Approved Ivan Sand Feb 3 1988
Date

MINUTES OF THE House COMMITTEE ON Local Government.

The meeting was called to order by Representative Ivan Sand at
Chairperson

1:30 a.m./p.m. on January 27, 1988 in room 521-S of the Capitol.

All members were present except:

Representative Sawyer, absent

Committee staff present:
Mike Heim, Legislative Research Dept.
Bill Edds, Revisor of Statutes' Office
Lenore Olson, Committee Secretary

Conferees appearing before the committee: None

The minutes of January 20, 1988 and January 21, 1988 were approved.

The committee was handed written information on HB 2639 from the University of Kansas Emergency Medical Training Program Director. (Attachment 1)

Mike Heim explained several policy issues regarding HB 2639. (Attachments 2)

A motion was made by Representative Schauf and seconded by Representative Dean to strike in HB 2639 all of section 2; incorporate it with section 8, but keep legislation to read that "it will be the responsibility of the University of Kansas to provide medical advice when requested by the board." The motion carried.

A motion was made by Representative Miller and seconded by Representative Acheson to keep the location of the administrative offices in Topeka regarding HB 2639. The motion carried.

A motion was made by Representative Beauchamp and seconded by Representative Baker to eliminate in HB 2639 the words "for good cause" in Section 8, lines 191 and 192. The motion failed.

A motion was made by Representative Schauf and seconded by Representative Kennard to remove from Section 10, item (m) of HB 2639 the words "from the staff at the University of Kansas Medical Center." The motion carried.

A motion was made by Representative Beauchamp and seconded by Representative Miller to leave the EMS Regions as they are. The motion carried.

A motion was made by Representative Acheson and seconded by Representative Johnson regarding section 12 of HB 2639, to grandfather in the countywide existing tax sharing agreements and to include the appeal procedure, that when there is any conflict, the EMS board would make the final decision. The motion carried.

The meeting adjourned.

HOUSE COMMITTEE ON LOCAL GOVERNMENT

DATE 1-27-88

NAME	ADDRESS	REPRESENTING
James A Lackl	Wich. Ks	KSTA
Rich Fitzgerald	411 S Jackson Topeka	MEDSTAT
Bob McDonald	111 W 6th	KHP
Garth Hulse	Harrison St Off Bldg	KDHE
Bob Corkins	Top.	Kans. Hospital Assn.
Alice J. Irin	Eagle Beacon / press	—
Bev BRADLEY	TOPEKA	KS Assoc of Counties
Ted McFARLANE	LAWRENCE	DOUGLAS COUNTY
DAN STATESON	LEAVENWORTH	REGION IV
Janet Wright	Marysville	Marysville ambulance Service
Alan Steppat	Topeka	McGill & Associates
Tony Purcell	Topeka	Kansas Sheriffs
TUCK DUNJAN	TOPEKA	MEDWAC

THE UNIVERSITY OF KANSAS

Emergency Medical Training Program
College of Health Sciences and Hospital
39th and Rainbow Blvd., Kansas City, Kansas 66103
(913) 588-7600

TO: Representative Ivan Sand
Chairman
House Local Government Committee

From: Albert Dimmitt, Program Director
Emergency Medical Training

Date: January 21,1988

At the request of the Committee, the Medical Center has reviewed the proposals of the EMS Task Force as presented in testimony on January 19, 1988. We feel that the Task Force is to be applauded for their work in meticulously reviewing HB 2639, and pointing out many valid concerns. Our response will be limited to a few of the more crucial issues raised in their proposal.

1. LOCATION/SUPPORT AGENCY

In testimony regarding the reorganization issue, the University has consistently emphasized the need for access to a wide variety of medical and educational resources. We believe that, regardless of the location and agency assignment, the medical component of the program should be situated to allow maximum contact with specialists ion a variety of health care fields. This may involve having an administrative unit in Topeka, and a training arm at the Medical Center, with the accountability remaining through the Topeka office to the proposed Board.

The Board, as we interpret the Bill, will be independent of the support agency in virtually every facet of its function. In terms of budget, planning, personnel, and administration, the agency role will be extremely limited. On the other hand, many of the resources of the support agency will will naturally be available to the Board and its staff. Given that scenario, the Medical Center, with its abundance of medical and educational resources, would be an ideal site to house the new structure.

2. BOARD ISSUES

The conferees who testified before the Committee January 19 and 20 presented a variety of schemes for composing the new Board. All called for increased representation by EMS personnel, and reduced

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Attachment 1

legislative/county commission input. The University is comfortable with the composition as outlined in the bill. We believe that it affords the program a system of checks and balances necessary for the continued advancement of EMS in Kansas. If adjustment is undertaken, however, physician representation should, in our opinion, be bolstered.

Since it is intended to be a "working" board, we believe the size is a critical consideration. All of the proposals currently being discussed involve increasing the membership above the thirteen specified in the interim committee proposal. We believe that more than thirteen could impair the board in conducting its business. We also concur with the interim committee in their decision to include legislators and county commissioners on this important body. The input of these individuals will solidify the EMS program, and serve to improve communications between EMS interests and the Legislature.

3. TRAINING PERSONNEL

One of the consistent themes in the Task Force proposal is the need to include training officers in the statutes. For the purposes of simplicity, and to allow the board flexibility in meeting the training needs of the state, we would propose that wherever "instructor/coordinator" is used, "training personnel" be substituted. The board would then have the authority to regulate instructor/coordinators, training officers, and whatever other instructional personnel they may deem advisable, and yet they would not be tied to those statutorily prescribed categories

We also concur with the bill's intent that training personnel should be trained and certified through regulatory rather than statutory mechanisms.

4. MEDICAL DIRECTOR

We believe that the part-time medical director position is adequate. As the University's testimony has indicated, the role of the Medical Director is that of a "gatekeeper" directing the staff to those physician resources best qualified to deal with particular issues that arise. It is inconceivable that one physician could deal with the entire spectrum of specialties with the expertise needed.

It is the University's position that if all or part of the Board function is located at the Medical Center, the Medical Director should be a member of the faculty. If, on the other hand, the new organization is not affiliated with the University the medical Director need not be a faculty member.

5. HOUR REQUIREMENTS

The Task Force recommended that the statutory hour requirements for each of the certification/training levels be increased to reflect current national standards. If the Committee elects to amend the Bill to accommodate those changes, it should note that the current requirement for the EMT-D level is twenty-seven rather than forty-five as indicated in the Task Force document.

As an alternative, however, we would propose verbiage that would permit regulatory prescription of training hours by the Board rather than statutory limits. Since the US Department of Transportation National Standard Curricula, on which Kansas' requirements are based, are reviewed and updated periodically, it may be advisable to have the hour requirements addressed in the regulations rather than in the statutes.

6. MAJOR CATASTROPHE

We agree with the Task Force that the phrase, "in a major catastrophe," should be reinserted in Section 32 (a) (4). Without that clause, the paragraph could represent a loophole negating the whole licensure process. If the interim committee's intent was to allow the use of private vehicles to transport patients, paragraph (3) of the same subsection addresses that concern.

7. BOARD FUNDING AUTHORITY

Our final concern relates to the Task Force's proposed deletion of subsections (b) and (g) of Section 10. Although it is their belief that both of these items relate to funding of local projects, our interpretation is that (b) authorizes the Board to allocate expenditures from its own budget. To eliminate that authority in effect weakens the Board, and leaves such decisions to the administrator.

We believe further that the authority granted the Board in subsection (g) is critical to its overall coordinative function in statewide EMS. The Board should have review authority regarding requests for state and federal assistance in EMS.

We appreciate this opportunity to comment on the Task Force proposal, and wish to commend the Committee on their work on this reorganization effort.

Robert Orth
Ks T NT Assn

REVISED Attachment 1

SUGGESTED CHANGE	RATIONALE
Section 1, Subsection (a) - change the word "division" to "board" (this change should be made in every instance where mentioned in this act)	The term "division could be intrepreted as meaning "a part of" and it is the feeling that nothing should detract from the concept of a free-standing agency. Also, this terminology would follow other terminology in use in state agencies, such as Board of Nursing, Board of Architects, etc.
Additionally, the words "except as provided by this act" should be deleted.	This change is reflected in a later suggested change
Section 1, Subsection (b) - change the term "administrator" to "director" (this change should be made in every instance where mentioned in this act)	Every state denotes the full-time person in their EMS agency as "director". Simply a conforming change.
Section 2, Subsection (b) - the board of emergency medical services should be located in Topeka rather then at the University of Kansas Medical Center	A Topeka location would put the board in much closer proximity to the legislature and other agencies, cutting down travel expenses
Additionally, the support agency should be located in Topeka	While the Kansas Highway Patrol is favored as the support agency of choice, because of their familiarity with EMS, the important consideration is that the board of emergency medical services be a free-standing board. Thus, the support agency could be one of several in Topeka, such as the Department of Transportation, Bureau of Health and Environment, etc.
Section 3, New Subsection - This sub-section should state the continuation of all permits, certification and licenses currently in force	This would grandfather all presently certified ambulance services, attendants, etc. so that there is no lapse in legal recognition
Section 8, Subsection (a) - The membership of the board should be 15 members rather then 13 and should be composed of the following people: One shall be a member of the Kansas medical society who is actively involved in emergency medical services. One shall be a county commissioner of a county currently making a levy for emergency medical services, to be selected from recommendations submitted by the Kansas ~~Officials~~ Association OF COUNTIES Two shall be legislators to be selected from recommendations submitted by the leadership of the Senate and House. One shall be a hospital administrator actively involved in emergency medical services One shall be a member of a fire service actively involved in providing emergency medical services One shall be an attendant who is	While the composition of the board suggested by the committee is certainly respected, it is felt there should be more active EMS input by the members of the board.

