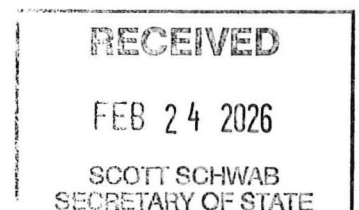


**STATE OF KANSAS  
BOARD OF EMERGENCY MEDICAL SERVICES  
NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS**

A public hearing will be conducted on Tuesday, May 12, 2026, at 10:00 a.m. in Room 560 of the Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas to consider the adoption of proposed administrative regulations of the Board of Emergency Medical Services on a permanent basis. The hearing will also be held via GoToMeeting conferencing. Remote access information will be provided upon request to any person wishing to observe, participate in, or listen to the hearing. Request for access must be submitted prior to Thursday, May 7, 2026, at 4:30 p.m. via email to [joseph.house@ks.gov](mailto:joseph.house@ks.gov).

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed amendments regulations. All interested parties may submit written comments prior to the hearing to the Board of Emergency Medical Services, Landon State Office Building, 900 S.W. Jackson, Room 1031, Topeka, Kansas 66612 or by email to [joseph.house@ks.gov](mailto:joseph.house@ks.gov). All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the public hearing. In order to provide all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentations to five minutes.

Any individual with a disability may request an accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statement in an accessible format. Requests for accommodation



should be made at least five working days in advance of the hearing by contacting Joseph House at 785-296-7296 (or TTY 1-800-766-3777). Handicapped parking is located in front of and to the north of the Landon State Office Building.

K.A.R. 109-2-6 is being amended to remove specific staffing requirements in maintaining the regulation upon the topic of types of ambulance services and their requirements.

K.A.R. 109-2-7a is a proposed new regulation to receive the staffing requirements for ground ambulance services from K.A.R. 109-2-6; to address the ability to utilize providers with a valid interstate compact license; and to reflect the staffing model adopted by the Kansas Legislature in the 2025 session.

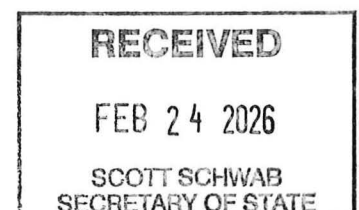
K.A.R. 109-2-11 is being amended to reflect utilization of providers with a valid interstate compact license as well as to modernize existing language to align with current practice.

There is no anticipated economic impact in the adoption of these regulations.

Copies of the complete regulations and the complete economic impact statement may be obtained from the Board of Emergency Medical Services at the contact information above or can be accessed at [www.kemsis.org/lms/public](http://www.kemsis.org/lms/public).

Joseph House

Executive Director



**109-2-6. Types of ambulance services and staffing.** (a) Permits shall be issued for two types of ambulance service. These types shall be known as air ambulance service and ground ambulance service.

(b) Any ambulance service operator may provide advanced life support or critical care transport as defined in K.A.R. 109-1-1 and described in K.S.A. 65-6119 and 65-6120, and amendments thereto, if the ambulance is adequately equipped and the primary care provider in the patient compartment during transport is an advanced emergency medical technician (AEMT), a paramedic, a qualified healthcare provider as defined in K.S.A. 65-6112, authorized as an AEMT or paramedic pursuant to K.S.A. 65-6158, an individual licensed to practice medicine and surgery pursuant to K.S.A. 65-28,133, and amendments thereto, or a registered nurse holding a multistate license pursuant to K.S.A. 65-1166, and amendments thereto.

(c) Each air ambulance service shall meet the following requirements:

(1) Provide advanced life support or critical care transport as defined in K.A.R. 109-1-1;

(2) have at least one licensed air ambulance that meets all requirements of K.A.R. 109-2-11; and

(3) not be subject to public call as defined in K.A.R. 109-1-1;

(4) have a method of receiving calls and dispatching air ambulances to ensure an air ambulance accurately estimates its time of arrival;

(5) make available throughout all legs of response, the location of the aircraft via a publicly accessible system capable of flight monitoring based upon a search of a tail

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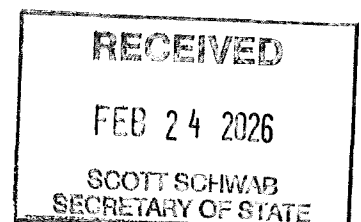
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number or call sign and provide the requesting party with either the tail number or call sign of the responding aircraft to facilitate such flight monitoring; and

(6) provide transportation through the use of only air ambulances.

