

Approved February 13, 1992
Date

MINUTES OF THE SENATE COMMITTEE ON LOCAL GOVERNMENT

The meeting was called to order by Senator Audrey Langworthy at
Chairperson

9:08 a.m./p.m. on Wednesday, February 5, 1992 in room 531-N of the Capitol.

All members were present except: Senator Gaines

Committee staff present: Theresa Kiernan, Revisor of Statutes
Mike Heim, Legislative Research
Elizabeth Carlson, Committee Secretary

Conferees appearing before the committee:

Bob McDaneld, Administrator, Board of Emergency Medical Services
Tom Pollan, Chairman, KAEMSA and Chairman, Region III, EMS Council
JoAnn Knak, President KEMTA, Director, Marion County EMS
Jerry Cunningham, Phillipsburg, Region I, Emergency Medical Services
Sheryle Broeckelman, Chairperson, Region II, Southwest Kansas EMS

SB 317 - concerning emergency medical services

Senator Montgomery introduced SB 317 and stated it had been recommended for interim study but did not receive the study. The Board of Emergency Medical Services needs a structure where adequate funds will be provided without going through the general fund.

Bob McDaneld, Administrator, Board of Emergency Medical Services, presented testimony. (Attachment 1) He stated they are trying to find some alternative funding for operation of the board and increased funding for county emergency medical services. In the rural communities, emergency medical services and primary care must be provided.

Senator Steineger asked for an explanation about the increase in the drivers license renewal. The fee would be \$4.00 for every renewal of drivers license and \$1.00 for each motor vehicle registration. Each county gets to keep $\frac{1}{2}$ of the money raised for emergency medical services.

Senator Langworthy asked about the grants-in-aid. Mr. McDaneld said it would provide the funds for equipment and training programs for ambulance attendants, physicians, registered nurses and other personnel involved with emergency medical services.

Tom Pollan, Chairman, Region III EMS Council services and Chairman, KAEMSA, presented testimony. (Attachment 2) Mr. Pollan said emergency medical care is needed across the state. Service in the rural area is almost nil. Mr. Pollan requested amendments to SB 317. (Attachment 3).

Senator Steineger asked why Kansas is not eligible for federal funds?

Mr. Pollan stated federal money is available for developing trauma systems and Kansas has not done that. Senator Steineger also asked if they were reimbursed by insurance companies and Mr. Pollan said yes. He said in Sedgwick county the emergency medical services are funded 30% by taxes and 70% by user fees.

JoAnn Knak, President KEMTA, Director, Marion County EMS appeared in support of SB 317. (Attachment 4) Ms. Knak stated many hospitals are closing in the smaller towns. There is a need for education, equipment and vehicles in the service to patients. She said the rural areas are not going to be able to provide services and they need some help.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON LOCAL GOVERNMENT,
room 531-N, Statehouse, at 9:08 a.m./~~p.m.~~ on Wednesday, February 5, 1992

Senator Montgomery asked her to explain how the volunteers work and the number of volunteers in the service. She said they have 65 volunteers, they are on 12 hour duty, but are only paid \$15.00 per run. The county provides the education. She also stated each Emergency Medical Technician is required to have 14 hours of continuing education. The first responders are required to have 8 hours of continuing education. Senator Steinerger asked if the volunteers are on duty for 24 hours. Ms. Knak stated each volunteer spends 12 hours on call. There is no reimbursement unless there is an emergency call.

Jerry Cunningham, Region I, Emergency Medical Services, read from a prepared statement (Attachment 5). He stated it would be very frightening to be in the rural area and need emergency care. The care may not be good or even available.

Sheryle Broeckelman, Chairperson, Region 2, Southwest Kansas EMS appeared as a proponent of SB 317. (Attachment 6) She stated unless funding is forthcoming, they will be unable to provide services.

Senator Steinerger stated the property tax on vehicles is already very high and asked for some research on the cost of vehicle licensing in the state. Senator Langworthy asked staff to also look at vehicle registration fees.

Senator Montgomery asked for any other suggestions for alternative funding.

The meeting was adjourned at 9:55 a.m.

Date: Feb 5, 1992

GUEST REGISTER
 SENATE
 LOCAL GOVERNMENT

NAME	ORGANIZATION	ADDRESS
John Knak	KEMTA	Marion, Ks.
Joe Knott	Salina Fire EMS	Salina, Ks
Dan Dailey	Jefferson Co. E.M.S.	Oskaloosa, Ks.
Tom Pollan	Sawdick County EMS	Wichita, Ks
Rebecca Hites	Region IV EMS	Topeka, Ks
Sheryle Braeckelman	Region 2 EMS	Jakin, Ks
Brenda K. Carpenter	Ks Assn. of Paramedics	Topeka, Ks.
Joe Moreland	Bd of EMS	Topeka, Ks
Anne Smith	Ks. Assoc of Camities	Topeka, Ks.
Bob McDanel	Board of EMS	Topeka, Ks
C. T. McCracken	Board of EMS	Mass City
Jerry Cunningham	Region I EMS	Phillipsburg, Ks.
Kerry Mcclus	Region I EMS / Ells Co. EMS	Hays, Kansas
Sonia Cole	Region IV EMS Council, Inc	Topeka, Ks
Judy Bellome	Clinical	Wp. Co, KCK
Chip Wheelen	Ks Medical Soc.	Topeka
Toni Wheeler	Sen. Kurr's staff	Topeka