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Attachment 2

actively involved in a vol unteer ambulance service One shall be an attendant who is actively involved in an emergency medical technician level ambulance service utilizing full-time, paid personnel. One shall be an attendant who is actively involved in a mobile intensive care technician level ambulance service One shall be an instructor/coordinator One shall be a registered professional nurse actively involved in emergency medical services Four shall be representatives of the four emergency medical services regions of this state, to be selected from recommendations submitted by the regional emergency medical services councils. One representative shall be from each emergency medical services region	
Section 8, Subsection (b) - The staggering of terms should reflect the additional two members.	Accomodate a larger board
The following sentence should be added: "A vacancy shall occur if a member ceases to represent the category for which he/she was appointed"	This would negate any "lame-duck" members that might occur if a member dropped his/her EMS designation or no longer held an elective office
Section 8, Subsection (c) - The date of January 1 should be changed to October 1	This would allow the new officers to be in place and familiar with their duties before the legislature convenes
The words "or his/her designee" should be added to the sentence ending "shall be approved by the Chairperson of the board"	It is conceivable that the chairperson would not be available to timely approve payrolls and other expenditures
Section 8, Subsection (d) - Add the words " except as otherwise provided by this act" after the words "pursuant to this section"	To accomodate any changing between old and new members
Section 9, Subsection (a) - The words "and ambulance vehicles" should be added after the words "types of ambulance services"	This would allow the board to regulate ambulance vehicle types
The words "training officers" should be inserted after the words "instructor-coordinators"	To allow the board to regulate training officers
Section 9, Subsection (b) - should be deleted	This is an old grandfather clause that is no longer needed
Section 10, Subsection (b) - should be deleted	This is impossible to enforce as it covers too wide an area and also infringes on local government entity control
Section 10, Subsection (c) - The words "attendants, instructor-coordinators, training officers" should be added after the words "emergency medical services"	To allow the board to conduct hearings in all areas of EMS

Section 10, Subsection (g) Should be deleted	Impossible enforce as this would encompass every project in the state that might happen to include EMS funds and could dilute local government entity control
Section 10, Subsection (j) - the words "and training officers" should be added after the words "instructor-coordinators"	To allow the board to regulate training for training officers
Section 10, Subsection (k) - the words "and training officers" should be added after the words "instructor-coordinators"	To allow the board to regulate training for training officers
Section 10, Subsection (l) - the words "attendants, training officers and first responders" should be added after the words "instructor-coordinator"	To allow the board to certify all levels of EMS
Section 10, Subsection (m) - delete the words "part-time" and the words "from the staff at the university of Kansas medical center". The first sentence could then be constructed to read "appoint a medical consultant as deemed necessary by the board"	"Part-time" is not defined and the degree of need of the board for the input of a medical consultant should be determined by the board. Additionally the board should not be limited in the selection of a medical consultant.
Section 11, Subsection (b) - delete the words "or otherwise disabled"	This distinction is covered in the regulations
Section 11, Subsection (f) - this definition needs to correspond to the state agency selected	
Section 11, Subsection (g) - hours should be changed from "72" to "minimum of 81"	To reflect current standards
Section 11, Subsection (i) - hours should be changed from "81" to "a minimum of 120"	To reflect current standards
Section 11, Subsection (j) - this subsection should contain the requirement of a minimum of a year as a certified emergency medical technician and a minimum of 45 hours of training	To reflect current standards
Section 11, New Subsection (between (k) and (l)) - "Mobile intensive care technician" means personnel who have been specially trained in emergency cardiac and noncardiac care in a training program approved by the board, consisting of a minimum of 1200 hours of instruction	To add a definition inadvertently left out of the act
Section 11, Subsection (l) - the words "been trained in preliminary emergency care" should be deleted and replaced with the words "completed a training program approved by the board, which consists of a minimum of 45 hours"	To reflect current standards

Section 11, Subsection (m) add the words "and first responders" at the end of the the subsection	To recognize current training requirements for first responders
Section 11, New Subsection - "Training officer" means any person who has successfully completed a course of training, approved by the board, to teach specified units of supplemental instruction	To add a definition inadvertenly left out of the act
Section 12 - Add language to grandfather existing levies	
Section 13 - In the middle of the section, the word "shall" should be changed to "may"	The concept of <u>having</u> to provide communications to include motor vehicle repair and towing services is somewhat binding economically
Section 15 - should be deleted	This section is in direct conflict with Sections 24, 25 and 28
Section 16, Subsection (a) - the language should be deleted and replaced with the words "May perform any of the activites prescribed by section 18 which an emergency medical technician may perform"	To conform to language used in other sections
Section 16, New Subsection - No mobile intensive care technician who renders emergency care during an emergency shall be liable for civil damages as a result of rendering such emergency care, except for such damages which may result from gross negligence or from willful or wanton acts or omissions on the part of the mobile intensive care technician rendering such emergency care	Immunity clause for MICT
Section 17, New Subsection - No emergency medical technician-intermediate who renders emergency care during an emergency shall be liable for civil damages as a result of rendering such emergency care, except for such damages which may result from gross negligence or from willful or wanton acts or omissions on the part of the emergency medical technician-intermediate rendering such emergency care	Immunity clause for EMT-I
Section 18, New Subsection - No emergency medical technician who renders emergency care during an emergency shall be liable for civil damages as a result of rendering such emergency care, except for damages which may result from gross negligence or from willful and wanton acts or omissions on the part of the emergency medical technician rendering such emergency care	Immunity clause for EMT

Section 19, New Subsection - No crash injury management technician who renders emergency care during an emergency shall be liable for civil damages as a result of rendering such emergency care, except for damages which may result from gross negligence or from willful and wanton acts or omissions on the part of the crash injury management technician rendering such emergency care	Immunity clause for CIMT
Section 20,. New Subsection - No emergency medical technician-defibrillator who renders emergency care during an emergency shall be liable for civil damages as a result of rendering such emergency care, except for damages which may result from gross negligence or from willful and wanton acts or omissions on the part of the emergency medical technician-defibrillator rendering such emergency care	Immunity clause for EMT-D
Section 21, New Subsection - No person certified as a training officer shall be liable for any civil damages which may result from such training officer's course of instruction, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of the training officer	Immunity clause for training officers
Section 21, New Subsection - No person licensed to practice medicine and surgery or registered professional nurse who gives instruction to a mobile intensive care technician student during an approved course of instruction shall be liable for any civil damages as a result of giving such instruction, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of the person licensed to practice medicine and surgery or registered professional nurse who gives instruction	Immunity clause for physicians and nurses giving instruction to MICTs during training
Section 24, Subsection (a) - the figure "$25" should be followed by the words "per service permit and $15 per vehicle"	To enable larger services to pay their proportional share of permit fees and to reflect current charges
Section 25 - the word "board" should be replaced with the word "director"	It is conceivable that a delay of up to two months could occur if approval requires board action
Section 26, Subsection (a) - the word "board" should be replaced with the word "director"	It is conceivable that a delay of up to two months could occur if approval requires board approval
Section 26, Subsection (a), Paragraph (3) - the words "of not to exceed $25" should be deleted	This would allow the board to set course fees, testing fees, retesting fees, etc. as needed
Section 26, Subsection (a), New Paragraph - has attained the age of 18	To recognize current certification age

Section 26, Subsection (a) New Paragraph - has a valid ~~Kansas~~ driver's license	To require that all attendants have valid ~~Kansas~~ drivers licenses
Section 26, Subsection (b) - the indicated hours should be changed: 72 to 81, 81 to 120, 200 to 1200. Additionally, emergency medical technician-intermedicate hours (minimum of 40 hours) and emergency medical technician-defibrillator hours (minimum of 45 hours) should be indicated	To reflect current standards
Section 26, Subsection (c) - the requirement of "not less then eight hours" should be changed to "not less then fourteen hours"	To reflect current standards
Section 29, Subsection (b) - the words "instructor-coordinators or training officer's" should be inserted after the word "attendants" in the first sentence	To allow the board to revoke or suspend these additional certificates
Section 29, Subsection (c) - the words "instructor-coordinator's or training officer's" should be inserted after the word "attendants"	To encompass the control of these additional certificates
Section 30 - the first paragraph of this section is in direct conflict with the second paragraph of this section. This section needs to be rewritten or deleted	
Section 31, Subsection (b) - additional language should be added to require certain training of the second person	To reflect current standards
Section 32, Subsection (a), Paragraph (4) - add the words "in a major catastrophe" after the word "ambulance"	This would disallow the use of unlicensed vehicles as a routine procedure
Sections 38 thru 43 - possibly these sections dealing with the first responder could be relocated after Section 20	Places all personnel legislation together

It is suggested the t. emergency medical service regi be recognized statutorily according to their present existence in the state. While no attempt will be made to write legislation to include this recognition, the following facts and suggestions are hereby submitted:

Definition of a regional emergency medical services council - A Kansas non-profit corporation organized to conduct the affairs of a Kansas emergency medical services region and which has been recognized by the board as eligible to enter into contracts with the board.

Current emergency medical services region delineations:

Region I - Consists of the counties of Cheyene, Decatur, Ellis, Gove, Graham, Logan, Norton, Osborne, Phillips, Rawlins, Rooks, Russell, Sheridan, Sherman, Smith, Thomas, Trego and Wallace.

Region II - Consists of the counties of Clark, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearney, Lane, Meade, Morton, Ness, Scott, Seward, Stanton, Stevens and Wichita.

Region III - Consists of the counties of Allen, Barber, Barton, Bourbon, Butler, Chatauqua, Cherokee, Crawford, Comanche, Cowley, Edwards, Elk, Greenwood, Harper, Harvey, Kingman, Kiowa, Labette, Marion, McPherson, Montgomery, Neosho, Pawnee, Pratt, Reno, Rice, Rush, Sedgwick, Stafford, Sumner, Wilson and Woodson.

Region IV - Consists of the counties of Anderson, Atchison, Brown, Chase, Clay, Cloud, Coffey, Dickinson, Doniphan, Douglas, Ellsworth, Franklin, Geary, Jackson, Jefferson, Jewell, Johnson, Leavenworth, Lincoln, Linn, Lyon, Marshall, Miami, Mitchell, Morris, Nemaha, Osage, Ottawa, Pottawatomie, Republic, Riley, Saline, Shawnee, Waubaunsee, Washington and Wyandotte.