~~(c)~~(4) (d) Each ground ambulance service shall meet the following requirements:

(A) (1) Provide basic life support at a minimum as defined in K.A.R. 109-1-1;

(B) (2) have at least one licensed ambulance that meets all requirements of K.A.R. 109-2-8;

~~(C) staff each ambulance with, at a minimum, either two attendants or one attendant and a health care provider, as defined in K.A.R. 109-1-1, and ensure that an attendant certified pursuant to K.S.A. 65-6119, 65-6120, or 65-6121, and amendments thereto, or a health care provider is in the patient compartment during patient transport; and~~

~~(D) (3) have a method of receiving calls and dispatching ground ambulances that ensures that an to ensure a ground ambulance leaves the station within an annual average of five minutes from the time an emergency call is received by the ambulance service the ground ambulance is requested to respond to a public call request; and~~

(4) provide transportation through the use of only ground ambulances.

~~(2) Any ground ambulance service operator may provide advanced life support or critical care transport as defined in K.A.R. 109-1-1 and described in K.S.A. 65-6123, 65-6120, and 65-6119, and amendments thereto, if all of the following conditions are met:~~

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~~(A) At a minimum, an attendant certified pursuant to K.S.A. 65-6119, 65-6120, or 65-6123, and amendments thereto, or a health care provider is in the patient compartment during patient transport.~~

~~(B) The ambulance or personnel, or both, are adequately equipped.~~

~~(C) The treatment is approved by medical protocols or medical control pursuant to K.S.A. 65-6119, 65-6120, and 65-6123, and amendments thereto. (Authorized by K.S.A. ~~2015~~ 2025 Supp. 65-6110; implementing K.S.A. ~~2015~~ 2025 Supp. 65-6110, K.S.A. 65-6128, and K.S.A. ~~2015~~ 2025 Supp. 65-6135; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012; amended April 29, 2016; amended P-\_\_\_\_\_.)~~

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**109-2-7a. Ground ambulance staffing.** (a) Except as specified in subsection (c), each operator of a ground ambulance service shall staff each ground ambulance with one of the following groups of individuals during transportation:

(1) At least two of the following:

(A) physician;

(B) an individual licensed to practice medicine and surgery pursuant to K.S.A. 65-28,133, and amendments thereto;

(C) physician assistant;

(D) advanced practice registered nurse;

(E) professional nurse;

(F) a registered nurse holding a multistate license pursuant to K.S.A. 65-1166, and amendments thereto;

(G) an EMS provider certified as an EMT, AEMT, or Paramedic; or

(H) an EMS provider authorized to practice pursuant to K.S.A. 65-6158, and amendments thereto; or

(2) An EMS provider certified as an EMR and at least one of the persons identified in subsection (a)(1).

(b) Each ground ambulance shall ensure a person identified in subsection (a)(1) is within the patient care compartment and responsible for the provision of patient care during transportation.

(c) Each operator of a ground ambulance service providing emergency medical services in any county with a population of 30,000 or less shall staff each ground

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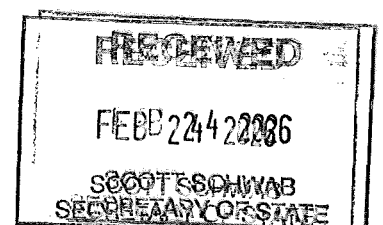
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ambulance in a manner consistent with subsection (a) or with a driver certified in cardiopulmonary resuscitation at the healthcare provider level and at least one of the persons listed in subsection (a)(1) if a copy of the policy adopting this practice by the operator has been provided to the board within 30 days of adoption. (Authorized by K.S.A. 2025 Supp. 65-6110; implementing K.S.A. 2025 Supp. 65-6110, K.S.A. 65-6128 and K.S.A. 2025 Supp. 65-6135; effective P-\_\_\_\_\_.)