State of Kansas


BOARD OF EMERGENCY MEDICAL SERVICES

109 S.W. 6TH STREET, TOPEKA, KS 66603-3805

(913) 296-7296 Administration
(913) 296-7403 Education & Training
(913) 296-7299 Examination & Certification
(913) 296-7408 Planning & Regulation

Bob McDanel
Administrator

Joan Finney
Governor

DATE: February 5, 1992
TO: Senate Local Government Committee
FROM: Bob McDanel 
SUBJECT: Testimony in Support of SB 317

The Board of Emergency Medical Services is the state agency which regulates pre-hospital emergency medical services, provides technical assistance to communities seeking to improve their emergency medical services and manages a communications system which covers 51 counties.

For the past two years, the board has been involved with the Kansas EACH Project, in cooperation with the Kansas Department of Health and Environment and the Kansas Hospital Association. In working with rural communities across Kansas we have discovered two health care priorities which all of the communities believe must be available: emergency medical services and primary care.

The board believes that maintenance and improvement of emergency medical services is a critical issue for all Kansans. In order to ensure basic needs are met, the board requested that this committee hold a hearing on SB 317, which was first introduced last year. SB 317 provides an alternative to state general funding of the emergency medical services program and increased funding for county emergency medical services.

SB 317 creates an emergency medical services development fund of approximately 4 million dollars by levying an additional one dollar fee on all vehicle registrations and an additional four dollar fee on drivers license renewals. (Note: There is an error in the bill; it currently provides for a \$1.00 fee.)

This fund would replace state general funding for operation of the board, provide support for the regional emergency medical services councils, complete the state EMS communications system, and provide for a comprehensive data collection system.

The bill also creates a grants-in-aid program for Kansas emergency medical services to provide funds for equipment and support for local and regional training programs for ambulance attendants, physicians, registered nurses, and other personnel involved with emergency medical services.

(Continued on back.)

Attachment 1-1

Senate Local govt

February 5, 1992

In addition, SB 317 would provide approximately \$1,200,000 annually to the counties, based on the number of vehicles registered in each county. These funds would be earmarked for funding county emergency medical services.

Ten states, including Florida, Idaho, Minnesota, Virginia and New Mexico, have created emergency medical services development funds from sources other than the state general fund. An additional fee on vehicle registrations is the most common source of this funding.

There is a positive rationale for levying additional fees on vehicle registrations and drivers' licenses to create the emergency medical services development fund. Although there is considerable variation in the amount of automotive trauma a particular ambulance service may treat, traffic accidents are responsible for approximately 20 percent of the emergency ambulance calls made annually in Kansas. Equally important, good emergency medical services is a critical element in reducing mortality and morbidity as a result of automotive trauma.

The following is a breakdown of proposed annual expenditures from the emergency medical services development fund:

<u>Item</u>	<u>Est. Cost</u>
Operation of the Board of EMS and support for regional EMS councils	\$1,220,000
Completion of statewide EMS communications system (multi-year support needed)	1,000,000
Grants-in-aid program	500,000
Total	2,770,000

It should be noted that passage of SB 317 would annually save about \$800,000 of state general funds and would provide at least \$1,100,000 annually to counties for improving their emergency medical services.

The board recognizes that new taxes, under any name, are difficult for legislators to support. The board believes, however, that SB 317 deserves that support. I have provided additional information which accompanies this testimony. I hope you will be able to review it at a later time.

I will be happy to respond to questions.

RM/st
enc.

radio communications system started in 1979 covers less than half of the state. Federal funding was terminated in 1981 for the project. Technicians are unable to communicate effectively with dispatch centers and hospitals due to radio frequency incompatibility.

Approximately 35% of EMS personnel in Kansas are volunteers. They need access to quality initial and continuing education. It is impractical for them to travel great distances to receive this education and many times providing the equipment and knowledgeable instructors is beyond local resources. The EMS regions play a vital role in providing this assistance.

Of the 208 ambulance services, one-half of them run less than two calls per week. This is not a great number, but to the people who require the service in a timely fashion it is critical. We are requesting funds for the EMS regional councils to assist in providing this equipment and education locally. A list of regional activities appears later in this proposal.

The federal government increased training requirements last year mandating hazardous material training for emergency service personnel. EMS was included in this group. There were not any federal dollars provided at the local level to assist conducting the training programs.

OSHA has mandated hepatitis-B vaccinations for employees who may come in contact with bodily fluids. This would include most EMS personnel. Only 8% of the certified people do not have involvement with patient care.

We also anticipate mandatory implementation of intensive federal regulations concerning infection control guidelines and waste disposal. There may be additional record keeping requirements also.