Emergency Medical Services Council Organizations:

Governed by by-laws

Representation of counties by a minimum of 18 people selected according to each region's by-laws

Duties of a emergency medical services council - "~~May~~ SHALL include but not limited to:"

Prepare and submit a regional emergency medical services plan to the board

Contract with the board for specific purposes

Maintain a training equipment pool

Submit an annual budget to the board

Submit an annual progress report and expenditure statement to the board

Coordinate initial training and continuing education classes held within each region

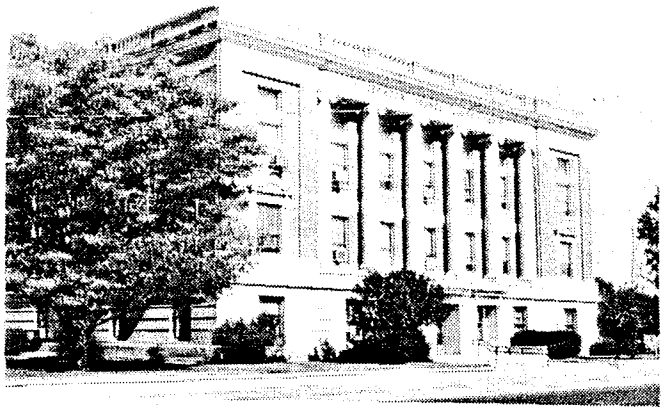
PROVIDE ~~Aid in providing~~ field coordinators

PROVIDE ~~Aid at~~ testing and training sites within the region

Perform other duties identified by the board in the administrative rules and regulations

Attachment 2

County of Decatur



Oberlin, Kansas 67749

January 20, 1988

The Honorable Representative Ivan Sand, Chairman;
and Members of the House Local Government Committee:

Decatur County supports the consolidation of the two parts of EMS into a single agency. We strongly favor the present location of the EMS office in Topeka where it is convenient to the other functions of State Government.

We want to continue to support and strengthen the volunteers role in the providing of EMS services in many counties throughout Kansas. Effective medical care services are most responsive to local needs when they are controlled and directed by the local government and the local health care providers such as has been done in Decatur County in the past.

Decatur County Commissioners intend to provide, as we have in the past, the highest level of EMS services that the County can afford.

There are aspects of the proposed bill that we feel may not insure the continuance of or at least impair the operation of EMS in some areas of the State. Changes we recommend are:

1. Philosophically, we support the general idea of bringing training, testing, and recertification to the people -- rather than taking people to the sites that provide these services.
2. We support the "Certified Training Officer" program which has been initiated during the past two years. This program is advantageous in providing ongoing training throughout the year as well as being more cost effective for the local EMS services. Our EMT's have indicated to us that recently the emphasis in testing has stressed the importance of the practical application of their knowledge and skills rather than just the recall of memorized procedures. We feel this is a real improvement.
3. We propose on Section 8, the membership of the board should be 15 members rather than 13 and should be composed of the following people:

   One shall be a member of the Kansas medical society who is actively involved in emergency medical services.

   Two shall be county commissioners of counties making a levy for ambulance service, at least one of whom shall be from a county having a population of less than 15,000 and not having a full-time paid service, to be selected from recommendations submitted by the Kansas Association of Counties.

2-8

Two shall be legislators to be selected from recommendations submitted by the leadership of the Senate and House.

* One shall be a member of a fire service actively involved in providing emergency medical services.
* One shall be an attendant who is actively involved in a volunteer ambulance service.
* One shall be an attendant who is actively involved in an emergency medical technician level ambulance service utilizing full-time, paid personnel.
* One shall be an attendant who is actively involved in a mobile intensive care technician level ambulance service.
* One shall be an instructor/coordinator.
* One shall be a registered professional nurse actively involved in emergency medical services.

Four shall be representatives of the four emergency medical services regions of this state, to be selected from recommendations submitted by the regional emergency medical services councils. One representative shall be from each emergency medical services region.

* At least one of the members marked with an asterik shall be from each one of the four EMS regions.

4. We propose on Section 8, Subsection (b), that the terms for appointment after the initial appointment shall be for four years with no member serving more than two consecutive four-year terms. Also the number of appointments per year should be more evenly divided.

5. We propose on Section 26, Subsection (a), Part (3), to change the $25 to $10, or be eliminated.

6. Section 26, Subsection (a), we would add Part (4) "a valid drivers license".

7. We would encourage the new EMS statutes to recognize by statute the establishment of the existing four regional EMS Councils and define the broad area of responsibilities of the Regional EMS Council such as "may include but not limited to":
   a. Prepare and submit a regional emergency medical services plan to the board.
   b. Contract with the board for specific purposes.
   c. Maintain a training equipment pool.
   d. Submit an annual budget to the board.
   e. Submit an annual progress report and expenditure statement to the board.
   f. Coordinate intitial training and continuing education classes held within each region.
   g. Provide field coordinators.
   h. Provide testing and training sites within the region.
   i. Perform other duties identified by the board in the administrative rules and regulations.

Attached to our letter you will find vital statistics about Decatur County and its record of EMS services for the past several years. We are proud of the improvements we have made during this time and of the many volunteer hours donated by our EMT's, doctors, community leaders and medical personnel, without whom none of this would be possible. We ask for your support for the changes we suggest on the preceding pages so we can continue this advancement.

Thank you for the opportunity to share our concerns with your Committee.

Sincerely,

DECATUR COUNTY BOARD OF COMMISSIONERS:

Dennis L. Sloan, Chairman

Jack Noone, Member

Ralph D. Unger, Member

Ren R. Whitaker, MD, Health Officer &
Medical Director of Ambulance Service

D E C A T U R C O U N T Y

S T A T I S T I C S

YEAR	VALUATION	LEVY
1987	27,199,868	39.049
1986	28,178,855	29.700
1985	31,165,086	21.007
1984	31,305,577	19.097
1983	33,226,365	21.900
1982	39,405,669	19.840

EMS Ambulance Runs — 1975 through 1987

3,403 Runs 212,176 accident-free miles

Average response time: 3.7 minutes

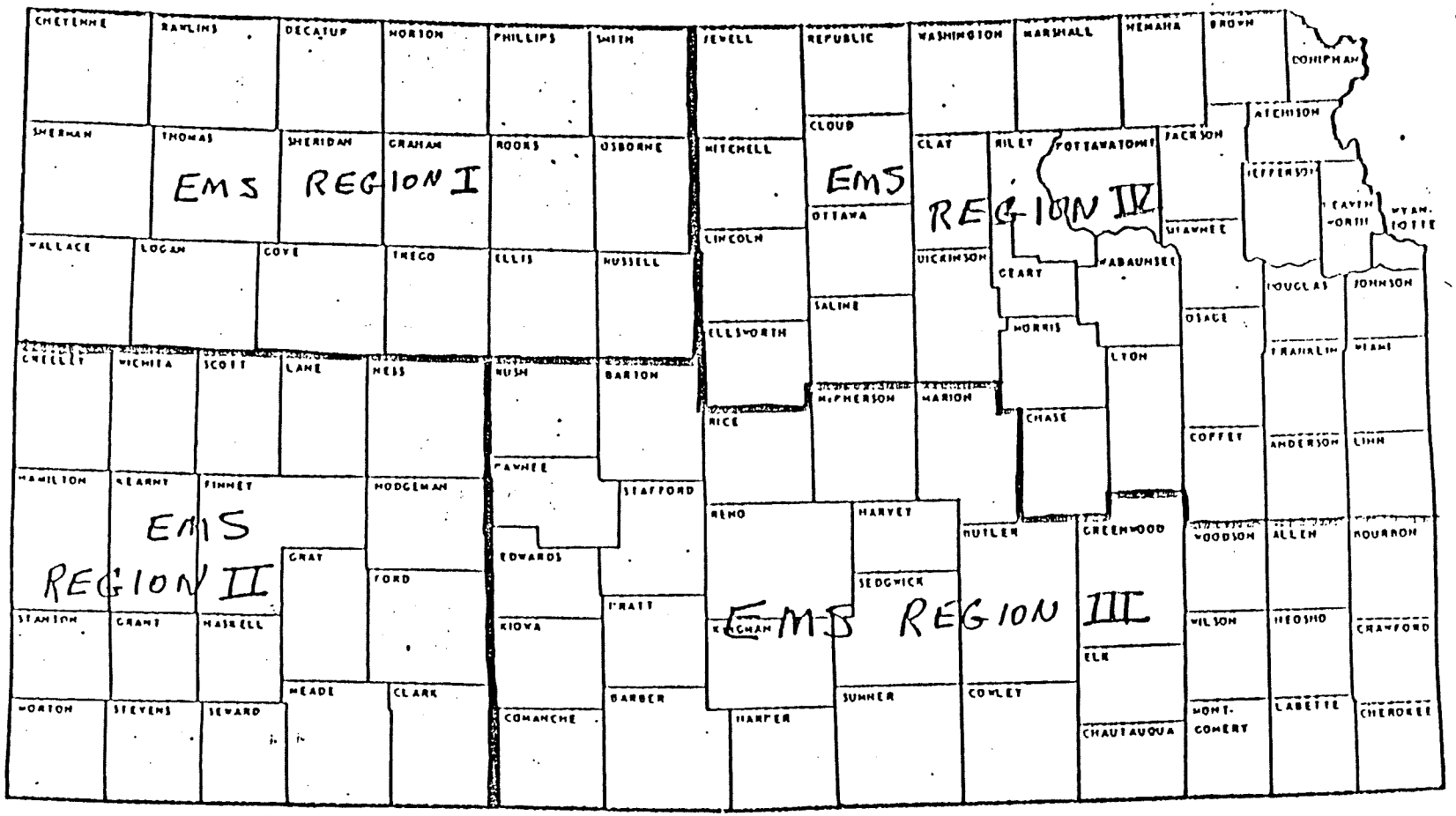
Volunteer Time on Call

365 days X 24 hours X 6 EMT's = 52,560 hrs/yr

683,280 hrs @ $3.50 = $2,391,480 *

* If this would have to be added to each ambulance call, the basic charge would need to increase by $702.75. This is why it is so important to us to keep our volunteers.

ATTACHMENT A



Emergency Medical Service Regions

July 1987

J. Scott Ed... -> 1-21-88

EMERGENCY MEDICAL SERVICES COUNCIL POSITION ON EMS PROGRAM CONSOLIDATION

Adopted December 4, 1987

The EMS Council commends the Special Committee on Local Government for its work during the interim study of emergency medical services and notes that consolidation of the two parts of the EMS program into a single agency is a goal the council has recommended for the past year.