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**109-2-11. Standards for air ambulances and equipment.** (a) The operator shall ensure that the patient compartment in each air ambulance is configured in such a way that air medical personnel have adequate access to the patient in order to begin and maintain care commensurate with the patient's needs. The operator shall ensure that the air ambulance has adequate access and necessary space to maintain the patient's airway and to provide adequate ventilator support by ~~an attendant~~ air medical personnel from the secured, seat-belted position within the air ambulance.

(b) Each air ambulance operator shall have a policy that addresses climate control of the aircraft for the comfort and safety of both the patient and air medical personnel. The air medical crew shall take precautions to prevent temperature extremes that could adversely affect patient care.

~~(c) The operator shall equip each air ambulance with the following:~~

~~(1) Either two portable functioning flashlights or a flashlight and one spotlight;~~

~~(2) either a cot with an elevating head and at least three safety straps with locking mechanisms or an isolette;~~

~~(3) one emesis basin or convenience bag;~~

~~(4) one complete change of linen;~~

~~(5) one blanket;~~

~~(6) one waterproof cot cover; and~~

~~(7) a no-smoking sign posted in the aircraft.~~

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(d) Each air ambulance shall have a two way communications system that is readily accessible to both the air medical personnel and the pilot and that meets the following requirements:

- (1) Allows communication between the aircraft and air traffic control systems; and
- (2) allows air medical personnel to communicate at all times with medical control, exclusive of the air traffic control system.

(e) (d) The pilot or pilots shall be sufficiently isolated from the patient care area to minimize in-flight distractions and interference.

(f) (e) The operator shall equip each air ambulance with an internal medical system that includes the following:

(1) An internal oxygen system with at least one outlet per patient located inside the patient compartment and with at least 2,500 liters of storage capacity with a minimum of 200 psi. The pressure gauge, regulator control valve, and humidifying accessories shall be readily accessible to ~~attendants and~~ air medical personnel from inside the patient compartment during in-flight operations;

(2) an electrically powered suction aspirator system with an airflow of at least 30 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be equipped with large-bore, nonkinking suction tubing and a semirigid, nonmetallic oropharyngeal suction tip; and

(3) oxygen flowmeters and outlets that are padded, flush-mounted, or located to prevent injury to air medical personnel, unless helmets are worn by all crew members during all phases of flight operations.

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~~(g)~~ (f) The operator shall equip each air ambulance with the following:

(1) A portable oxygen unit of at least 300-liter storage capacity complete with pressure gauge and flowmeter with a minimum of 200 psi. The unit shall be readily accessible from inside the patient compartment;

(2) a portable, self-contained battery or manual suction aspirator with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be fitted with large-bore, nonkinking suction tubing and a semirigid, nonmetallic, oropharyngeal suction tip;

(3) currently dated medical supplies, medications and equipment in sufficient quantity and proper working order to execute the ambulance service's medical protocols and to perform any necessary interventions specific to the assigned mission that include the following:

~~(A) Airway management equipment, including tracheal intubation equipment, adult, pediatric, and infant bag valve masks, and ventilatory support equipment;~~

~~(B) a cardiac monitor capable of defibrillating and an extra battery or power source;~~

~~(C) cardiac advanced life support drugs and therapeutic modalities, as indicated by the ambulance service's medical protocols;~~

~~(D) neonate specialty equipment and supplies for neonatal missions and as indicated by the ambulance service's medical protocols;~~

~~(E) trauma advanced life support supplies and treatment modalities, as indicated in the ambulance service's medical protocols; and~~

