

State of Kansas
Emergency Medical Services Board
Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted on Tuesday, October 6, 2026, at 10:00 a.m. in Room 560 of the Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas, to review and consider the adoption of proposed permanent regulations of the Emergency Medical Services Board. The public hearing will be conducted in person and via video conferencing system. Members of the public who wish to attend the public hearing virtually shall request access prior to Thursday, October 1, 2026, at 4:30 p.m. via email to 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 regulations. All interested parties may submit written comments prior to the public hearing to the Emergency Medical Services Board, Landon State Office Building, 900 S.W. Jackson, Room 1031, Topeka, Kansas 66612 or by email to joseph.house@ks.gov. All interested parties will be given a reasonable opportunity to present their views orally regarding 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 presentation to five minutes.

Any individual with a disability may request an accommodation in order to participate in the public hearing and may request the regulations and economic impact statements in an accessible format. Requests for accommodation to participate in the public hearing should be made at least five (5) business days in advance of the hearing by contacting Leanne Houser at 785-296-7296 (or TTY 1-800-766-3777). Handicapped parking is located at the north entrance to the building. Curbs at the north entrance are accessible to individuals with disabilities.

Copies of the regulations and economic impact statements may be viewed at <https://www.kemsis.org/lms/public> or may be obtained from the Emergency Medical Services Board at the contact information above.

K.A.R. 109-10-1a; K.A.R. 109-10-1b; K.A.R. 109-10-1c; and K.A.R. 109-10-1d. All four (4) regulations are being amended to reference the educational standards adopted by the Board in November 2025 for the emergency medical responder, the emergency medical technician, the advanced emergency medical technician, and the paramedic levels of certification, respectively.

K.A.R. 109-3-3; K.A.R. 109-3-4; and K.A.R. 109-3-5. The proposed changes to these three (3) regulations pertaining to the authorized activities of the emergency medical responder, emergency medical technician, and advanced emergency medical technician, respectively, are technical in nature to accurately reflect changes subsequent to legislation in the 2025 session as well as to address omissions which became more prominent as medicine advanced. The proposed changes also reference the newest adopted medication list, eliminate an unintended reference to a trademarked device, and restrict two (2) extremely high-risk/low-volume procedures related to advanced airway management for which this level of certification has received no training or competency determination upon.

The Board anticipates no economic impact with the adoption of these regulatory revisions.

Joseph House
Executive Director

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109-3-3. Emergency medical responder; authorized activities. Each emergency medical responder ~~shall be authorized pursuant to the requirements of K.S.A. 65-6144, and amendments thereto, may perform any activity or intervention specified in K.S.A. 65-6144, and amendments thereto, and as further specified in this regulation:~~

~~(a) Emergency vehicle operations:~~

~~(1) Operating each ambulance in a safe manner in nonemergency and emergency situations. "Emergency vehicle" shall mean ambulance, as defined in K.S.A. 65-6112 and amendments thereto; and~~

~~(2) stocking an ambulance with supplies in accordance with regulations adopted by the board and the ambulance service's approved equipment list to support local medical protocols;~~

~~(b) initial scene management:~~

~~(1) Assessing the scene, determining the need for additional resources, and requesting these resources;~~

~~(2) identifying a multiple casualty incident and implementing the local multiple casualty incident management system;~~

~~(3) recognizing and preserving a crime scene;~~

~~(4) triaging patients, utilizing local triage protocols;~~

~~(5) providing safety for self, each patient, other emergency personnel, and bystanders;~~

~~(6) utilizing methods to reduce stress for each patient, other emergency personnel, and bystanders;~~

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- ~~(7) communicating with public safety dispatchers and medical control facilities;~~
- ~~(8) providing a verbal report to receiving personnel;~~
- ~~(9) providing a written report to receiving personnel;~~
- ~~(10) completing a prehospital care report;~~
- ~~(11) setting up and providing patient and equipment decontamination;~~
- ~~(12) using personal protection equipment;~~
- ~~(13) practicing infection control precautions;~~
- ~~(14) moving patients without a carrying device; and~~
- ~~(15) moving patients with a carrying device;~~
- ~~(e)~~ patient assessment and stabilization:
 - (1) Obtaining consent for providing care;
 - (2) communicating with bystanders, other health care providers, and patient family members while providing patient care;
 - (3) communicating with each patient while providing care; and
 - (4) assessing the following: blood pressure manually by auscultation or palpation or automatically by noninvasive methods; heart rate; level of consciousness; temperature; pupil size and responsiveness to light; absence or presence of respirations; quality of respirations; respiration rate; and skin color, temperature, and condition;
- ~~(d)~~ (b) cardiopulmonary resuscitation and airway management:
 - (1) Applying cardiac ~~monitoring~~ electrodes for the acquisition and transmission of EKG rhythm strips;