The EMS Council agrees that medical consultation for the consolidated program should be provided by a physician from the staff of KUMC, and commends the committee for its recognition that medical consultation at both the local and state levels is essential for good emergency medical services.

The EMS Council recommends, however, that the proposed bill be amended in committee by making the following changes.

1. The newly consolidated agency should be named the Board of Emergency Medical Services, rather than the Division of Emergency Medical Services, to clearly identify its independent status.

2. The offices of the agency should be located in Topeka to facilitate contact with other state agencies and the legislature, and to reduce travel time in conducting agency business.

3. Support services for the agency should be provided by the Kansas Highway Patrol, rather than the Kansas University Medical Center.

4. The governing body for the agency should reflect current EMS Council composition, although the following changes should be made: The number of council positions should be reduced from 18 to 14 by eliminating the positions of the Kansas Highway Patrol, the Kansas University Medical Center, the Kansas Department of Health and Environment and the Kansas Law Enforcement Training Center. The two consumer positions should be changed to provide for one county commissioner position and an additional legislative position. The governor should request nominations from the regional EMS councils for the four regional positions on the council.

5. The existence of the four emergency medical services regions, governed by regional councils, should be recognized.

6. A number of technical problems also require correction or clarification. The EMS Council will recommend specific changes to the legislature.

The EMS Council recommends passage of the consolidation bill proposed by the Special Committee on Local Government if the changes described above are incorporated into the bill.

Attachment - 4

REGION IV
EMERGENCY MEDICAL SERVICES COUNCIL, INC.

210 S. CENTER PARKER, KANSAS 66072 (913) 898-2105

TO: Members of House Committee on Local Government

FROM: Dan Stateson, President
Region IV EMS Council, Inc.

DATE: January 20, 1988

REASON: Region IV Position on HB #2639

Good afternoon, my name is Dan Stateson, President of Region IV EMS Council, Inc. This council is composed of persons in the 36 counties of northeast Kansas who have a like interest. That interest being the betterment of Emergency Medical Services in the member counties and hopefully, exerting influence on providing quality EMS across the state of Kansas.

I would like to share with you the results of a phone survey done by Region IV on 1/19,20/88. The last results were obtained at 11:17am of 1/20/88. Contact was attempted with 75 Type I and Type II ambulance service providers in Region IV. Of those 75 attempts, 72 positive contacts were made. Of the 72 contacts made, 59 persons (ambulance service directors) expressed an opinion for consolidation of powers, duties, and responsibility under one roof. Thirteen of the 72 expressed "no opinion" due to having not seen the bill, not being familiar with the bill, and not being able to comment. Two of the 72 expressed an opinion for consolidation without preference to location.

1-14

Of the 59 opinions obtained regarding consolidation, forty-four (74.57%) recommended consolidation of powers, duties, and responsibilities as an agency of State Government located at Topeka; thirteen (22%) recommended consolidation at KU; two (3%) merely recommended consolidation.

At the full board meeting of Region IV held 1/19/88, it was moved, seconded, and carried that Region IV strongly support seeking statutory recognition of the four Regional EMS Councils as recommended by the State EMS Council at its 12/4/87 meeting.

It was also moved, seconded, and carried that Region IV support the recommendation made by the EMS Council at its 12/4/87 meeting regarding the composition of the new board.

That being a 14 member board composed of: 1-physician active in EMS, 1-R.N., 1-Volunteer service representative, 1- Mobile Intensive Care Technician service representative, 1-Fire service representative, 1-Hospital Administrator actively in EMS, 1-Full time paid EMT representative, 2-Legislatures, 1-County commissioners, and 4-Regional Council representatives (appointed by the Governor-recommended by each Regional Council).

There have been concerns voiced by members of Region IV about clarification on certain points of HB #2639. In the interest of time conservation, both at our meeting on 1/19/88 and for this meeting today, Region IV supports the points of clarification as proposed by the other three EMS Regions, Kansas Emergency Medical Technicians Association, and Kansas Emergency Medical Technicians Administrative Association.

Again I thank you for your time and for allowing me to offer these thoughts on behalf of Region IV. Should I or Region IV be able to assist you at any time in the future, please don't hesitate to call.

2-16

Attachment 5

KANSAS MEDICAL SOCIETY
1300 Topeka Avenue · Topeka, Kansas 66612 · (913) 235-2383

January 21, 1988

TO: House Local Government Committee

FROM: Kansas Medical Society

SUBJECT: House Bill 2639, As Introduced

As you may be aware, there are a number of committees organized within the Kansas Medical Society which focus on specific areas of interest and make policy recommendations. One of those is an eleven member Emergency Medical Services Committee chaired by Doctor Robert A. Worsing, Jr. of Wichita.

Our EMS Committee has reviewed the provisions of HB 2639 and generally endorses the fundamental concepts that were recommended by the 1987 Special Committee on Local Government. Our principal concern is, of course, the need to maintain and enhance the general policy of medical input and oversight in regard to curriculum and local EMS program operations.

Our EMS Committee has, however, recommended a few technical amendments that are outlined in the attachment to this statement. We respectfully request that you adopt these amendments before taking action on the bill.

Thank you for your consideration.

CW:nb

2-17

SUMMARY OF PROPOSITION 26
A BILL TO REORGANIZE THE BUREAU OF EMS

Sec. 1.a. Abolishes Bureau of EMS.
Establishes Div. of EMS (DEMS)
Duties of KU transferred to DEMS

1.b. Abolish office of Director BEMS
Establish office of Administrator DEMS

1.c. Abolishes EMS Council
Establishes EMS Board

Sec. 2.a. DEMS located at KUMC
Accounting, admin, etc under chancellor, KU
Budget process separate from KU

2.b. Administrator DEMS chief adm. off.
Appointed by Board
Unclassified civil service

2.c. Administrator DEMS hires other employees

Sec. 3.a. DEMS succeeds BEMS powers/duties

3.b. Administrators succeeds Director power/duties

3.c. EMS Board succeeds Council

3.d. All laws, rules, regs of Council and BEMS remain in effect.

Sec. 4. Officers and employees of BEMS remain DEMS employees

Sec. 5. Decision of governor final in all conflicts over transfer

Sec. 6. EMS Board succeeds to all properties and appropriations of BEMS

Sec. 7. All suits, actions, etc against BEMS transferred to DEMS

THE COMMITTEE ON EMS RECOMMENDATIONS REGARDING PROPOSITION 26

Sec. 1.a. Recommend strong support for consolidation of BEMS/ KUMC components

2-18
2

Sec. 8.a. Compositions of EMS Board
i) Member Ks Med Soc interested in EMS
ii) Two county commissioners making levy for EMS (1 from county with pop < 15,000)
iii) Four legislators (2 senate, 2 house)
iv) One instructor/coordinator
v) One hospital administrator involved in EMS
vi) One fire fighter providing EMS
vii) Three EMS attendants in different training classifications, from different geographical areas of state, at least one a volunteer.
Must be Kansas residents. May be removed by governor for good cause or on recommendation of board

8.b. Four year appointments. Initial appoints 4x 1 yr, 3x 2 yr, 2x 3 yr, 2x 4 yr

8.c. Board to meet ≥ 6x/yr, and at least quarterly. Chair and Vicechair elected first meeting of year. All vouchers to be approved by chair. Meeting expenses to be paid to members.

8.d. Council members to continue to serve until new Board members appointed

Sec. 9.a. Board to adopt rules/regs necessary for ambulance operations

9.b. Vehicles in use on 1 July 1975 my continue in use under same owner/lessee

Sec. 8.a. Recommend the following changes in composition of EMS Board to make it more like other professional boards (Board of Healing Arts, Nursing, Accounting, etc)
1) Decrease county commissioners/legislators to two
2) Question need for hospital administrator
3) Add RN with EMS experience
(This would correspond to representatives from the three types of EMS attendants)
Suggest medical consultant (Sec. 10.b.) also be voting member of Board

8.b. Suggest more balanced staggering of terms

2-19

Sec. 10.a. Adopt rules/regs to carry out act

10.b. Review/approve allocations/ expenditures for EMS appropriations

10.c. Conduct regulatory hearings regarding EMS and 1st responders

10.d. Submit budget to legislature

10.e. Develop state EMS plan

10.f. Contract as necessary to carry out functions

10.g. Review and approve all requests for fed/state funding for EMS projects in state

10.h. Approve all attendant training programs

10.i. Approve testing methods for attendant certificates

10.j. Develop criteria and approve course of instruction for instructor-coordinators

10.k. Conduct/contract for I/C instruction

10.l. Certify I/Cs

10.m. Appoint a part-time medical consultant for the board from the staff at KUMC. To be MD/DO and active in EMS

10.n. Approve all training programs for certified 1st responders

Sec. 11. Definitions used in Act

11.1. Definition of 1st Responder

Sec. 12.a. Municipalities may operate EMS or contract to provide.

12.b. Munis may make annual levy ≤ 3 mills for EMS operations

12.c. Must adopt ordinance to authorize levy of EMS tax
Levy may be put to vote with petition (10% qualified electors) within 60 days

12.d. Counties shall not provide EMS if already there
Shall contribute proportional amount of tax levy

Sec. 13. Munis may set up centralized emergency communication system

10.g. Need clarification on this item to determine if this means that individual services are required to obtain approval from the Board for applications for grants for local projects or if applies only to statewide projects. If requires approval for all projects in state, then time element may come into play in local services meeting deadlines on applications.

10.m. Need further clarification on part-time medical consultant including
1) Why needs to be on staff at KUMC
2) Definition of duties/ responsibilities

Sec. 11.1. All other attendants are defined in terms of level and hours of instruction except 1st responders yet section 38.b. lists and defines training

2-20

Sec. 14. Munis have power to
- 14.a. acquire equipment and facilities
- 14.b. enter into contracts for EMS
- 14.c. make app for and received grants from Feds, gov. entity, other public/private sources
- 14.d. Contract/combine/coordinate EMS activities within/without Muni
- 14.e. Charge for ambulance services Provide for audit and records
- 14.f. Perform incidental functions req by Act

Sec. 15. If Muni estabs EMS, shall estab min stds for facilities, equip, personnel qualifications and training

Sec. 16. Listing of allowed MICT procedures/activities

Sec. 17. Listing of allowed EMT-I procedures/activities

Sec. 18. Listing of allowed EMT procedures/activities

Sec. 19. Listing of allowed crash injury management technician procedures/activities

Sec. 20. Listing of allowed EMT-D procedures/activities

Sec. 16-20 List allowed medical activities of various levels of attendants. Suggest including 1st responder duties Sec. 40.a-i. in this area as well

Sec. 21.a. Waiver of civil liability for person licensed to practice medicine and surgery or reg professional nurse giving emergency instructions to MICT or EMT-I except for gross negligence
- 21.b. Waiver of civil liability for MICT/ EMT-I rendering care pursuant to instructions from MD/DO or RN except for gross negligence, willful or wanton acts or omissions
- 21.c. Waiver of civil liability for I-Cs for damages resulting from course of instruction except from gross negligence, willful or wanton acts or omission
- 21.d. Waiver of civil liability for medical advisors except gross negligence

Sec. 21.a-d. Absolutely mandatory that these be retained.