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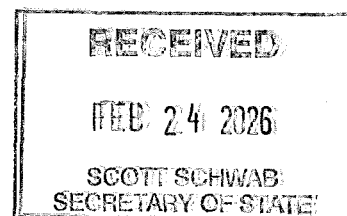
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~~(F) a pulse oximeter and an intravenous infusion pump; and~~

~~(4) blood-borne and body fluid pathogen protection equipment as described in~~

~~K.A.R. 109-2-8 in a quantity sufficient for crew members to include:~~

~~(A) Surgical or medical protective gloves;~~

~~(B) protective goggles, glasses, or chin-length clear face shields;~~

~~(C) filtering masks that cover the mouth and nose;~~

~~(D) nonpermeable, full-length, long-sleeve protective gowns;~~

~~(E) a leakproof, rigid container clearly marked as "Biohazard" for the disposal of sharp objects; and~~

~~(F) a leakproof, closeable container for soiled linen and supplies;~~

~~(5) Either two portable functioning flashlights or a flashlight and one spotlight;~~

~~(6) either a cot with an elevating head and at least three safety straps with locking mechanisms or an isolette;~~

~~(7) one emesis basin or convenience bag;~~

~~(8) one complete change of linen;~~

~~(9) one blanket;~~

~~(10) one waterproof cot cover; and~~

~~(11) a no smoking sign posted in the aircraft.~~

~~(h) (g) If an operator's medical protocols are amended, the operator shall submit these changes to the board within 15 days of implementation of the change with a letter of approval from the ambulance service's medical director pursuant to K.S.A. 65-6112 (r), and amendments thereto, within 15 days of implementation of the change.~~

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(h) The operator shall maintain a medical equipment list of the minimum medical supplies, medications and equipment kept on the air ambulance at all times. Such medical equipment list shall be provided to the board upon request.

(i) Equipment and supplies obtained on a trial basis or for temporary use by the operator shall not be required to be reported to the board by the operator. If the operator's medical equipment list is amended, the operator shall submit these changes to the board within 15 days of implementation of the change with a letter of approval from the ambulance service's medical director.

(j) Each air ambulance operator shall ensure that each air ambulance has on board, at all times, appropriate survival equipment for the mission and terrain of the ambulance service's geographic area of operations.

(k) Each air ambulance operator shall ensure that the aircraft has an adequate interior lighting system so that patient care can be provided and the patient's status can be monitored without interfering with the pilot's vision. The air ambulance operator shall ensure that the aircraft cockpit is capable of being shielded from light in the patient care area during night operations or that red lighting or a reduced lighting level is also provided for the pilot and air ambulance personnel.

(l) Each aircraft shall have at least one stretcher that meets the following requirements:

(1) Accommodates a patient who is up to six feet tall and weighs 212 pounds;

(2) is capable of elevating the patient's head at least 30 degrees for patient care and comfort;

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(3) has three securing straps for adult patients; and

(4) has a specifically designed mechanism for securing pediatric patients.

(m) Each air ambulance operator shall ensure that all equipment, stretchers, and seating are so arranged as not to block rapid egress by air medical personnel or patients from the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or secured in either approved racks or compartments or by strap restraint while the aircraft is in operation.

(n) The aircraft shall have an electric inverter or appropriate power source that is sufficient to power patient specific medical equipment without compromising the operation of any electrical aircraft equipment.

(o) When an isolette is used during patient transport, the operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the infant.

(p) Each air ambulance operator shall ensure that all medical equipment is maintained according to the manufacturer's recommendations and does not interfere with the aircraft's navigation or onboard systems.