There has been a tremendous growth in program activity and contribution to the general fund, but funding has been reduced to the critical level. Because of the mounting property tax issue pressures, the strain on the state general fund and funding school finance issues we are proposing an alternative method to fund the agency and meet the growing EMS needs. Senate Bill 317 will meet these needs.

The funding would be provided by assessing a one dollar fee on automobile registrations and a four dollar fee on drivers' license renewals. Ten other states have similar alternative funding sources. They are:

*Attachment 1-2
Senate Local Govt
Feb. 5, 1992*

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ALTERNATIVE FUNDING PROPOSAL
developed by
Joe Moreland

This is a proposal for modification and implementation of Senate Bill 317, introduced in the 1991 legislative session. It is an alternative method to fund board operations, complete the EMS communications system, implement the statewide data collection system, provide grants in aid to local units of government and fund the EMS regional councils.

The Board of Emergency Medical Services, established by K.S.A. 65-6102 in 1988, assumed the powers, duties and functions which were separated under the University of Kansas Medical Center and the Bureau of Emergency Medical Services, Kansas Highway Patrol, pertaining to emergency medical services.

A review of the table below clearly demonstrates the tremendous activity and growth in EMS since the board was created in 1988.

Year	Training Programs	Total Attendants	New Attendants	Investigations
1989	113	5,200	768	9
1991	286	8,300	1,586	40
Change	+153%	+61%	+107%	+344%

A review of the next table shows EMS funding has not kept pace with the demands or increased contribution to the state general fund.

Year	Board operations	Positions	Regions	General fund
1989	\$736,584	15	\$120,000	\$ 35,000 (est)
1991	\$639,434	13	\$117,900	\$209,807
Change	-13%	-2	-2.5%	+500%

Rural emergency department and hospital closings have placed added burdens on local EMS systems. Call activity has increased and transport times and distances are greater. The statewide

Arizona	Assessment on D.U.I.
Florida	Assessment on motor vehicles
Idaho	Assessment on motor vehicles and drivers' license renewal
Minnesota	Assessment on seat belt violations
Mississippi	Assessment on moving violations
New Mexico	Assessment on motor vehicles
Rhode Island	Assessment on moving violations
Utah	Assessment on moving violations
Virginia	Assessment on motor vehicles
Wisconsin	Assessment on motor vehicles

In addition, 41 states receive some sort of federal funding. This could be in the form of National Highway Traffic Safety funds, D.O.T 402 or 403 funds, Injury control grants, Health & Human Services grants or block grants. Kansas is not eligible for the federal grants because we do not have legislation introduced for trauma center designation.

*Attachment 1-3
Senate Local govt
Feb 5, 1992*

REVENUE

Revenue generated to support EMS would come from a fee assessed on motor vehicle registrations and drivers' license renewals. EMS expend a great deal of resources on motor vehicle accidents. They account for 18% of the emergency calls in Kansas.

The following motor vehicle registration figures are from the Kansas Department of Revenue. They are from calendar year 1989, the latest data available to us.

There would be a \$1.00 assessment on each motor vehicle registration. Fifty percent (50%) of the revenue would remain in the county of origin to be earmarked for emergency medical services. This could serve to ease the local property tax burden for each county.

Category	Number
Automobiles	1,518,485
Trucks	611,333
Trailers	91,551
Motorcycles	61,419
Motor bikes	13,525
Specials	92,021
Total	2,388,334

This would generate \$2,388,334 of which \$1,194,167 would remain in the county of origin. There would be \$1,194,167 remitted to the state office.

There would also be a \$4.00 assessment on drivers' license renewals. Kansas driver's licenses are renewed every four years. This would equate to \$1.00 per year. There were 434,328 renewals in 1989. This would equate to \$1,737,312 per year.

This would generate a total of \$4,125,646 for EMS. Of this, \$2,931,479 would come to the state. As stated earlier \$1,194,167 would remain in the county of origin to be earmarked for EMS use.

At the end of the proposal is a listing of the counties and the number of motor vehicles.

EXPENDITURES

The board office would be funded at its level "C" budget. This would enable the agency to complete the state EMS communications system over a five year period and implement a statewide data collection system. The EMS regions would be funded to carry out a variety of programs listed under "Regional activities" of this proposal. There would be money available on a grant basis for aid to local services and training programs.

Total revenue	\$4,125,646
Remain in county	1,194,167
To Board of EMS	\$2,931,479
Board operations and EMS Regional Councils Communications system	\$1,220,000*
Aid to local units	1,000,000
Department of Admin.	500,000
Total expenditures	200,000
	\$2,920,000
Excess to general fund	\$ 11,479
Current revenue to general fund	232,130
Agency funding	791,349
Total to general fund	\$1,034,952
Local property tax relief	1,194,167

* The original staff proposal separated board operations and regional funding. The administration committee believes the legislature will not support this concept. As a result, the funding has been combined. The board would be responsible for distributing the allocations for the regions.