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(2) applying defibrillator pads for the use of an automated external defibrillator;

(3) performing any of the following:

(A) Manual cardiopulmonary resuscitation for an adult, child, or infant, using one or two attendants;

(B) cardiopulmonary resuscitation using a mechanical device;

(C) postresuscitative care to a cardiac arrest patient;

(D) cricoid pressure by utilizing the sellick maneuver;

(E) head-tilt maneuver or chin-lift maneuver, or both;

(F) jaw thrust maneuver;

(G) modified jaw thrust maneuver for injured patients;

(H) modified chin-lift maneuver;

(I) mouth-to-barrier ventilation;

(J) mouth-to-mask ventilation;

(K) mouth-to-mouth ventilation;

(L) mouth-to-nose ventilation;

(M) mouth-to-stoma ventilation;

(N) manual airway maneuvers; or

(O) manual upper-airway obstruction maneuvers, including patient positioning, finger sweeps, chest thrusts, and abdominal thrusts;

(P) nasopharyngeal airway insertion; or

(Q) oropharyngeal airway insertion; and

~~(3)~~ (4) suctioning the oral and nasal cavities with a soft or rigid device;

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~~(e)~~ (c) control of bleeding, by means of any of the following:

- (1) Elevating the extremity;
- (2) applying direct pressure;
- (3) utilizing a pressure point;
- (4) applying a tourniquet;
- (5) utilizing the trendelenberg position; ~~or~~
- (6) applying a pressure bandage;

(7) packing the wound;

(8) applying a hemostatic dressing; or

(9) applying hemostatic granules;

~~(f)~~ (d) extremity splinting, by means of any of the following:

- (1) Soft splints;
- (2) anatomical extremity splinting without return to position of function;
- (3) manual support and stabilization; or
- (4) vacuum splints;

~~(g)~~ (e) spinal immobilization, by means of any of the following:

- (1) Cervical collar;
- (2) full-body immobilization device;
- (3) manual stabilization;
- (4) assisting an EMT, an AEMT, or a paramedic with application of an upper-

body spinal immobilization device;

- (5) helmet removal; ~~or~~

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(6) rapid extrication; or

(7) spinal motion restriction;

~~(h)~~ (f) oxygen therapy by means of any of the following:

(1) Humidifier;

(2) nasal cannula;

(3) non-rebreather mask;

(4) partial rebreather mask;

(5) regulators;

(6) simple face mask;

(7) blow-by;

(8) using a bag-valve-mask ~~with or without supplemental oxygen~~; or

(9) ventilating an inserted supraglottic or subglottic airway;

~~(j)~~ (g) administration of medications according to the board's "approved medication list," dated ~~June 4, 2024~~ October 3, 2025, which is hereby adopted by reference;

~~(j)~~ (h) recognizing and complying with advanced directives by making decisions based upon a do-not-resuscitate order, living will, or durable power of attorney for health care decisions; and

~~(k)~~ (i) providing the following techniques for preliminary care:

(1) Cutting of the umbilical cord;

(2) irrigating the eyes of foreign or caustic materials;

(3) bandaging the eyes;

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- (4) positioning the patient based on situational need;
- (5) securing the patient on transport devices;
- (6) restraining a violent patient, if technician or patient safety is threatened; and
- (7) ~~disinfecting the equipment and ambulance;~~
- (8) ~~disposing of contaminated equipment, including sharps and personal protective equipment, and material;~~
- (9) ~~decontaminating self, equipment, material, and ambulance;~~
- (10) following medical protocols for declared or potential organ retrieval;
- (11) ~~participating in the quality improvement process;~~
- (12) ~~providing EMS education to the public; and~~
- (13) ~~providing education on injury prevention to the public.~~ (Authorized by K.S.A. 2020 2025 Supp. 65-6111; implementing K.S.A. 2025 Supp. 65-6144; effective March 9, 2012; amended May 5, 2017; amended Jan. 24, 2020; amended Nov. 12, 2021; amended P-_____.)