(q)(1) Each operator of a an air ambulance service shall staff each air ambulance with a pilot and one of the following groups of individuals, who shall remain in the patient compartment during patient transport:

(A) At least two of the following: a physician, an individual licensed to practice medicine and surgery pursuant to K.S.A. 65-28,133, and amendments thereto, physician assistant, advanced practice registered nurse, ~~or~~ professional nurse or

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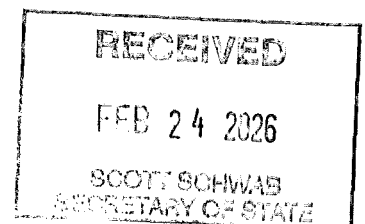
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registered nurse holding a multistate license pursuant to K.S.A. 65-1166, and amendments thereto; or

(B) one of the individuals listed in paragraph (q)(1)(A) and one of the following:

(i) A paramedic;

(ii) a paramedic authorized to practice pursuant to K.S.A. 65-6158, and

amendments thereto; or

~~(ii)~~ (iii) an optional staff member commensurate with the patient's care needs, as determined by the ambulance service's medical director or as described in the ambulance service's medical protocols, who shall be health care personnel as defined in K.A.R. 109-1-1. The medical personnel shall remain in the patient compartment during patient transport.

(2)(A) When providing critical care transports as defined in K.A.R. 109-1-1, at least one of the medical personnel specified in paragraphs (q)(1)(A) and (B) shall be currently certified in advanced cardiac life support by a certifying entity approved by the board.

(B) When performing neonatal or pediatric missions, at least one of the medical personnel specified in paragraphs (q)(1)(A) and (B) shall be currently certified in advanced life support for neonatal and pediatric patients by a certifying entity approved by the board.

(C) When responding to the scene of an accident or medical emergency, not including transports between medical facilities, at least one of the medical personnel

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specified in paragraphs (q)(1)(A) and (B) shall be certified in one of the following areas by a certifying entity approved by the board:

- (i) International trauma life support-advanced (ITLSA);
- (ii) transport professional advanced trauma course (TPATC);
- (iii) trauma nurse core course (TNCC);
- (iv) certified flight registered nurse (CFRN);
- (v) certified transport registered nurse (CTRN);
- (vi) pre-hospital trauma life support (PHTLS);
- (vii) ~~advanced care and trauma transport (ACTT)~~ critical care paramedic-certification (CCP-C);
- (viii) critical care emergency medical ~~technician-paramedic~~ transport program (CCEMTP); or
- (ix) flight paramedic-certification (FP-C). (Authorized by and implementing K.S.A. 2015 2025 Supp. 65-6110; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012; amended July 7, 2014; amended April 29, 2016; amended P-\_\_\_\_\_.)

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# Kansas Administrative Regulations Economic Impact Statement (EIS)

Proposed

Emergency Medical Services Board  
Agency

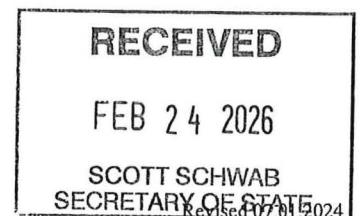
Joseph House, Executive Director      785-296-7296  
Agency Contact      Contact Phone Number

K.A.R. 109-2-6, (NEW)109-2-7a, and 109-2-11  
K.A.R. Number(s)

Permanent       Temporary

Is/Are the proposed rule(s) and regulation(s) mandated by the federal government as a requirement for participating in or implementing a federally subsidized or assisted program?

- Yes      If yes, continue to fill out the remaining form to be included with the regulation packet submitted in the review process to the Department of Administration and the Attorney General. Budget approval is not required; however, the Division of the Budget will require submission of a copy of the EIS at the end of the review process.
- No      If no, do the total annual implementation and compliance costs for the proposed rule(s) and regulation(s), calculated from the effective date of the rule(s) and regulation(s), exceed \$1.0 million or more in implementation and compliance costs that are reasonably expected to be incurred by or passed along to businesses, local governmental units and individuals as a result of the proposed rule and regulation over the initial five-year period following adoption of such rule(s) and regulation(s) (as calculated in Section III, F)?
- Yes      If "Yes," then the agency shall not adopt the rule(s) and regulation(s) until the rule(s) and regulation(s) has been ratified by the Legislature with a bill, unless the proposed rule(s) and regulation(s) are: 1) mandated by the federal government as a requirement for participating in or implementing a federally subsidized or assisted program, as described in K.S.A. 77-416(b)(1)(B), and amendments thereto; 2) temporary rule(s) and regulation(s) adopted pursuant to K.S.A. 77-422, and amendments thereto; or 3) rules and regulations adopted pursuant to K.S.A. 2-3710 (Kansas Agricultural Remediation Board). Continue to fill out the remaining EIS form to be included with the regulation packet in the review process to the Department of Administration and the Attorney General. The submitted EIS will be independently analyzed by the Division of the Budget for approval.
- No      If no, continue to fill out the remaining form to be included with the regulation packet submitted in the review process to the Department of Administration and the Attorney General. The submitted EIS will be analyzed by the Division of the Budget for approval.