Attachment 1-4
Senate Local govt
Feb 5, 1992

REGIONAL ACTIVITIES

The four EMS Regional Councils are independent not-for-profit agencies that provide a variety of services for EMS. They are funded by the board. Under the alternative funding plan their roles would be expanded. They would remain independent, but their goals, objectives and budget and would be reviewed and approved by the board.

The funding for the regional councils for FY91 was \$117,900. The FY92 appropriation was \$80,000 and the FY93 level A appropriation is \$15,000. Alternative funding would increase the regional appropriation to \$400,000. They would provide the following services on an annual basis:

1. Service director workshops
2. Instructor/Coordinator workshops
3. Training Officer workshops
4. Instructor/Coordinator readiness workshops
5. Automated external defibrillator instructor workshops
6. Reimbursement workshops
7. Radio communication workshops
8. State run form data collection workshops
9. Audio-visual material workshops
10. Coordinate regional activities and meetings
11. Continue to operate and enhance the training equipment pools
12. Sponsor between one and four weekend continuing education programs.
13. Print and distribute the task analysis, model protocols, radio communications directories, continuing education manual, instructor coordinator manual and an annual report
14. Attend state EMS board meetings
15. Sponsor I/C candidates
16. Assist with the state EMS magazine
17. Assist with the state fair booth
18. Provide public information and education
19. Work with the EMS professional organizations in providing technical assistance to services and I/Cs.

Regions 1 and 2 are very similar to each other as are regions 3 and 4. The chart on the following page shows several EMS related categories. The includes population, number of certified attendants, number of calls, EMS funding, the number of volunteers and the number of instructors.

Based upon this information, taking into account the geographic area and the amount of money to establish a minimum full time operation in each area I make the following recommendation. Regions 1 & 2 be funded at \$50,000 each and Regions 3 & 4 be

Alternative funding
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funded at \$150,000 each. I would recommend that the regional councils review the program activities and develop budgets around these figures.

EMS Regional Comparisons

Item	Region 1	Region 2	Region 3	Region 4
Population	200,000	200,000	1,000,000	1,100,000
Attendants	648	663	3,288	3,588
Services	21	22	82	79
Calls	7,400	9,000	68,500	76,564
Initial training programs	21	27	100	139
Instructor/Coordinators	20	22	67	70
Training officers	35	21	86	97
Funding	\$1,800,000	2,200,000	13,400,000	18,800,000
Volunteers	455	426	1,043	840

This concludes the proposal for alternative funding. Please address comments to Bob McDanel, Administrator, Kansas Board of EMS, 109 SW 6th, Topeka, KS 66603-3805.

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attachment 1-5
Senate Local govt
Feb 5, 1992

KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
TOTAL REGISTRATIONS FOR 1989 BY COUNTY