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109-3-4. Emergency medical technician; authorized activities. Each emergency medical technician ~~shall be authorized pursuant to the requirements of K.S.A. 65-6121, and amendments thereto, may perform any activity or~~ intervention specified in the following:

(a) K.S.A. 65-6144, and amendments thereto, and as further specified in K.A.R. 109-3-3; and

(b) K.S.A. 65-6121, and amendments thereto, and as further specified in the following paragraphs:

(1) Airway maintenance by means of any of the following:

(A) Blind insertion of a supraglottic airway, ~~with the exception of the laryngeal mask airway~~ with a gastric channel;

(B) oxygen venturi mask;

(C) gastric decompression by orogastric or nasogastric tube with any authorized airway device providing that capability;

~~(D) auscultating the quality of breath sounds;~~

~~(E) pulse oximetry;~~

~~(F) automatic transport ventilator;~~

~~(G) (E) manually triggered ventilator;~~

~~(H) (F) flow-restricted oxygen-powered ventilation device;~~

~~(I) (G) bag-valve-mask with in-line small-volume nebulizer;~~

~~(J) (H) carbon dioxide colorimetric detection;~~

~~(K) (I) capnometry; or~~

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~~(I)~~ (J) suctioning a stoma; and

(2) administration of patient-assisted and non-patient-assisted medications according to the board's "approved medication list," which is adopted by reference in K.A.R. 109-3-3. (Authorized by K.S.A. 2025 Supp. 65-6111; implementing K.S.A. 2025 Supp. 65-6121; effective March 9, 2012; amended May 5, 2017; amended Jan. 24, 2020; amended P-_____.)

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109-3-5. Advanced emergency medical technician; authorized activities.

Each advanced emergency medical technician ~~shall be authorized pursuant to the~~ requirements of K.S.A. 65-6120, and amendments thereto, may perform any activity or intervention specified in the following:

(a) K.S.A. 65-6144, and amendments thereto, and as further specified in K.A.R.

109-3-3;

(b) K.S.A. 65-6121, and amendments thereto, and as further specified in K.A.R.

109-3-4; and

(c) K.S.A. 65-6120, and amendments thereto, and as further specified in the following paragraphs:

(1) Advanced airway management, except for endotracheal intubation, chest decompression and cricothyrotomy; and

(2) administration of patient-assisted and nonpatient-assisted medications according to the board's "approved medication list," which is adopted by reference in K.A.R. 109-3-3. (Authorized by K.S.A. ~~2020~~ 2025 Supp. 65-6111; implementing K.S.A. ~~2020~~ 2025 Supp. 65-6120; effective March 9, 2012; amended Nov. 2, 2012; amended Aug. 29, 2014; amended Nov. 12, 2021; amended P-_____.)

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109-10-1a. Approved emergency medical responder education standards. (a) The document titled "Kansas emergency medical services education EMS educational standards: emergency medical responder (EMR)," dated ~~July 2010~~ November 24, 2025, is hereby adopted by reference pursuant to K.S.A. 65-6144, and amendments thereto, for emergency medical responder initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the ~~attendant~~ EMS provider level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. ~~2016~~ 2025 Supp. 65-6110 and 65-6111; implementing K.S.A. ~~2016~~ 2025 Supp. 65-6144; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Dec. 29, 2017; amended P-_____.)

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109-10-1b. Approved emergency medical technician education standards. (a) The document titled "Kansas ~~emergency medical services education~~ EMS educational standards: emergency medical technician (EMT)," dated ~~July 2010~~ November 24, 2025, is hereby adopted by reference pursuant to K.S.A. 65-6121, and amendments thereto, for emergency medical technician initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the ~~attendant~~ EMS provider level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. ~~2016~~ 2025 Supp. 65-6110 and 65-6111; implementing K.S.A. ~~2016~~ 2025 Supp. 65-6121; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Dec. 29, 2017; amended P-_____.)

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109-10-1c. Approved advanced emergency medical technician education

standards. (a) The ~~board's~~ document titled "Kansas emergency medical services ~~education~~ EMS educational standards: advanced emergency medical technician (AEMT)," dated ~~October 2014~~ November 24, 2025, is hereby adopted by reference pursuant to K.S.A. 65-6120, and amendments thereto, for advanced emergency medical technician initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the ~~attendant~~ EMS provider level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. ~~2016~~ 2025 Supp. 65-6110 and 65-6111; implementing K.S.A. ~~2016~~ 2025 Supp. ~~65-6111~~ 65-6120; effective March 2, 2012; amended May 1, 2015; amended Dec. 29, 2017; amended P-_____.)