## Section I

Analysis, brief description, and cost and benefit quantification of the proposed rule(s) and regulation(s). If the approach chosen by the Kansas agency to address the policy issue is different from that utilized by agencies of contiguous states or of the federal government, the economic impact statement shall include an explanation of why the Kansas agency's rule and regulation differs.

All three of these regulations pertain to the staffing of ambulance services and are reflecting changes subsequent to legislation in the 2025 session. 109-2-6 is being amended to remove specific staffing levels and to keep the regulation, itself, upon the topic of types of ambulance services and their requirements. 109-2-7a is a proposed new regulation to receive the staffing requirements for ground ambulance services taken from 109-2-6. This will reflect the addition and ability for ground ambulance services to utilize providers with a Compact license as meeting staffing requirements and reflects the staffing model adopted by the Legislature in the 2025 session. 109-2-11 is being amended to reflect utilization of providers with a Compact license as well as to modernize the language in aligning with current practice. There is no anticipated cost for the changes to these regulations as most, if not all, of the changes are technical in nature which do not alter the delivery model of EMS in Kansas. There may be a benefit from the additional clarity provided by the revisions which would result in a benefit of better compliance with statute and regulation. This approach is consistent with our contiguous states.

## Section II

Explain whether the proposed rule and regulation is mandated by federal law as a requirement for participating in or implementing a federally subsidized or assisted program and whether the proposed rules and regulations exceed the requirements of applicable federal law.

The proposed rule is not mandated by a federal law.

## Section III

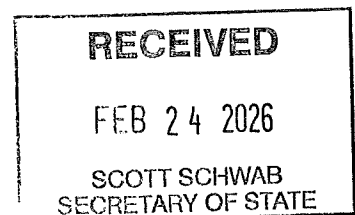
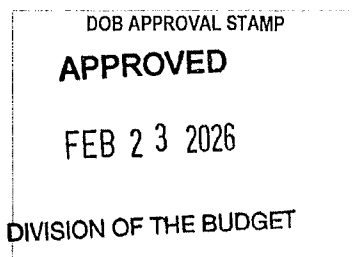
Agency analysis specifically addressing the following:

- A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;

These regulations would not impact business activities or growth.

- B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that will be affected by the proposed rule(s) and regulation(s) and on the state economy as a whole;

The proposed changes to these regulations would have no implementation or new compliance costs as they do not change the underlying policy. The proposed changes were to better align with current practice and to modernize language associated with them. In industry meetings, ambulance services reported no economic effect related to implementation or compliance costs.



- C. Businesses that would be directly affected by the proposed rule(s) and regulation(s);  
Ambulance services would be directly affected by the proposed rules and regulations.
- D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;  
Benefit of the regulation is enhanced readability which typically results in better compliance. The industry reports there are no costs associated with these changes.
- E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;

There is no anticipated cost or impact on business or economic development.

F. An estimate of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to businesses, local governments, or individuals. *Note: Do not account for any actual or estimated cost savings that may be realized. Implementation and compliance costs determined shall be those additional costs reasonably expected to be incurred and shall be separately identified for the affected businesses, local governmental units, and individuals.*

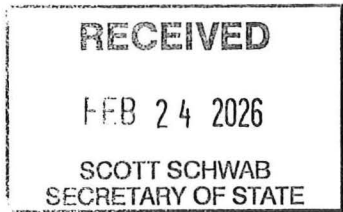
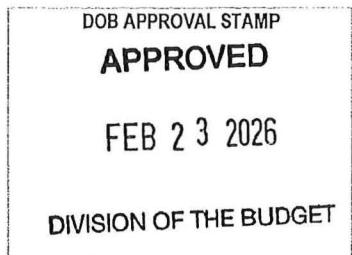
Costs to Affected Businesses – \$0  
 Costs to Local Governmental Units – \$0  
 Costs to Individuals – \$0  
**Total Annual Costs – \$0**  
 (sum of above amounts)

Give a detailed statement of the data and methodology used in estimating the above cost estimate.