COUNTY	AUTO	TRUCK	TRAILER	MOTOR CYCLE	MOTORIZED BIKE	* SPECIAL REGISTRATIONS	TOTAL	COUNTY	AUTO	TRUCK	TRAILER	MOTOR CYCLE	MOTORIZED BIKE	* SPECIAL REGISTRATIONS	TOTAL
ALLEN	8,492	5,180	771	453	225	383	15,504	MEADE	2,897	2,215	302	130	20	205	5,769
ANDERSON	5,127	3,303	496	238	95	300	9,559	MIAMI	14,894	8,452	1,495	661	149	825	26,476
ATCHISON	10,123	4,860	605	386	46	464	16,484	MITCHELL	4,214	2,804	563	223	25	207	8,036
BARBER	3,716	2,866	442	168	53	159	7,404	MONTGOMERY	20,939	10,128	1,306	946	354	1,010	34,683
BARTON	20,707	9,829	1,847	789	126	856	34,154	MORRIS	4,159	2,886	388	166	26	200	7,825
BOURBON	9,087	4,923	652	399	119	339	15,519	MORTON	1,964	1,867	243	108	22	150	4,354
BROWN	6,968	3,630	662	359	108	302	12,029	NEMAHA	7,282	4,041	648	395	48	302	12,716
BUTLER	28,544	14,780	2,287	1,281	386	2,058	49,336	NEOSHO	10,669	6,098	979	597	223	688	19,254
CHASE	1,765	1,464	204	91	10	120	3,654	NESS	2,657	2,405	487	136	17	155	5,857
CHAUTAUQUA	2,375	2,474	320	99	19	191	5,478	NORTON	3,591	2,081	421	197	20	166	6,476
CHEROKEE	10,647	6,162	732	414	100	857	18,912	OSAGE	10,236	5,886	1,127	498	254	622	18,623
CHEYENNE	2,115	1,705	287	128	12	72	4,319	OSBORNE	3,090	2,169	490	192	15	167	6,123
CLARK	1,624	1,221	175	101	13	106	3,240	OTTAWA	3,399	2,541	403	121	39	144	6,647
CLAY	6,034	3,582	463	266	62	268	10,675	PAWNEE	4,759	2,784	470	260	39	232	8,544
CLOUD	6,820	3,764	614	381	42	246	11,867	PHILLIPS	4,349	2,351	697	272	78	205	7,952
COFFEY	5,411	3,647	506	317	80	315	10,276	POTTAWATOMIE	11,104	6,310	915	501	91	606	19,527
COMANCHE	1,418	1,214	164	54	2	102	2,954	PRATT	6,801	3,871	730	301	40	353	12,096
COWLEY	21,876	11,276	1,547	977	263	1,194	37,133	RAWLINS	2,179	1,788	268	124	15	112	4,486
CRAWFORD	19,361	8,693	1,138	817	303	1,238	31,550	RENO	38,309	16,766	2,664	2,319	246	2,274	62,578
DECATUR	2,430	1,905	414	146	10	113	5,018	REPUBLIC	4,265	2,782	563	193	38	206	8,047
DICKINSON	12,903	7,252	761	571	161	593	22,241	RICE	6,960	3,992	756	397	101	480	12,686
DOMPHAN	4,664	2,890	540	243	17	308	8,662	RILEY	25,793	7,237	977	1,092	258	1,362	36,739
DOUGLAS	40,792	12,643	1,639	1,773	645	2,704	60,196	ROCKS	3,879	2,701	581	233	27	222	7,643
EDWARDS	2,596	2,066	299	150	43	137	5,291	RUSH	2,383	1,679	283	93	5	113	4,556
ELK	2,232	1,868	249	65	24	79	4,517	RUSSELL	5,226	3,301	722	233	76	358	9,916
ELLIS	16,801	7,004	1,126	674	138	785	26,528	SALINE	30,733	10,735	1,821	1,573	291	1,952	47,105
ELLSWORTH	3,606	2,363	468	244	53	202	6,936	SCOTT	3,054	2,225	508	200	16	277	6,280
FINNEY	17,029	8,552	1,275	844	113	1,134	28,947	SEDGWICK	258,082	78,826	9,459	9,496	1,819	13,879	371,561
FOOD	14,331	7,316	1,043	641	85	746	24,162	SEWARD	10,667	4,995	931	556	190	692	18,031
FRANKLIN	13,780	6,989	1,093	748	323	742	23,675	SHAWNEE	96,919	27,810	3,623	3,833	779	7,326	140,290
GEARY	18,506	5,563	504	840	118	1,307	26,838	SHERIDAN	1,900	1,523	367	106	87	135	4,118
GOVE	2,169	1,791	343	158	38	113	4,612	SHERMAN	3,954	2,607	492	244	55	261	7,613
GRAHAM	2,247	1,765	322	112	26	88	4,560	SMITH	3,294	2,378	565	129	6	171	6,543
GRANT	3,922	2,778	672	273	37	266	7,948	STAFFORD	3,603	2,456	477	160	13	126	6,835
GRAY	3,037	2,688	418	173	16	190	6,522	STANTON	1,287	1,147	196	86	5	121	2,842
GREELEY	989	1,020	209	43	0	102	2,363	STEVENS	3,059	2,069	706	173	26	264	6,297
GREENWOOD	4,434	3,331	587	180	48	296	8,876	SUMNER	15,766	9,159	1,258	768	232	961	28,142
HAMILTON	1,513	1,507	243	81	12	90	3,446	THOMAS	4,732	3,113	629	260	29	310	9,073
HARPER	4,967	3,453	486	223	33	286	9,468	TREGO	2,549	1,734	408	128	19	99	4,937
HARVEY	19,610	8,152	1,299	1,102	283	1,019	31,465	WABAUNSEE	4,403	2,898	403	169	32	285	8,190
HASKELL	2,110	1,795	366	139	12	210	4,632	WALLACE	1,068	1,000	220	69	8	52	2,417
HOOGBMAN	1,495	1,724	200	77	0	62	3,558	WASHINGTON	4,156	2,866	532	200	12	126	7,892
JACKSON	7,655	4,686	684	290	38	359	13,712	WICHITA	1,580	1,309	241	113	0	81	3,324
JEFFERSON	10,775	6,642	1,023	534	74	647	19,695	WILSON	6,508	4,119	539	323	97	360	11,946
JEWELL	2,611	2,209	559	153	15	145	5,692	WOODSON	2,436	1,878	302	132	56	182	4,986
JOHNSON	257,035	41,644	5,462	5,696	1,566	18,183	329,586	WYANDOTTE	86,870	27,253	3,851	2,749	344	6,020	127,087
KEARNEY	2,211	1,954	365	153	22	250	4,955	TOTALS	1,518,485	611,333	91,551	61,419	13,525	92,021	2,388,334
KINGMAN	5,697	4,273	697	311	29	268	11,275	Kansas Based I.R.P. Registrations in 1989							28,183
KIOWA	2,282	1,793	255	133	13	178	4,654	Kansas Based Plates Issued Under Proration in 1989							28,606
LABETTE	14,088	7,514	758	585	153	517	23,615	Kansas 72-Hour Permits							30,433
LANE	1,532	1,283	272	74	18	120	3,299	Kansas 30-Day Permits							2,829
LEAVENWORTH	32,013	13,068	1,793	1,291	230	2,225	50,620								
LINCOLN	2,090	1,569	274	118	26	120	4,197								
LINN	5,213	3,573	744	205	57	389	10,181								
LOGAN	2,097	1,472	287	147	25	124	4,152								
LYON	18,719	8,411	1,094	862	220	777	30,083								
MARION	8,283	4,985	608	469	94	368	14,807								
MARSHALL	7,872	4,623	804	304	79	253	13,935								
MCPHERSON	17,301	9,411	1,398	1,023	225	892	30,250								