Sec. 22. Unlawful to operate ambulance service without permit

Sec. 23.a. Except as in 23.b., each service shall have a medical advisor to review, approve, monitor the activities of attendants.
EMS Board may approve alt method for medical oversight if no medical advisor available.

23.b. Service with EMT-D must have medical advisor

Sec. 24.a. Application for permit on DEMS forms
Permit fee based on base amount plus fee/ambulance, fee not to exceed $25

24.b. Application to give op name, attendant names, primary svc area, type of svc, location and description of where calls for svc received, vehicles garaged, description of vehicles and other equipment

24.c. No exclusive territories
Operating permits expire 60d after change of ownership

24.d. Permits in effect at time Act enacted remain in effect until EMS Board adapts new rules,regs, fees

Sec. 25. Denial of permits and rights to appeal
Permits valid for one year

Sec. 26.a. Applications for attendants on DEMS forms within one year of completing course, passing exam, pay fee ≤ $25

26.b. Crash injury management tech ≥ 72 hrs instruction
EMT ≥ 81 hours
MICT ≥ 200 hours
EMT-I = EMT + 1yr exp + ≥ 40 hrs
EMT-D = EMT + ≥1yr exp + ≥ training program

26.c. Attendant's certificates valid for 1yr, expiring 31 Dec
Renewal fee ≤ $25 + ≥ 8hrs CEUs approved by DEMS
Certificates void if not renewed in 30d of expiration

Sec. 23.a. Significant change from the past in that all services, including Type 2 (Basic Life Support) would be required to have medical advisors. This requirement should be strongly supported.

23.b. Redundant if 23.a. requires a medical advisor

26.d. EMS Board may issue temp certificates when:
i) Operator request certificate
ii) Person meets min training req. by rules regs
Temp cert good max 1 yr and only working for operator requesting

26.e. Fees for permits to be remitted to state at least monthly

26.f. If, within 2 yrs of cert expiration, person applies for renewal , Board may grant new certificate without instruction if passes exam and pays fee ≤ $25

Sec. 27. Board may inquire into service operations, conduct of attendants, and conduct periodic inspections without notice
May require records regarding services performed to be provided
May require operators to submit lists of personnel and notify of changes or ownership

Sec. 28. Munis may license/regulate ambulance services in jurisdiction
Such req/regs in addition to DEMS rules/regs

Sec. 29.a. Operator's permits may be denied/revoked upon proof of:
1) Misrepresentation to get permit
2) Activities not authorized
3) Demonstrated incompetence, unable to provide adequate svc
4) Failure to keep/maintain records, failure to make req reports
5) Knowingly operate faulty/unsafe equipment
6) Violated Act's provisions or DEMS rules/regs

Sec. 27. Board needs to have subpoena powers to compel production of records, including medical records,for evaluation of performance of duties.

29.b. Attendant's certificate may be revoked for:
1) Misrepresentation to get permit
2) Activities not authorized
3) Demonstrated incompetence
4) Violated Act's provisions or DEMS rules/regs
5) Convicted of felony or EMS Board finds does not warrant public trust
6) Demonstrated habitual intemperance or addiction to drugs
7) Engaged in unprofessional conduct

29.c. Board shall not revoke or suspend a permit without hearing in accordance with Kansas admin procedures act

Sec. 30. Operators permit may be temporarily limited or restricted pending hearing upon receipt of a complaint indicating public health, safety, or welfare to be in imminent danger.
If inspection proves complaint invalid or corrected, suspension shall be terminated
Proceedings may be initiated by Board or any person filing written charges.
Board shall not limit nor restrict permit without hearing according to Ks admin proc act

Sec. 31.a. All ambulance services providing emergency care shall operate 24hrs/day every day

31.b. Whenever operator req to have permit at least on person shall be EMT, MICT, MD/DO, registered PA, or registered professional nurse

Sec. 30. Says that the Board may temporarily limit or restrict a permit pending a hearing for imminent danger, yet next paragraph says not limits or restrictions without a hearing. Needs clarification.

2/24
8

Sec. 32.a. Nothing in Act shall be construed to
1) Prevent operation of police emergency vehicle
2) Affect statute of-reg authority of DOT concerning automotive equipment and safety req
3) Prohibit privately owned vehicles/aircraft not ordinarily used in the ambulance svc from transporting persons who are sick, injured, wounded, or otherwise incapacitated or helpless
4) Prevent any vehicle from being pressed into service as an ambulance
5) Prohibit ambulance lawfully operating under the laws of an adjoining state from providing emergency transportation of pt from muni not otherwise served by an ambulance svc located in Ks to a location within or outside Ks when the governing body of the muni declares a hardship.
The governing body shall notify the Board 30d prior to initiating such out-of-state service

32.b. Federal ambulances exempt

32.c. Ambulances based outside KS receiving patients within the state for transport outside KS shall comply with this act except for major catastrophe, making a prearranged interhospital transfer, or except as Board rules/regs

Sec. 33. Violating act class B misdemeanor

Sec. 34. Establish, maintain, operate emergency communication system

Sec. 35. May contract to provide communications system

Sec. 36. May accept grants to establish, maintain, operate communications system

Sec. 37.a. Unlawful to represent as 1st responder without valid certificate

37.b. Violation class B misdemeanor

Sec. 38. Description of 1st Responder
1st responder ≥ 45 hours

Sec. 32.c. Suggest that hospital to hospital transfers be left to Board rules and regulations to allow some regulation of air ambulance services to minimum requirements set by the Board as there are no good national standards having the force of law at this time. (FAA reqs on air ambulances are grossly outdated. The FAA is waiting for the AMA and ASHBEAMS to develop there standards before adopting new standards. Probably an minimum of 2 yrs away.)

Sec. 38-43 Include in previous sections defining similar items for MICTs, EMT, EMT-I, EMT-D

2-25
9

Sec. 39. Board may inquire into conduct of 1st responders

Sec. 40. Listing of 1st responders authorized activities

Sec. 41. Munis may license/reg 1st responders in addition to DEMS req Act does not preclude others from providing assistance if they do not hold out they are 1st responders

Sec. 42. 1st responder's certificate may be revoked for:
1) Misrepresentation to get permit
2) Activities not authorized
3) Demonstrated incompetence
4) Violated Act's provisions or DEMS rules/regs
5) Convicted of felony or EMS Board finds does not warrant public trust
6) Demonstrated habitual intemperance or addiction to drugs
7) Engaged in unprofessional conduct

Sec. 43. Waiver of civil liabilitiy for 1st responder except for gross negligence, willful or wanton acts or omissions

Sec. 44. Repeal of previous legislation

Sec. 45. Act takes effect after publication in KS register

Attachment 6

Position presented by Darlene Whitlock, R.N.

Regarding House Bill No. 2639

Thank you for giving me this opportunity to speak to this committee.

I would first like to begin my remarks by stating that I agree with many aspects of this proposed legislation.

I am speaking to represent the Kansas State Council of the Emergency Nurses Association. I am a member of the current EMS Council because I am the immediate past president and was endorsed by that organization. Our ENA group is a statewide organization. I have attached a signed memo from the current ENA State Council Executive Committee with their position.

Although I am politically naive, I am gaining experience.

As a recently elected member of my small town's school board, I can appreciate how much time and effort was associated with the drafting of this bill. But as with my position, input both for and against proposed changes are always extremely helpful. I hope you all feel the same.

I have been a member of the EMS Council since June 1987 but have practiced as an Emergency Nurse since 1971 in Kansas City, Emporia, Holton and Topeka. My current job is to travel across the state doing education programs for nurses, physicians, MICT's and EMT's. I also present programs to lay people, pre-schools and others. I have seen many changes in

2-27

Emergency care ove these years and I feel ansas has a system we can be proud of. There are some problems we could solve, but I feel overall, we have many dedicated people in the entire state. There is an excellent mechanism for communication and feedback in the current system.

I agree that the two arms of the EMS agencies should be consolidated. I think it is difficult to know which group is coordinating which aspects of EMS in Kansas. I feel though that this could be accomplished by establishing a Board to govern these activities, much like the Board of Nursing or the Board of Healing Arts do their respective areas. I feel that this Board should have its headquarters in Topeka as the others do. I'm sure many things could be expedited and financial consideration would be affected by the close proximity to other State agencies.

I also agree that the EMS Board with 18 members is probably a large group. I reviewed all of my minutes since joining the committee and found that as few as 2 members were always missing, as many as 7 might be gone. The average was 5 members absent; this makes the usual number 13. Obviously, if there was any reorganization in the group, Kansas State Council of ENA would want to have representation. We feel nurses can make excellent contributions in discussing EMS issues.

I hope the committee will seriously consider the Kansas State Council of Emergency Nurses Association's position in support of parts of House Bill No. 2639 and concerns of other areas.

Thank you. I would be glad to answer any questions.

2-28

EMERGENCY
EMERGENCY
EMERGENCY
EMERGENCY
EMERGENCY
NURSES ASSOCIATION

KENA

ENA
Kansas State Council

KANSAS EMERGENCY NURSES ASSOCIATION 1987

TO WHOM IT MAY CONCERN:

The Executive Committee of the Kansas State Council of the Emergency Nurses Association would like to voice their support of the Bureau of Emergency Medical Services and the Emergency Medical Services Council.