Potential costs were derived from in-person meetings and questions asked of air and ground ambulance services. No one expressed a concern of an economic impact for these changes and stated these changes do not impact the costs within their current operation.

- Yes
  - No
  - Not Applicable
- If the total implementation and compliance costs exceed \$1.0 million or more in implementation and compliance costs over the initial five-year period following adoption of such rule(s) and regulation(s) that are reasonably expected to be incurred by or passed along to businesses, local governmental units and individuals as a result of the proposed rule and regulation, did the agency hold a public hearing to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.

*Not applicable*



Provide an estimate to any changes in aggregate state revenues and expenditures for the implementation of the proposed rule(s) and regulation(s), for both the current fiscal year and next fiscal year.

As has been the stance since implementation of the EMS Compact, we anticipate better utilization of Compacts may lead to less application fees received into the EMS Operating fund resulting in reduced revenue. It would be estimated to be less than \$2000 annually and considered negligible.

Provide an estimate of any immediate or long-range economic impact of the proposed rule(s) and regulation(s) on any individual(s), small employers, and the general public. If no dollar estimate can be given for any individual(s), small employers, and the general public, give specific reasons why no estimate is possible.

We estimate no immediate or long range economic impact of these proposed changes to this grouping. We may see some individuals choose to stop maintaining multiple licenses due to the use of the EMS Compact, but we feel this is negligible. The dollar estimate would be as previously noted at \$2000 annually in total savings to an individual.

- G. If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.

This proposed rule does not increase or decrease the revenue of cities, counties or school districts, nor does it impose function or responsibilities upon those entities that would increase expenditures or fiscal liability.

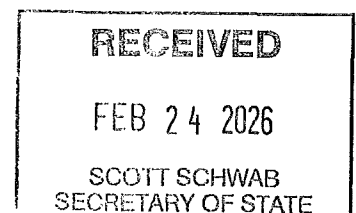
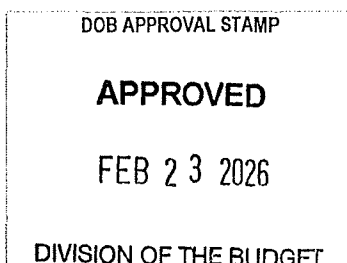
- H. Describe how the agency consulted and solicited information from businesses, business associations, local governmental units, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s) or may provide relevant information.

Ambulance services were asked in open meetings as well as in regional meetings if there were any potential costs associated with this type of change. No expressed concerns of any type related to cost. Most comments were appreciative of the update in language. Additional discussion had in public Board meetings and no one expressed a concern or this having an associated economic impact.

## Section IV

Does the Economic Impact Statement involve any environmental rule(s) and regulation(s)?

- Yes If yes, complete the remainder of Section IV.  
 No If no, skip the remainder of Section IV.



- A. Describe the capital and annual costs of compliance with the proposed rule(s) and regulation(s), and the individuals or entities who would bear the costs.

Click here to enter agency response.

- B. Describe the initial and annual costs of implementing and enforcing the proposed rule(s) and regulation(s), including the estimated amount of paperwork, and the state agencies, other governmental agencies, or other individuals who will bear the costs.

Click here to enter agency response.

- C. Describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, the individuals or entities who will bear the costs and who will be affected by the failure to adopt the rule(s) and regulation(s).

Click here to enter agency response.

- D. Provide a detailed statement of the data and methodology used in estimating the costs used.

Click here to enter agency response.