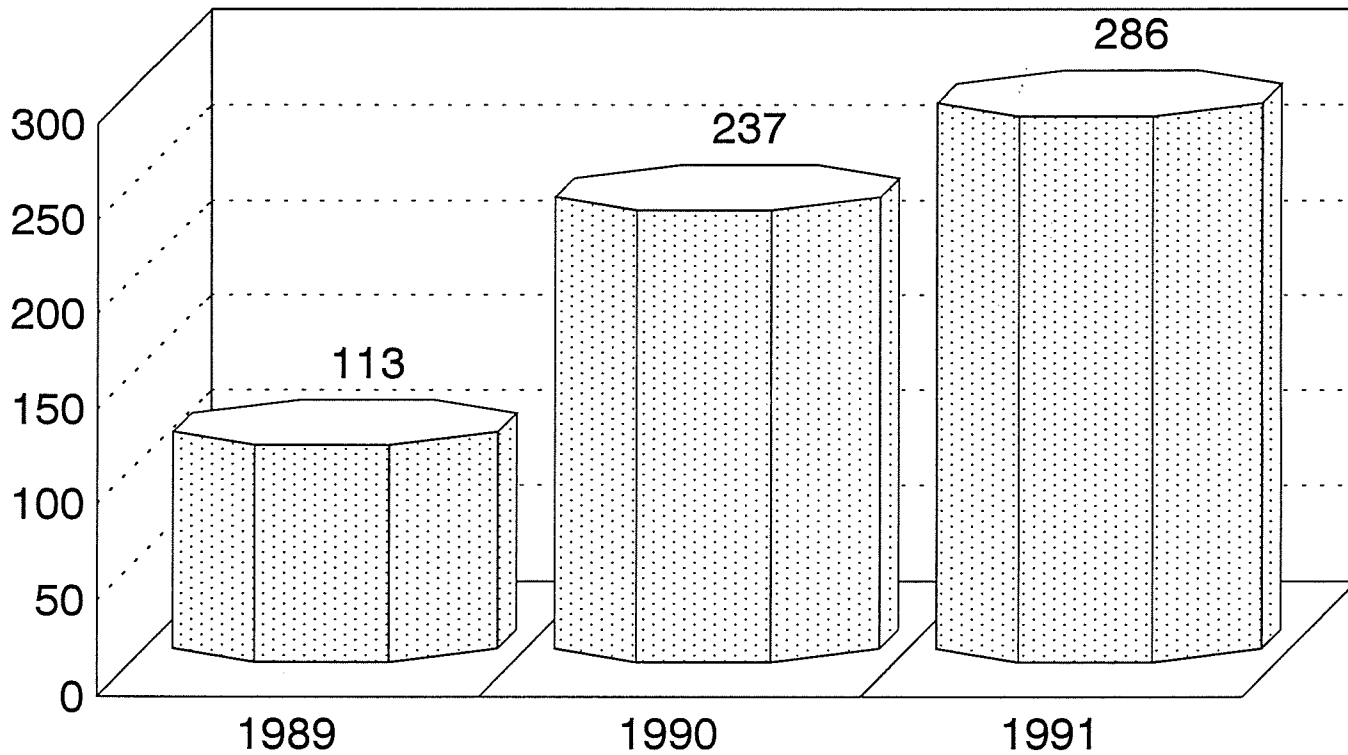
*All Special Plate Registrations are included in this total.

The above figures reflect registrations sold in the counties and reported to the Department of Revenue Division of Vehicles, and should not be construed to be an exact number on the highways of the state.