The Kansas ENA group has been represented on the EMS Council for many years. KENA feels that it is in the best interest of Kansas consumers to have different branches of emergency care providers involved in the decision making and dialogue that occurs in that council. KENA executive committee feels strongly that emergency nurses who directly interact with EMT's,EMICT's and other prehospital caregivers should be involved with decision making in that area. Many emergency nurses are also certified at some of those same levels and have a good grasp of areas of concern.

Although KENA is not a large group (approximately 160 members), their members are statewide. With this kind of group the members are from both rural and urban areas. This range of caregivers gives a good understanding of the variety of problems that need to be addressed. We feel that the present Bureau of EMS has made a conserted effort to address urban and rural issues.

Please contact this group if we may be of any help in formulating plans for emergency care in Kansas.

Sue Unruh,President
Milford

Gwen Philbrook,Treasurer
Salina

Deb Condit,Secretary
Hays

D
4-29

Attachment 7.

McPHERSON AREA EMERGENCY MEDICAL SERVICE

1000 Hospital Drive - McPherson, Kansas 67460 - (316) 241-2250

R.L. Reinecker, MICT
Director

R.D. Easter, MICT
M.G. Platner, MICT
C.M. Welch, MICT
Captains

January 21, 1988

To The Committee on Local Government:

I begin my testimony with the contention that despite any actual or perceived problems with the structure and organization of Kansas' emergency medical system, our citizens are afforded a sound and viable program which has directly and significantly reduced death and disability rates thru-out the State. In the past 14 years EMS has evolved from a basic sanitation need into a comprehensive program directed toward providing the most appropriate care to patients in need.

The conclusion of the Special Committee on Local Government which states that "the emergency medical services program in Kansas needs basic structural changes" will not be refuted. As previously stated by other conferees, consolidation of the responsibilities and authorities currently divided between the Bureau of EMS and KUMC is imperative. Forgoing any subjective "turf" battles, consolidation is needed simply for administrative efficiency and continuity.

The basis and intent of House Bill Number 2639 is laudable. The Committee has recognized a need to consolidate administrative function; to re-define the compliment of the advisory council; and to clarify and consolidate existing EMS statutes. The overall objectives of structural change and clarification of existing statutes will not be met with resistance. However the mechanics of accomplishing these objectives effected by House Bill Number 2639 will meet with strong opposition.

Specifically we are opposed to increasing the University of Kansas Medical Center's role in the administrative and regulatory function of the emergency medical services system as effected by this bill. The newly consolidated agency should be a free-standing and independent entity separate from the political, administrative and financial constraints of the University of Kansas Medical Center. This is not accomplished by the language of House Bill 2639.

We are opposed to the physical transfer to the newly consolidated agency to Kansas City or Wichita. The agency should be housed in Topeka maintaining a liaison and rapport with other State agencies and the legislature.

We are opposed to the composition of ~~the~~ emergency medical services board as defined by House Bill 2639. Historically the participation of elected officials appointed to the present EMS Advisory Council has been less than active. The board should reflect active participation in the provision of EMS and should include ancillary services involved with the overall EMS community. The compliment of the board should also include equal representation of the four emergency medical services regions which are governed by local regional councils.

These represent our major concerns and opposition to House Bill 2639. As stated by previous conferees there are additional measures that should be taken to improve this proposed bill in order to clarify language and reflect current standards and practices.

I would refer this committee to previously submitted material that has been developed by an EMS Task Force representing several regional councils and other EMS providers. I believe that these recommendations were submitted by Bob Orth at testimony before the Committee on January 20th, 1988.

I respectfully urge your thoughtful review of these recommendations and their incorporation by amendment into House Bill 2639.

Respectfully submitted by

Randall L. Reinecker, MICT

1-21-88

To: House Committee on Local Government
From: R.E. "Tuck" Duncan
Medevac Midamerica, Shawnee County, Kansas
RE: H.B. 2639

We commend the work of the Interim Special Committee on Local Government and its report, at page 385 of the Report to the 1988 Legislature. Medevac, which operates the services for Shawnee County, Kansas, under contract, has enjoyed a good working relationship with regulatory authorities to date, and if the structure is changed by the passage of H.B. 2639, we would anticipate continuing that positive relationship. The important factor in this discussion is that there is a general recognition that we need to maintain quality emergency medical services in Kansas.

There are several matters that were either brought to the attention of the Committee or became known after the committee completed its work, which are not in H.B. 2639 which we wish to bring to your attention today.

1. Any reorganization that is adopted must also be accompanied by adequate funding to complete the state-wide communications program. After recieving EMS issues, this committee might consider suggesting to the committee on appropriations it study this matter when it prepares the budget for the new independant agency.

2. In as much as the new agency would differ in governance from the existing structure, this bill should place a stay on the implementation of the new administrative rules and regulations due to become effective May 1. It is reasonable to expect that a new independant agency governed by a Board comprised differently than the existing structure, might have a new approach (or might not see the need for any changes). For example certain classes of service will be deregulated as of May 1, by action to revoke certain regulations, this should be reviewed by this Committee. Class III and IV services would be deregulated and that is contrary to the Interim Committee's conclusion that (at p. 392) "...most agreed that Kansas has a superior emergency medical system. The consensus of the providers was that there should be no reduction in training or equipment standards for service." During the transition administrative rules, promulgated after the Interim Committee's review, but

2-32

before the exactment of this law, should not take effect. The new agency should have an opportunity to review existing rules, and chart its own course.

3. Quasi-governmental services, i.e. private services funded in part by subsidies, should enjoy the same immunities as government operated services. The types of services provided are the same, but the liability exposures differ considerably. H.B. 2639 preserves certain immunities at section 21, but this should be broadened to address this concern. The issue here is, what protection from suit should be provided irrespective of the nature of the entity providing the service. As a matter of public policy, to maintain the availability of services and to create the opportunity for expanded services, what protections are warranted? If gross and wantos negligence is the standard upon which to judge the person providing the service in the field, should it not also be the standard to judge the employer (government or non-government) of that person?

Your attention to and consideration of these matters is greatly appreciated.

Attachment 9

CITY OF KANSAS CITY, KANSAS

FIRE DEPARTMENT

In Reply Refer To
STANLEY J. MIROSLAW, CHIEF

January 21, 1988

The Honorable Mary Jane Johnson
House of Representatives
State Capital Building
Topeka, Kansas 66612

Dear Representative Johnson:

Re: HB 2639

Please consider the following on our behalf:

Sec. 8 (line 170) Define "actively involved" as specifically an appointed/employed physician as a service medical advisor.

Rationale: the format/intent of the proposed legislation has been to unify impacting factors and to involve the grass-root providers. This should apply to physicians too! A service medical advisor meets regularly with the field personnel and should have first-hand knowledge of field activity.

Sec. 11 definitions - add
(f)" Emergency Medical Dispatcher" means a person certified by the State who has successfully completed a Board approved Emergency Medical Dispatch Course.

(u) "Automatic External Defibrillator" means a defibrillator device capable of rhythm analysis which will charge and deliver a counter-shock after electronically detecting the presence of ventricular fibrillation or rapid ventricular tachycardia.

Sec. 13 following line 420
Personnel employed shall be Kansas certified Emergency Medical Dispatchers utilizing a Board approved reference system to dispatch aid to medical emergencies which includes (a) systemized caller interrogation questions, (b) systemized pre-arrival instructions, and (c) protocols matching the dispatcher's evaluation of injury or illness severity with vehicle response mode and configuration.

2-34

Sec. 18 Strike (2) line 536
Rationale - if (1) line 533 and (3) line 538 are active, (2) line 536 is not required. A physician directed system (1) is sufficient. The physician is always responsible for patient care/welfare.
Add (m) Automatic external defibrillation.

Sec. 19
(L) Automatic external defibrillation

Sec. 40
(j) Automatic external defibrillation

Respectfully Submitted,

Fred Thorp, Director
Division of Emergency Medical Services

FT/cd

cc: Dennis Shockley, Director
Intergovernmental & Public Affairs
City of Kansas City, Kansas

R 2-35

Attachment 10

Douglas County

Department of Emergency Medical Services and Emergency Preparedness

Ted McFarlane, Director

January 21, 1988

REF: House Bill 2639

Thank you for allowing me to comment on House Bill 2639. As you can tell from my written testimony I am the Director of the Douglas County Ambulance Service. We are a paramedic level service owned and operated by Douglas County. I have been a member of the State EMS Council for the past 6 years.

I support the proposed legislation in concept but would like to encourage you to consider some modifications before sending it to the full house.

1. Like most of the conferees that you have heard from I would like to see the new board attached to an agency other than the KU Medical Center. The logic of putting it at the KU Medical Center doesn't escape me. The problem with housing it there is the lack of commitment from the Medical Center for the training program over the past 5 years. Most of us assume that this same level of commitment or lack of it would continue.

2. My second concern is the composition of the Board. The bill would make 6 of the 13 positions elected officials either County or State. Its likely these people would not be familiar with EMS issues. They would have to devote a great deal of time to familiarize themselves with the issues and attend meetings. The past legislative members of the EMS Council have been inactive participants. They have attended very few meetings. If this were to continue with the new Board then most of the power would shift from the board to the Administrator. He or she would become more powerful than the current Bureau Director. I welcome the interest and involvement of elected officials on the Board. I think 3 members instead of 6 would make the Board more effective in leading the continued development of EMS in the State.

Ambulance Service Division
225 Maine Street
Lawrence, Kansas 66044
(913) 843-7777

Emergency Preparedness Division
Judical and Law Enforcement Center
111 East Eleventh
Lawrence, Kansas 66044
(913) 841-7700 Extension 259

3. Finally, I would like to call your attention to 2 other problems with the proposed legislation. Section 12(c) (page 10) requires a municipality to pass an ordinance subject to petition and election if it wants to levy a tax to support its EMS effort. Many years ago our County by Home Rule Resolution authorized a 3 mill levy for EMS. I suggest that you recognize these existing authorizations in the bill in the form of a grandfather clause.

Section 21 (page 16) grants a liability limit to doctors, nurses and instructors. Current law (KSA 65-2891) commonly referred to as the Good Samaritan Act, grants this same protection to EMT's Mobile Intensive Care Technicians, and others trained to provide emergency medical care. I encourage you to continue your efforts to centralize the EMS laws and write the liability protection for all EMS personnel into this new act. This will free up the Good Samaritan Act for the common law understanding of what a good samaritan is.

