4. To utilize data to help quantify potential medical issues being encountered by EMS;
5. To utilize data to analyze agency process;
6. To link with other data sources to help provide outcome data for the EMS encountered patient back to the EMS service;
7. To analyze the investigations/complaints to provide learning opportunities and resources for those statutes/regulations that seem to be recurrent or consistently violated;
8. To increase the clarity of regulations; and
9. To review administrative regulations to ensure they are appropriate and not unnecessarily burdensome.

OVERALL OBJECTIVE(S)

By achieving these goals, analysis of data can be used, not only at the state level, but also at the local level, to help drive clinical decisions. This provides the ability to provide the Governor and Legislature with timely and accurate information upon EMS responses showing the value of statewide data collection in better assuring appropriate care of patients, training and response. Analysis of this data can also be used to identify areas of agency process that could be modified to operate in a more efficient manner. Maintaining EMS regulations that have an appropriate outreach necessary to ensure the safety of the public.

Strategies/Performance Measures:

1. Maintaining 100% submission of data into KEMSIS from ambulance services.

2. The percent of patient care reports with an average validity score of 80-100 will be at least 80% in FY 2027 and at least 85% in FY 2028.
3. The average validity score for all patient care reports will be at least 85% in FY 2027 and at least 87% in FY 2028.
4. All EMS administrative regulations will be reviewed annually.
5. Modifications and enhancements within the licensing database will focus upon the ability to better track processing metrics and a better end-user experience.
6. Public input will continue to be received for areas where improvement could occur.
7. Continue to maintain open communication with the Governor, Kansas Legislature, and professional organizations.
8. Continue to identify other data sources that could be linked or accessed to assist Kansas EMS in operational and clinical aspects.
9. Continue to maintain awareness of, and participation in, federal activities and activities in other states that may impact Kansas EMS.

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PERFORMANCE MEASURES	FY 2025 Actual	FY 2026 Actual	FY 2027 Est.	FY 2028 Est.
Compliance Subprogram:				
Percent of ambulance services inspected	85	115.1% (191/166)	100	100
Percent of ambulances inspected	78	90% (657/730)	85	85
Percent of program provider audits	100	79.3% (153/193)	100	100
Number of investigations received	153	388	275	275
Number of investigations closed	67	291	300	250
Violation Found	65	230	245	200
Application Denial	0	0	2	2
Percent of investigations closed within 180 days	85.1	86.9% (253/291)	80	82
Issuances Subprogram:				
Number of providers re-certified	3,387	4,073	3,400	3,900
Number of new applicants certified	922	1,188	900	950
Number of students granted EIG awards	139	181	165	165
Number of services granted KRAF equipment for pre-hospital care	31	28	24	24
Number of Initial Education Courses processed	161	201	180	195
Number of continuing education audits	3,410	4,308	3,750	4,115
Percent of applicants certified within 7 days of of a completed application	100%	100%	100%	100%

Research and Analysis Subprogram:				
Percent of Services reporting into KEMSIS:	100%	100%	100%	100%
Percent of patient care reports with a validity score of 80-100	73.6% (338,457/460,164)	77.7% (354,635/456,734)	80%	85%
Average validity score for all patient care reports	83.1%	87.1%	85%	87%
Percent of KAR's reviewed	100%	100%	100%	100%

OVERVIEW OF CURRENT YEAR ESTIMATE AND ANNUAL BUDGET YEARS INFORMATION

Current Year 2027: The total revised estimate of expenditures for FY 2027 is $3,197,502. The Legislature established the funding for the Emergency Medical Services Operating Fund, including $116,250 for the Emergency Medical Services Regional Councils Fund and $2,000 for the Emergency Medical Services Operating Fund for Official Hospitality. They also authorized the continuation of the Education Incentive Grant, and the continuation of the EMS Revolving Fund to provide grant dollars to EMS services through the KBEMS Revolving and Assistance (KRAF) Grant program. Current year expenditures will include state grants to local governments and continuation of administrating the skills examination. The Legislature also established the EMS Criminal History Fingerprint Fund requiring a criminal history records check to become certified if never previously certified in Kansas. This went into effect January 1, 2022. This is the second full year of the Governor and Legislature approved agency reorganization.

Budget Year 2028: The total request for FY 2028 continues the initiatives previously established. The mandatory rate increases in the budget indices are included in this year's total budget. This year is projecting increases in items such as health insurance, postage, rent, fuel, travel, the general cost indices, and the continuation of legal representation fees. We continue to anticipate several administrative hearings due to the significant increase in investigations received.