Board of EMS

Training programs

Number of initial programs



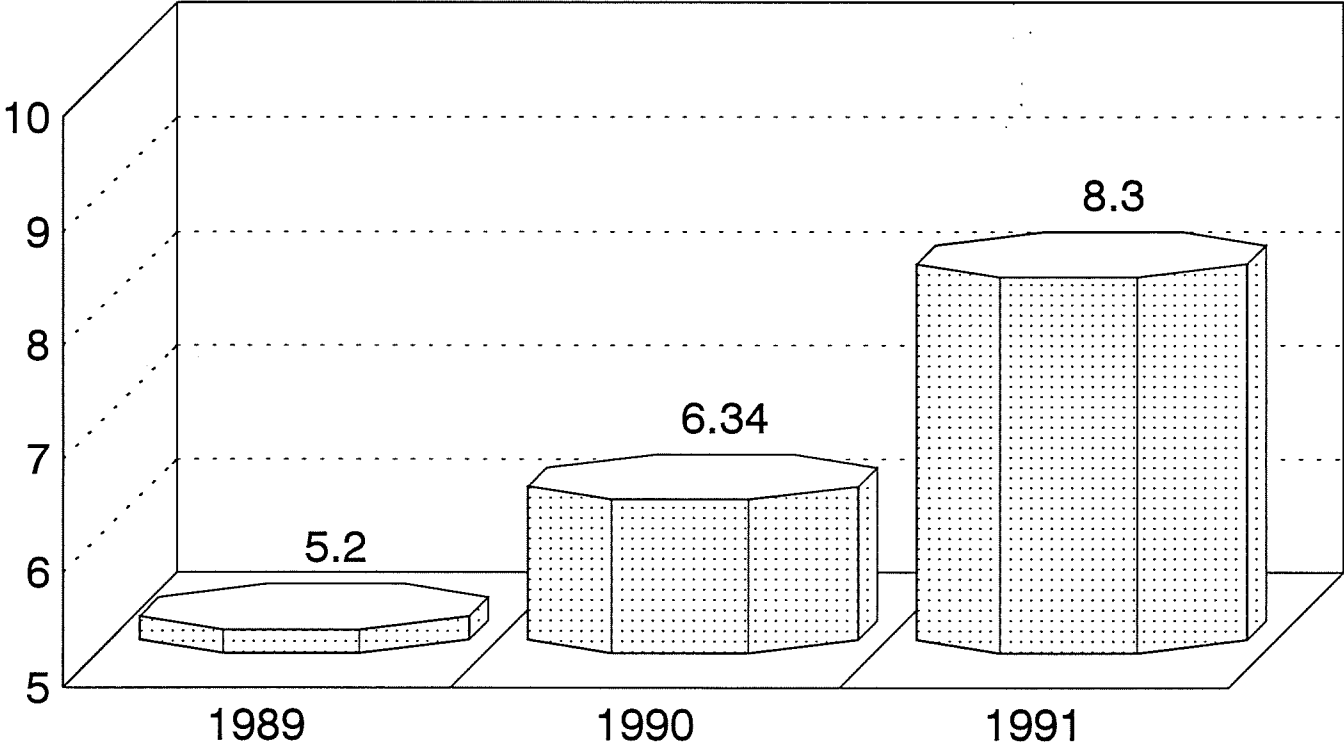
153% increase in 3 years

attachment 1-6
Senate fiscal year
Feb 5, 1992

Board of EMS

Total attendants

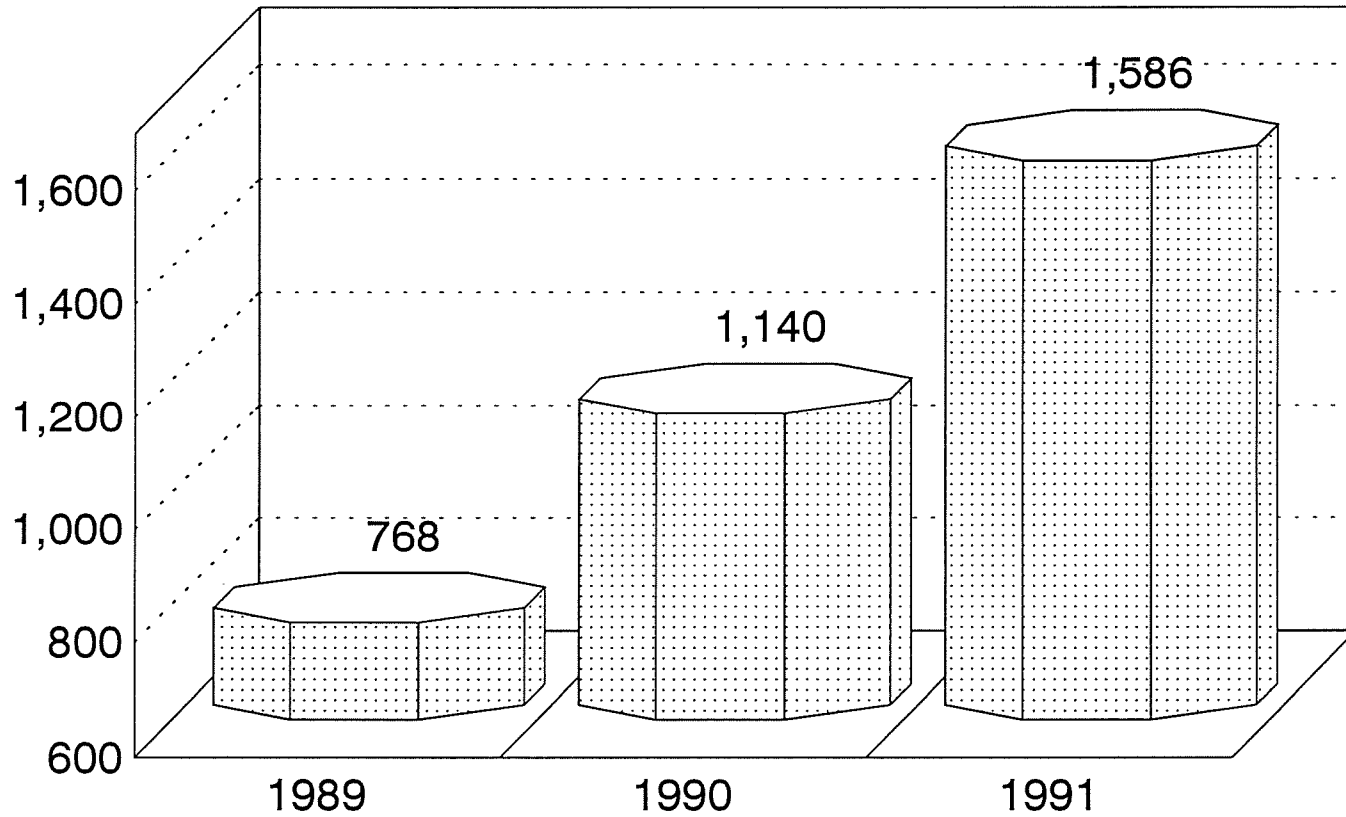
Number of certified attendants (thousands)