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109-10-1d. Approved paramedic education standards. (a) The document titled

"~~Kansas emergency medical services education~~ EMS educational standards:

paramedic," dated ~~July 2010~~ November 24, 2025, is hereby adopted by reference

pursuant to K.S.A. 65-6119, and amendments thereto, for paramedic initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the ~~attendant~~ EMS provider level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course. (Authorized by K.S.A. ~~2016~~ 2025 Supp. 65-6110 and 65-6111; implementing K.S.A. ~~2016~~ 2025 Supp. 65-6119; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Dec. 29, 2017; amended P-_____.)

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Kansas Administrative Regulations Economic Impact Statement (EIS)

Emergency Medical Services Board

Agency

Joseph House, Executive Director 785-296-7296

Agency ContactContact Phone Number

K.A.R. 109-3-3, 109-3-4, and 109-3-5 ☒ Permanent ☐ Temporary

K.A.R. Number(s)

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.

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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.

The proposed changes to these regulations are technical in nature to accurately reflect changes subsequent to legislation in the 2025 session as well as to address omissions which became more prominent as medicine advanced. The proposed changes also reference the newest adopted medication list, eliminate an unintended reference to a trademarked device, and restrict 2 extremely high risk/low volume procedures related to advanced airway management for which this level of certification has received no training or competency upon. 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;

This regulation 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 this regulation would have no implementation or new compliance costs.

- C. Businesses that would be directly affected by the proposed rule(s) and regulation(s);

There are no businesses directly affected by the proposed changes. These relate to identifying the activities which may be authorized for an individual.

- D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;

There is no cost associated and the benefit is to have the most recent activities consistent with training and competency validation.

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- 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.

Changing the authorized activities does not add or subtract cost. Potential costs were derived from in-person meetings and questions asked of EMS providers. No one expressed a concern of an economic impact for these changes.

- ☐ Yes 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.
- ☐ No
- ☒ Not Applicable

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.

We do not anticipate this to have any effect upon state revenues or expenditures.

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.

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There is no immediate or long range economic impact of these proposed changes to this grouping.
The dollar estimate is \$0.

- 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.

- 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.

EMS Providers 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 positive in getting these changes implemented as quickly as possible. Additional discussion had in public Board meetings and no one expressed a concern in 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.](#)

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

[Click here to enter agency response.](#)

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Kansas Administrative Regulations Economic Impact Statement (EIS)

Emergency Medical Services Board
Agency

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

K.A.R. 109-10-1a; 109-10-1b; 109-10-1c; and 109-10-1d ☒ Permanent ☐ Temporary
K.A.R. Number(s)

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.

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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.

The proposed changes to these regulations are technical in nature to reference the most current educational standards for the 4 levels of EMS providers. The benefit of updating is to allow educational programs to continue to use current resources within their curriculum development which are oriented directly to the national certification examination utilized. The approach of defining a standard for curricula development is consistent with agencies of our contiguous states. There is no added or additional cost associated with implementing these changes within the educational programs. The only cost is advertising the new standards which is absorbed within existing operational requirements of this agency.

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;

This regulation 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 this regulation would have no implementation or new compliance costs.

- C. Businesses that would be directly affected by the proposed rule(s) and regulation(s);

Educational institutions may be affected by the proposed changes. These changes were at their request.

- D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;

There is no cost associated and the benefit is to have the most recent standard for medical education.

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- 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.

The proposed changes switches to an updated version of the educational standards. There is no additional cost associated with the implementation of the updated standards as curricula development is ongoing utilizing the resources available to the educational program in meeting local needs.

- ☐ Yes 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.
- ☐ No
- ☒ Not Applicable

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.

We do not anticipate this to have any effect upon state revenues or expenditures.

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.

There is no immediate or long range economic impact of these proposed changes to this grouping.

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- 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. It updates a reference document.

- 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.

The original request came from our educational institutions asking for the standard to better align with the national standard while still addressing Kansas specific components. This started the revision process to the document with the end result as noted. Numerous public meetings were held including our public Board and Committee meetings over the last 24 months to ensure the revised document met the needs of our educational programs for curricula development. It was reported during these meetings, there was no additional cost associated with changing to an updated standard.

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).

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