KEMSIS OVERVIEW (UPDATE AND BUDGET)

Update:

The State provides a system capable of receiving data submission from electronic patient care report vendors as well as provides Kansas services the option to utilize the base level state system as an electronic patient care report solution currently without additional charge to that ambulance service. This option has proven itself to be monumental to services that otherwise would not have been able to afford migrating to electronic records (as required by the federal government). We have imported data into the State system from 11 different vendors across four different platforms/database languages.

As of June 30, 2025, 100% of Kansas ambulance services are participating and have submitted a total of just over 4 million electronic patient care reports into the system. Annual submission volume is approximately 460,000 records and represents all EMS responses. KEMSIS achieved 100% compliance in early FY2023 and continues to focus upon maintaining compliance as well as enhancing the quality and reliability of the data being provided. High quality and reliability of the data provides us an ability to effectively and accurately measure systematic changes.

KBEMS continues to develop validity rules and reports to improve data quality and to reduce the overall time to complete the electronic patient care report. Additional reports were developed to automate and assist services with quality assurance and quality improvement. KBEMS continues to develop reports to assist in researching evidence-based medical protocols in the pre-hospital setting as well as determining the pre-hospital impact of community-based health programs such as early activation of 911, AED placement, and early CPR. We are pleased to be utilizing this system to generate near-real time, statewide data upon emerging topics, such as substance use disorders, behavioral health, cardiac arrest management, influenza-like-illness, and naloxone administration. KBEMS is seen as a national leader in evidence-based EMS research and analysis. Our research is being published nationally and internationally and assisting our local agencies in providing better patient care within their existing resources resulting in better care being received by Kansans.

EXPENDITURE JUSTIFICATION—BOARD OF EMERGENCY MEDICAL SERVICES

The Board of Emergency Medical Services will have three subprograms within the Performance Based Budgeting Process. They are Compliance, Issuances, and Research/Analysis.

Compliance Program:

Object Code 1001: Salaries and Wages

Summary: Approved staffing for the Compliance program includes two regular classified FTE position and two unclassified FTE temporary positions, and a third of the unclassified regular FTE of the Director and classified FTE of the grants administrator positions. Salaries and Wages also include 15 Board members consisting of 4 legislators and 11 Governor appointees that are split in thirds for each program.

Current Year FY 2027: $424,480 represents funding for the current year for four full-time positions, a third of two full-time positions as well as a third of the total for Board members. Legislative pay increased significantly in January 2026. This will be a full year with the funding increase.

Budget Request FY 2028: $449,633 continues current staffing, including a longevity bonus, and a 27th pay period.

Object Codes 2000: Contractual Services

Summary: The major expenditures in this category contribute to the expense of meeting our statutory requirement of assisting EMS providers and ambulance services throughout the state of Kansas. This involves a significant amount of traveling statewide by all program staff to meet our statutory requirements. Educational programs, examinations, investigations, ambulance inspections, workshops, technical assistance, and additional programs are scheduled upon request to maintain the knowledge level of the EMS providers and ambulance services across the state thereby improving compliance with state statutes and regulations. Other expenses include communications costs, OITS charges, rent, and legal representation fees. Expenditures in other account codes represent day-to-day operations and are closely in line with previous year expenditures.

Current Year FY 2027: $243,343 is requested for FY 2027. These monies will be used for the day-to-day operations of the agency including in-state travel for education, training, investigations, inspections, technical support, and city/county community assessment and includes a one-third split of the $2,000 authorized for Official Hospitality for Board meetings and committee meetings. Rental, OITS, communication costs, allocating full funding for the EMS Compact, new charges for regulation changes using the ESPER system, and the charge for legal fees are also included within this category of expenditure.

Budget Request FY 2028: $253,165 is requested for FY 2028. The usage of these monies remains consistent with those stated for FY 2027. Increases from the FY 2027 amount are due to contractual increases in legal fees, increased office space rent, projected volume of hearings for disciplinary matters, and budget indices increases.

Object Codes 3000: Commodities:

Summary: The major expenditures under this category are the general office supplies that are needed to run the agency efficiently as well as fuel for rental cars.

Current Year FY 2027: $21,961 is requested for FY 2027. This funding allows for normal day-to-day operations.

Budget Request FY 2028: $22,465 is requested for FY 2028. This funding allows for a small inflationary increase over the FY 2027 request for general supplies and the cost of fuel.

Object Code 4000: Capital Outlay:

Current Year FY 2027: $12,511 is requested for FY 2027. This includes replacement of a server and computer equipment per our approved 3 year IT management and budget plan.