Again, thank you for the opportunity to speak.

and may contract with any person or other municipality for the purpose of furnishing emergency medical services or ambulance services within or without the boundaries of the municipality upon such terms and conditions and for such compensation as may be agreed upon, which shall be payable from the general fund of such municipality.

(b) The governing body of the municipality may make an annual tax levy of not to exceed three mills upon all of the taxable tangible property within such municipality for the establishment, operation and maintenance of an emergency medical service or ambulance service under this act and to pay a portion of the principal and interest on bonds issued under the authority of K.S.A. 12-1774, and amendments thereto. Such tax levy shall be in addition to all other tax levies authorized or limited by law and shall not be subject to or within the limitations upon the levy of taxes imposed by K.S.A. 79-5001 to 79-5~~016,~~ inclusive, and amendments thereto.

(c) No tax shall be levied under the provisions of subsection (b) until the governing body of the municipality adopts an ordinance authorizing the levy of such tax. Such ordinance shall be published once each week for three consecutive weeks in the official newspaper of the municipality. If within 60 days following the last publication of such ordinance, a petition in opposition to the levy of such tax, signed by not less than 10% of the qualified electors of such municipality, is filed with the county election officer of the county in which such municipality is located, the question of whether the levy shall be made shall be submitted to the electors of the municipality at the next primary or general election ~~held by~~ such municipality, or if such primary or general election does not take place within 60 days after the date the petition was filed, at a special election called and held therefor. If no petition has been filed and the time prescribed for filing the petition expires prior to August 1 in any year, or if the petition was filed and a majority of the electors voting on the question of levying the tax vote in favor thereof at an election held prior to August 1 in any year, the governing body of the municipality ~~shall be authorized to make the levy~~ may in that year

or from a special fund for which a tax is levied under the provisions of this act.

5237 (To be included under as new tax levy law)

or resolution

within

The question may be submitted

Attachment 11

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and in each succeeding year ~~in any~~ the amount not exceeding three mills. If no petition has been filed and the time prescribed for filing the petition expires after September 30 in any year, or if the petition was filed and a majority of the electors voting on the question of levying the tax vote in favor thereof at an election held after September 30 in any year, the governing body of the municipality ~~shall be authorized to make the~~ may levy in the next succeeding year and in each succeeding year thereafter ~~in any~~ the amount not exceeding three mills ~~. Any such tax levy shall be in addition to all other tax levies authorized or limited by law and shall be exempt from the limitation imposed under the provisions of K.S.A. 79-5001 to 79-5016, inclusive, and amendments thereto.~~

(d) In the case of a county, the board of county commissioners shall not provide ambulance service under the provisions of this act in any part of the county which receives ambulance service, but the county shall reimburse any taxing district which provides ambulance services to such district with its proportionate share of the county general fund budgeted for ambulance services within the county. Such reimbursement shall be based on the amount that assessed tangible taxable valuation of the taxing district bears to the total taxable tangible valuation of the county, but in no event shall such taxing district receive from the county more than the district's cost of furnishing such ambulance services.

Sec. 13. The governing body of any municipality may establish, operate and maintain a centralized emergency service communication system as a municipal function, within or without the boundaries of the municipality, for the purpose of furnishing those services required to establish, operate and maintain ~~the~~ an emergency medical service ~~and such emergency communication system may include a county or city fire dispatch communication service for the purpose of providing a common communication network for all fire-fighting facilities, equipment and personnel~~. Such emergency communication system ~~shall~~ may provide for coordinated communication between all law enforcement agencies, ambulances, ambulance services and dis-

specified in the ordinance or resolution levy

may

the specified in the ordinance or resolution, but

Duplicate lines 355–359

or special tax levy

the

or ambulance service.

(duplicates line 414 & 399)

may

2639

patchers, emergency receiving centers, fire dispatcher services, fire departments, health care institutions, medical practitioners, motor vehicle repair and towing services, and such other persons and service agencies as may be required.

Sec. 14. In addition to other powers set forth in this act, the governing body of any municipality operating an emergency medical service or ambulance service shall have the power:

(a) To acquire by gift, bequest, purchase or lease from public or private sources, and to plan, construct, operate and maintain the services, equipment and facilities which are incidental or necessary to the establishment, operation and maintenance of an emergency medical service or ambulance service;

(b) to enter into contracts including, but not limited to, the power to enter into contracts for the construction, operation, management, maintenance and supervision of emergency medical services or ambulance services with any person or governmental entity;

(c) to make application for and to receive any contributions, moneys or properties from the federal government or any agency thereof, ~~any governmental entity~~ or from any other public or private source;

(d) to contract or otherwise agree to combine or coordinate its activities, facilities and personnel with those of any person or governmental entity for the purpose of furnishing the emergency medical services or ambulance services within or without the municipality;

(e) to establish and collect ~~the~~ charges ~~to be~~ made for emergency medical services or ambulance services within or without the municipality and to provide for audit ~~and~~ records of the emergency medical services operation or ambulance services; and

(f) to perform all other necessary and incidental functions ~~for~~ the purposes of this act.

Sec. 15. If the governing body of a municipality establishes an emergency medical service as provided in this act, it shall establish a minimum set of standards for the operation of such service, for its facilities and equipment, and for the qualifications

Attachment #2

SEDGWICK COUNTY, KANSAS

Emergency Medical Service

Thomas W. Pollan
Interim Director

TO: Additional Copies, Local Government Committee

FROM: T. W. Pollan, Interim Director

DATE: January 19, 1988

SUBJECT: House Bill 2639 - Emergency Medical Service

My presence before this committee today is to represent the Emergency Medical Service of Sedgwick County and its interest in the proposed House Bill 2639. The Emergency Medical Service (EMS) in Sedgwick County is an advanced, energetic system that is one of the finest in existence today on either a state or national level. Although the Sedgwick County EMS is only one facet of the county-wide emergency medical service system, it represents the largest provider of pre-hospital Advanced Life Support (ALS) care in Sedgwick County and the State. Sedgwick County EMS provides ALS to 391,000 citizens and provides coverages of 1,009 square miles. In 1986, we responded to over 25,000 ambulance calls, over 20% of the total call volume of the state of Kansas, with an average response time of under six minutes. Since 1980, Sedgwick County EMS call volume and patient transport volume have increased by 96% and 112% respectively. Since 1977, this service has maintained an average of 1 out of 4 cardiac arrest victims in the field being delivered to a medical facility with a viable heart rhythm producing a pulse. This "Field Resuscitation Rate," based on all cardiac arrest regardless of etiology, is second to none in the nation. This service was provided for an average of $136 per call in 1987. The high efficiency coupled with excellent effectiveness of the service led a national consultant to state that this tax supported emergency medical service delivered to Sedgwick County is "...the most economical system of all of the communities studied."1 The success of this service is directly linked to support from state and local elected officials and the establishment of county-wide services; E911 phone system and centralized emergency communication; first response program provided by local fire departments; volunteer ambulance services; area hospitals and the Sedgwick County Advanced Life Support service that responds to all calls regardless of location or the ability of the patient to pay.

Having been involved in the emergency system of Wichita and Sedgwick County for the past twenty years, I have witnessed or been

directly involved with the majority of the events described in the report accompanying HB 2639. I want to assure you that I am here on my own volition. There has been absolutely no pressure applied or even hinted to support or not to support this bill by anyone. I can assure you that any private conversation that I may have with any legislative member will not express any fear of retaliation by either KUMC or the Bureau of EMS.

The following are the recommendations for amendments that I believe will ensure quality patient care state-wide within the framework of the current proposed House Bill 2639:

1) Section 12 be rewritten to emulate the current legislation. (K.S.A. 19-261 and 65-4302.)

The codification and clarification of K.S.A. 19-261 and 65-4302 in Section 12 is a major change. It seems clear that the intent of the legislative bodies in 1974 through K.S.A. 19-261 was to implement adequate patient care throughout the entire state by giving county commissioners the responsibility and the incentives to establish ambulance services. K.S.A. 19-261 and 65-4302 are the foundation for the majority of the county-wide systems in existence today. To enact Section 12 as it is written has the potential of fragmenting the funding resources and developing additional isolated services, which in turn will increase the overall cost of emergency medical services.

2) Change the composition of the Emergency Medical Services Board in Section 8 and increase from the proposed 13 members to 15 members. Composition as follows:

- **2 Legislative members**
- **1 County Commissioner**
- **1 Medical Doctor involved in EMS and a member of Kansas Medical Society**
- **1 Registered Nurse involved in EMS**
- **1 Hospital Administrator involved in EMS**
- **1 EMT Ambulance Service - Volunteer**
- **1 EMT Ambulance Service - Full-Time Paid**
- **1 MICT Ambulance Service**
- **1 Fire Service - Emergency Medical Service**
- **4 EMS Representatives (one from each region)**

The composition of the Emergency Medical Services Board in Section 8 does not provide for adequate representation of each level of service or classification of attendants. The changes that are recommended would give a broader representation that will ensure that all levels have direct input to the board. I believe that the future board and the current council would value the additional legislative members and elected county officials. However, there doesn't seem to be any other governing board, established under legislation, with this number of elected officials. Additionally, with the proposed number of elected officials and with the staggering of terms outlined in Section 8 (b), it is possible that 10 out of 13 members could change in one year. This situation would have adverse effects on the board competence.

3) The part-time medical consultant in Section 10(m) needs to be redefined.

The amount of consultation required should be determined by the board and the board should not be limited to "staff at the University of Kansas Medical Center."

4) In either Section 10(c) or in Section 27, the board should be granted subpoena powers of records which would assist in investigating complaints.

This would eliminate lengthy delays in receiving consent and unwarranted alarming of patients and relatives.

5) Section 10 (g) which deals with the board reviewing and approving all grants should be deleted.

The time limits required by most grants do not allow for the lengthy time needed for review and approval by the board.

6) Section 32 (c), the wording "such ambulance is making a prearranged hospital-to-hospital transfer" should be deleted.

This should be left to the determination of the board.

7) Section 8 (b), the number assigned to each length of term should reflect the total number of members allowed on the board.

Currently, Section 8 (a) denotes 13 members and Section 8 (b) indicates a rotation pattern for only 11 members.