Budget Request FY 2028: $8,723 is requested for FY 2028. This includes replacement of computer equipment per our approved 3 year IT management and budget plan.

Issuances Program:

Object Code 1001: Salaries and Wages

Summary: Approved staffing for the Issuances program includes three regular classified FTE positions and one unclassified FTE temporary position, and a third of the unclassified regular FTE of the Director and classified FTE of the grants administrator positions. Salaries and Wages also include 15 Board members consisting of 4 legislators and 11 Governor appointees that are split in thirds for each program and two part-time temporary positions for examination purposes. The increase in salaries and wages is attributable to the 1% pay increase authorized by the 2026 Legislature, the increase in Legislative pay previously mentioned, and the rising costs of insurance.

Current Year FY 2027: $432,198 represents funding for four full-time positions, a third of two full-time positions as well as a third of the total for Board members plus temporary positions to assist with administration of exams.

Budget Request FY 2028: $455,448 continues current staffing, including a longevity bonus, and a 27th pay period.

Object Codes 2000: Contractual Services

Summary: The major expenditures in this category contribute to the expense of meeting our statutory requirement of assisting EMS providers and ambulance services throughout the state of Kansas. This involves a considerable amount of traveling statewide by program staff to meet our statutory requirements in the administration of examination processes. Educational programs, examinations, workshops, technical assistance, and additional programs are scheduled upon request to maintain the knowledge level of the EMS providers and ambulance services across the state. This includes development of multimedia resources to assist in the application process. Other expenses include legal representation fees and budget indices increases such as rent, travel, OITS, and the monumental building surcharge fee. Criminal history record checks for first time applicants for certification began January 1, 2022. The Kansas Bureau of Investigation increased their fee to run each record check by $10 effective July 1, 2024. Expenditures in other account codes represent day-to-day operations and are closely in line with previous year expenditures.

Current Year FY 2027: $294,673 is requested for FY 2027. These monies will be used for the day-to-day operations of the agency including in-state travel for education, training, technical support, city/county community assessment and includes a one-third split of the $2,000 authorized for Official Hospitality for Board meetings and committee meetings. Rental, OITS, and communication costs, and new charges for regulation changes using the ESPER system are also included within this category of expenditure. Direct agency involvement with the skills examination testing process will continue. The criminal history record check fees to the KBI will continue and grow annually with the RapBack fees compounding. The RapBack fee is based upon the number of records checks performed in previous years for those individuals remaining certified and offers real-time reporting of changes in criminal history.

Budget Request FY 2028: $305,997 is requested for FY 2028. The usage of these monies remains consistent with those stated for FY 2027. Increases from the FY 2027 amount are due to contractual increases in legal fees, an office space rent increase, projected volume of hearings for disciplinary matters, and budget indices increases (such as travel, postage, APB, and OITS).

Object Codes 3000: Commodities:

Summary: The major expenditures under this category are the general office supplies that are needed to run the agency efficiently and fuel for rental cars, plus equipment to aid in skills testing.

Current Year FY 2027: $41,781 is requested for FY 2027. This funding allows for normal day-to-day operations, plus includes testing supplies and fuel.

Budget Request FY 2028: $43,789 is requested for FY 2028. This funding allows for a small inflationary increase over the FY 2027 request for general supplies plus ongoing testing supplies that are either disposable or deteriorate rapidly with continued use. Fuel is also included.

Object Code 4000: Capital Outlay:

Current Year FY 2027: $12,511 is requested for FY 2027. This includes replacement of a server and computer equipment per our approved 3 year IT management and budget plan.

Budget Request FY 2028: $8,723 is requested for FY 2028. This includes replacement of computer equipment per our approved 3 year IT management and budget plan.

Object Code 5110: Aid to Local Governments

Summary: The expenditure in this category is the allocation of funds to support the Education Incentive Grant Program, and the KBEMS Revolving and Assistance Fund (KRAF) Grant Program.

Current Year FY 2027: $671,250 is requested for FY 2027 to support Aid to Local Units of Government. $375,000 is requested for the Education Incentive Grant Program and $296,250 for the KBEMS Revolving and Assistance (KRAF) Grant Program.

Budget Request FY 2028: $671,250 is requested for FY 2028 to support Aid to Local Units of Government. $375,000 is requested for the Education Incentive Grant Program and $296,250 for the KBEMS Revolving and Assistance (KRAF) Grant Program.

Object Code 5060 & 5590: Other Assistance, Grants and Benefits:

Summary: The expenditure in this category is the allocation of funds to support the six EMS Regions in Kansas in the amount of $116,250. These regions provide support, information and communication to the approximately 10,500 EMS providers certified in the State of Kansas. The Board of Emergency Medical Services in July and in January will disseminate half of the appropriated amount to the six Regions upon submitted regional project activity plans for the upcoming fiscal period. Each EMS Regional Council is incorporated as a "Not for Profit" organization. The six Regional Councils are awarded Direct Regional Distribution from the KRAF Grant totaling $33,750 upon submitted regional project activity plans. The EMS Regions may get additional funding with local grants when available.

Current Year FY 2027: $150,000 is requested for FY 2027 to support regional project activity plans within the six EMS Regions in Kansas.

Budget Request FY 2028: $150,000 is requested for FY 2028 to support regional project activity plans within the six EMS Regions in Kansas.

Research/Analysis Program:

Object Code 1001: Salaries and Wages

Summary: Approved staffing for the Research/Analysis program includes three regular classified FTE positions and one unclassified FTE temporary position, and a third of the unclassified regular FTE of the Director and classified FTE of the grants administrator positions. Salaries and Wages also include 15 Board members consisting of 4 legislators and 11 Governor appointees that are split in thirds for each program. The increase in salaries and wages is attributable to the 1% pay increase authorized by the 2026 Legislature, the increase in Legislative pay previously mentioned, and the rising costs of insurance.

Current Year FY 2027: $446,701 represents funding for the current year for four full-time positions and a third of two full-time positions as well as a third of the total for Board members.

Budget Request FY 2028: $472,768 continues current staffing, including a longevity bonus, and a 27th pay period.

Object Codes 2000: Contractual Services

Summary: The major expenditures in this category contribute to the expense of meeting our statutory requirement of assisting EMS providers and ambulance services throughout the state of Kansas. This involves traveling statewide by program staff to meet our statutory requirements as well as to present upon data trends. Educational programs, examinations, workshops, technical assistance, and additional programs are scheduled upon request to maintain the knowledge level of the EMS providers and ambulance services across the state. Other expenses include communications

costs, OITS charges, rent, and legal representation fees. The Kansas Emergency Medical Information System (KEMSIS) for statewide data collection and license management system contract is included in this program. Expenditures in other account codes represent day-to-day operations and are closely in line with previous year expenditures.

Current Year FY 2027: $416,547 is requested for FY 2027. These monies will be used for the day-to-day operations of the agency including in-state travel for education, training, investigations, inspections, technical support, city/county community assessment and includes a one-third split of the $2,000 authorized for Official Hospitality for Board meetings and committee meetings. Legal representation, rental, OITS, communication costs, and new charges for regulation changes using the ESPER system are also included within this category of expenditure. The expenditures in this category will increase for external web hosting due to the website redevelopment project and completing the transition to a .gov platform. Funding is included for ongoing costs associated with the Kansas Emergency Medical Services Information System (KEMSIS) for statewide data collection, and fee rates for existing services per the budget indices. Funding for firewall maintenance by KISO is also included.

Budget Request FY 2028: $440,814 is requested for FY 2028. The usage of these monies remains consistent with those stated for FY 2027. Increases from the FY 2027 amount are due to an office space rent increase, and contractual and budget indices increases.

Object Codes 3000: Commodities:

Summary: The major expenditures under this category are the general office supplies that are needed to run the agency efficiently and fuel for rental cars.

Current Year FY 2027: $14,001 is requested for FY 2027. This funding allows for normal day-to-day operations.

Budget Request FY 2028: $14,344 is requested for FY 2028. This funding allows for continuation of the FY 2027 request for general supplies.

Object Code 4000: Capital Outlay:

Narrative Information—DA 400

Division of the Budget — Agency Board of Emergency Medical Services

State of Kansas — Program 20600 Agency-Wide Information

Current Year FY 2027: $15,545 is requested for FY 2027. This includes replacement of a server and computer equipment per our approved 3 year IT management and budget plan.

Budget Request FY 2028: $19,271 is requested for FY 2028. This includes replacement of computer equipment per our approved 3 year IT management and budget plan.

EXPLANATION OF RECEIPT ESTIMATES—DA 405 DIVISION OF THE BUDGET DEPARTMENT OF ADMINISTRATION STATE OF KANSAS	AGENCY NAME: **KS BD OF EMERGENCY MEDICAL SERVICES**	PAGE
	AGENCY--SUBAGENCY CODES: **206** FUNCTION NO. **5**	
	PROGRAM TITLE AND CODE: **01030**	
	SUBPROGRAM TITLE AND CODE:	

A DETAILED JUSTIFICATION OF RESOURCE FUND ESTIMATES

2326 - Emergency Medical Services Operating Fund: Revisions to K.S.A. 75-1508 by the 2004 Kansas Legislature gave the Board of EMS permanent funding in an amount up to .25% from Premiums from Fire Insurance Receipts. The estimates given from the Insurance Department are included below. Fees charged for licenses and certifications are also deposited to this fund. The chart below breaks down those receipts. This fund provides the majority of the financing of KBEMS operations.