In summary, I respectfully submit that there are basic changes needed in Section 8 and 12 with minor changes in the other sections that I have discussed and that are in the information presented in the report developed by representatives from the Kansas Emergency Medical Technician Association, Kansas Association of Emergency Medical Service Administrators and the Regional Emergency Medical Service Councils. The first principle we teach all of our students, when delivering patient care, is to "First do no harm." It is my request that you utilize this input to assist in your deliberation on this extremely important and sensitive legislative action. Thank you for your time and your attention.

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1 "Portland/Multnomah County Emergency Medical Services Rate Study Task Force Consultant Report", Fitch & Associates, Inc., April 30, 1987.

TWP:KLY

ATTACHMENT

MEMORANDUM

January 26, 1988

TO: House Committee on Local Government

FROM: Kansas Legislative Research Department

RE: Operation of Ambulance Services By Local Units of Government Under Current Laws

Questions have arisen during Committee consideration of H.B. 2639 about the authority of local units of government to provide ambulance services and to fund such services pursuant to the existing laws which would be repealed by H.B. 2639. The following material summarizes existing authority.

K.S.A. 1987 Supp. 19-261 authorizes the board of county commissioners of any county to provide ambulance service, as a county function, or to contract with any city, person, firm, corporation, or board of a county hospital located in the county, for the furnishing of ambulance service. If the county contracts for service, the compensation for providing the service may be paid from the county general fund, pursuant to K.S.A. 1987 Supp. 19-261. The same statute states that the board of county commissioners shall not provide ambulance service under the provisions of the act in any part of the county which receives adequate ambulance service, but shall reimburse any taxing district which provides ambulance service to such district with its proportionate share of the county general fund budgeted for ambulance service within the county. The reimbursement shall be based on the amount that assessed tangible taxable valuation of the taxing district bears to the total taxable tangible valuation of the county, but in no event may the taxing district providing ambulance service receive more than the district's cost of furnishing the ambulance service.

The remainder of the above 1965 act, K.S.A. 19-262, directs the board of county commissioners to establish minimum standards for the operation and equipping of any ambulance service provided by or contracted for by the county, including the qualifications and training of any personnel operating ambulances within the county; gives the county commission the authority to set charges by resolution; authorizes the levy of a tax for ambulance service of up to 1 mill when adopted by resolution of the board of county commissioners, except as otherwise provided for certain counties; and provides for a protest election on the question of a mill levy.

K.S.A. 19-263, enacted in 1968, states, "Nothing in this act shall affect the right of any city to provide, authorize, regulate, control, contract for, and franchise ambulance service within the city limits." Apparently, the statute refers to the 1965 act cited above.

K.S.A. 19-263a, enacted in 1972, applies to certain counties, i.e., those with a population of more than 37,500 and less than 38,400, and to cities, townships, and other taxing subdivisions located therein. The statute authorizes the board of county commissioners to provide ambulance service throughout the county and, if a county-wide system is established, to contract with any first class city located in the county to provide all or part of the service.

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K.S.A. 19-263b authorizes certain counties between 6,800 and 8,800 population, with an assessed tangible valuation of not more than $33,000,000 which are furnishing ambulance service, to create an ambulance service taxing district. The statute sets out the authority of the district so created to levy a tax of not more than 1 mill and provides that the board of county commissioners shall serve as the governing body of the district.

K.S.A. 1987 Supp. 19-3632 through 19-3636a, enacted in 1967, authorize the governing body of any fire district to establish and operate an ambulance service, except in counties where there is a county-wide emergency medical service "within or without" such district and to contract with any city or other fire district for ambulance service. The act authorizes the governing body of the fire district to set charges; to levy taxes of up to 1 mill, but not in excess of a rate approved by the board of county commissioners of the county in which the fire district is located; to utilize funds for the purchase of equipment; to establish minimum standards for the operation and equipping of ambulances and the qualifications and training of ambulance personnel; and to furnish ambulance service within or without the boundaries of the district.

K.S.A. 80-1423 through 80-1428, enacted in 1982, authorize any township board to operate an ambulance service as a township function "within or without such township," and to contract with any city, county, person, firm or corporation to furnish ambulance service; to establish charges for such service; to levy a tax of up to 3 mills for ambulance service, subject to a protest election; to establish minimum standards for the operation and equipping of ambulances and the qualifications and training of personnel, except that no person may act as a driver or attendant unless such person has completed a basic first-aid or comparable course; and to furnish ambulance service within or without the township boundaries.

K.S.A. 1987 Supp. 65-4301 through 65-4305, enacted in 1974, authorize the board of county commissioners of any county or the governing body of "any city of this state" to establish, operate, and maintain an emergency medical service as a county or city function and to contract with any person or governmental entity for the purpose of furnishing emergency medical services "within or without" the boundaries of the county or city. Emergency medical service, as used in these statutes, is a more inclusive term than ambulance service since it includes, in addition to the transportation of individuals by ambulance, the performance of emergency care by persons licensed to practice medicine and surgery, a licensed professional nurse, a physician's assistant, and ambulance attendants, and the operation of a centralized emergency service communication system.

K.S.A. 65-4302 states that a board of county commissioners or governing body of a city may establish, operate, and maintain an emergency medical service as a county or city function and may contract with any person or governmental entity to furnish service within or without the boundaries of the county or city. The statute also specifically authorizes (1) the governing body of certain second class cities to make a levy of up to 2 mills, outside the tax lid and subject to a mandatory election, for emergency medical services and (2) the governing body of any city having a population of more than 15,500 and less than 16,500 located in a county of more than 27,000 population and less than 32,000 population to make a levy of not more than 3 mills, subject to a protest election, for emergency medical services. The act also authorizes the governing body of any city or the board of commissioners of any county to

establish and operate a centralized emergency communications system, to exercise the powers set out in K.S.A. 65-4304, and to establish minimum standards for the operation of the emergency medical service, for facilities and equipment, and for the qualifications and training of personnel, except that the training of mobile intensive care technicians shall be a training program certified by the University of Kansas Medical School.

K.S.A. 65-4309 states that the provisions of K.S.A. Supp. 65-4301 through 65-4309 shall be in addition to the provisions of Kansas law relating to the establishment, operation, and financing of ambulance services and that nothing in the act shall affect the right of any city to provide, authorize, operate, contract for, or grant a franchise for an ambulance service.

Finally, a question has been raised about the authority of a city to fund an ambulance service or an emergency medical service. Since the statutes make it clear in several instances, noted above, that any city may operate and maintain an ambulance service or emergency medical service or may contract for such services, both ambulance service and an emergency medical service are clearly governmental functions and may be funded from any general revenues of a city. Additionally, under municipal home rule, any city may now adopt a charter ordinance establishing a tax levy for the operation of either an ambulance service or an emergency medical service and may, by charter ordinance, exempt such levy from any tax lid.

H.B. 2636 creates a new definition of municipality which includes within its meaning any governmental entity now authorized by law to operate or contract for the operation of an ambulance service or emergency medical service and authorizes any such municipality to levy a tax of not more than 3 mills, subject to a protest election, to operate and maintain such service either as a municipal operation or by contract. The 3 mill levy limit will result in increased tax levy authority for counties, fire districts, and certain second class cities. However, any increase would be subject to a protest election. Additionally, H.B. 2639 continues, in lines 393 through 404, the requirement that a county reimburse any taxing district that is providing ambulance service within the county with a proportionate share of the county general fund budgeted for ambulance service. This language is taken from K.S.A. 1987 Supp. 19-261.

The Committee should consider adding language to H.B. 2639 that would authorize the creation of an ambulance district as now provided by K.S.A. 19-263b since Geary County has apparently created such a district. (See attachment giving county tax levies for the current county fiscal year.)

ambservi/EC/sls

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County Tax Levies for Ambulance Service by County
(Levy Made in 1987 for Calendar Year 1988)

COUNTY	LEVY	COUNTY	LEVY	COUNTY	LEVY
Allen	1.020	Haskell	---	Riley	.990
Anderson	2.299	Hodgeman	1.440	Rooks	.500
Atchison	.976	Jackson	.770	Rush	(a)
Barber	1.387	Jefferson	1.000	Russell	1.636
Barton	.279	Jewell	1.586	Saline	1.948
Bourbon	.702	Johnson	(c)	Scott	1.050
Brown	.770	Kearney	.160	Sedgwick	1.010
Butler	1.463	Kingman	1.000	Seward	---
Chase	2.280	Kiowa	.410	Shawnee	---
Chautauqua	---	Labette	.700	Sheridan	1.045
Cherokee	2.000	Lane	1.330	Sherman	.995
Cheyenne	.100	Leavenworth	2.948	Smith	1.590
Clark	.470	Lincoln	1.210	Stafford	.890
Clay	1.950	Linn	.290	Stanton	.580
Cloud	(a)	Logan	.970	Stevens	.180
Coffey	.500	Lyon	.622	Sumner	.490
Comanche	1.654	Marion	.861	Thomas	1.000
Cowley	1.000	Marshall	1.145	Trego	.511
Crawford	.996	McPherson	.902	Wabaunsee	(d)
Decatur	.588	Meade	.500	Wallace	.500
Dickinson	1.520	Miami	1.892	Washington	.998
Doniphan	---	Mitchell	1.150	Wichita	(e)
Douglas	2.208	Montgomery	.993	Wilson	3.960
Edwards	.320	Morris	.500	Woodson	1.340
Elk	1.196	Morton	.450	Wyandotte	---
Ellis	2.426	Nemaha	.713		
Ellsworth	.750	Neosho	1.100		
Finney	1.700	Ness	.993		
Ford	1.028	Norton	.010		
Franklin	2.040	Osage	1.060		
Geary	(b)	Osborne	.970		
Gove	---	Ottawa	---		
Graham	1.460	Pawnee	---		
Grant	.450	Phillips	.500		
Gray	.840	Pottawatomie	---		
Greeley	.250	Pratt	1.860		
Greenwood	.405	Rawlins	.250		
Hamilton	.250	Reno	.911		
Harper	---	Republic	2.395		
Harvey	.977	Rice	1.316		

a. All but one township is making a levy for ambulance service.
b. Ambulance district #1 is making a levy.
c. Five townships are making an ambulance service levy.
d. Three ambulance districts are making a levy.
e. City of Leoti is making a levy for ambulance and fire equipment.