Emergency Medical Services Operating Fund

	FY 2025 Actuals	FY 2026 Actuals	FY 2027 Estimate	FY 2028 Estimate
Ambulance License	36,360	36,640	32,900	32,900
Ambulance Service Permit	16,900	16,700	16,500	16,500
Reciprocity	26,000	26,805	25,500	25,500
Examination/Certificates	38,430	44,520	40,000	40,000
Certification Renewals	141,100	168,375	136,500	141,500
Regains	26,180	28,240	12,800	12,800
Inactive Status	315	165	200	200
Recovery of Expenditures		52	0	0
Testing Revenue		1,176		
Operating Transfers Out	(300,000)	(300,000)	(300,000)	(300,000)
Premiums from Fire Insurance Receipts	2,810,684	2,856,643	2,930,000	3,010,000
	2,795,969	2,879,316	2,894,400	2,979,400

2396 - Education Incentive Grant (EIG) Program Fund: The grant program was established to finance the recruitment and retention of volunteers in underserved, rural areas of Kansas. These monies are available through an application process with criteria established from the three priorities that were set out in the legislation. The priorities are to pay the cost of 1) initial courses of training for EMS providers, 2) continuing education, and 3) cost of education for EMS providers who are obtaining a postsecondary education degree related to emergency medical services.

On July 1 and again on January 1 a transfer is processed by the Department of Administration that moves $150,000 from the Emergency Medical Services Operating Fund into the EIG Payment Fund. These funds are then used to provide grants to services that meet the application process requirements.

2449 - EMS Revolving Grant Fund: The KBEMS Revolving Grant Fund is a state funded grant program to provide financial assistance, based upon demonstrated financial need, to Kansas EMS agencies and organizations. The funding is provided through a percentage disbursed from remitted fines, penalties, and forfeitures associated with K.S.A. 74-7336, established by the passage of 2007 SB 8. The primary goal of this program is to financially assist EMS agencies and organizations to purchase EMS equipment and assist in regional education and training. Funding is granted based on the documented need of the specific item being requested.

Distribution is twofold. Direct distribution: Directly to the six (6) EMS Regional Councils for support in submitted regional project activities designed to maintain an overall Regional preparation as well as education in emergency medical services, homeland security, and education and training opportunities that benefit their respective geographical area. A percentage or amount of the total allocation will be provided directly to the EMS Regional Councils upon application approval. Individual distribution: Applications will be accepted from individual services for equipment, which will benefit the community while maintaining the goals and objectives of the Regional concept.

The 2017 Legislature enacted SB 89 which reduced the percentage of remitted fines, penalties, and forfeitures to the district court disbursed to the EMS revolving fund pursuant to K.S.A. 2016 Supp. 74-7336 from 2.28% to 2.23%. Although an increased fine amount was included for one violation within this bill (from $10 to $30 per offense), we anticipated the downward trend to continue for funding available to aid local units through the EMS revolving fund and this trend has continued. The EMS revolving fund provides for assistance with capital to ambulance services to purchase patient care equipment that would otherwise be unable to be purchased due to decreasing amounts designated for capital outlay from reductions in local governmental budgets. There was an effort in the 2019 Legislature (SB 83) to increase the percent disbursement to 2.93% as an effort to restore funding to approximately the amount originally allocated in 2009.

2806 - EMS Criminal History and Fingerprinting Fund: The 2019 Legislature enacted SB 53 that, among many things, established the EMS Criminal History and Fingerprinting Fund. This fund was established as the mechanism for the pass through funds necessary for KBEMS to receive the results of the criminal history record check. This fund and the enabling legislation allow KBEMS to meet the requirement to conduct a criminal

history record check on new applicants for certification for Kansas' continued participation in the EMS Compact. This fund will receipt payments from the applicants then make an equal payment to the Kansas Bureau of Investigation for the fingerprint based criminal history record check. Beginning July 1, 2024, the Kansas Bureau of Investigation raised their fee by $10.

9402 - Credit Card Clearing Fund: K.S.A. 75-30, 100 established the Credit Card Clearing Fund as a pass through fund for credit card receipts. KBEMS staff process credit card transactions into the clearing fund and then process the transfer of funds out to the appropriate fee fund.