61% increase in 3 years

Board of EMS

New attendants

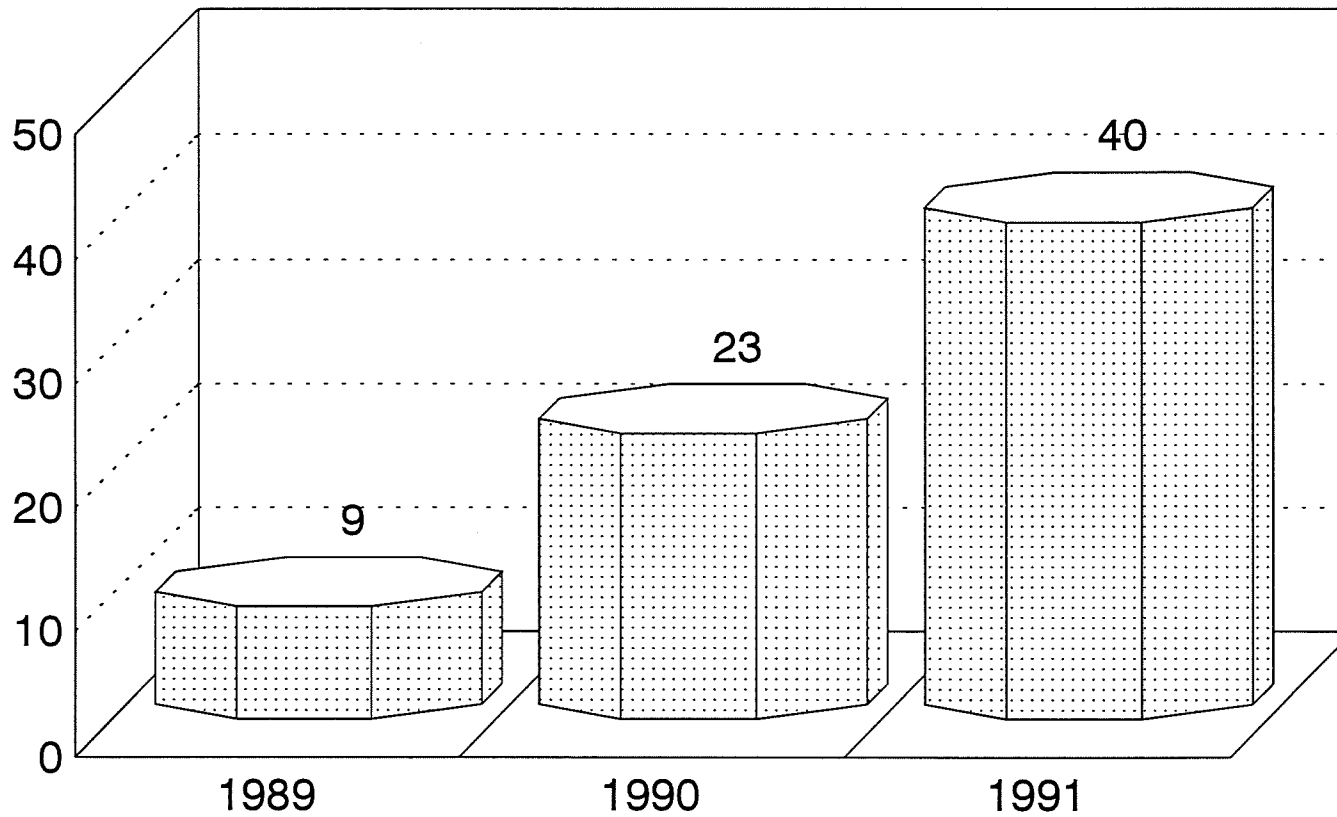


107% increase in 3 years

*Attachment 1.7
Board of EMS
Feb 5, 1992*

Board of EMS

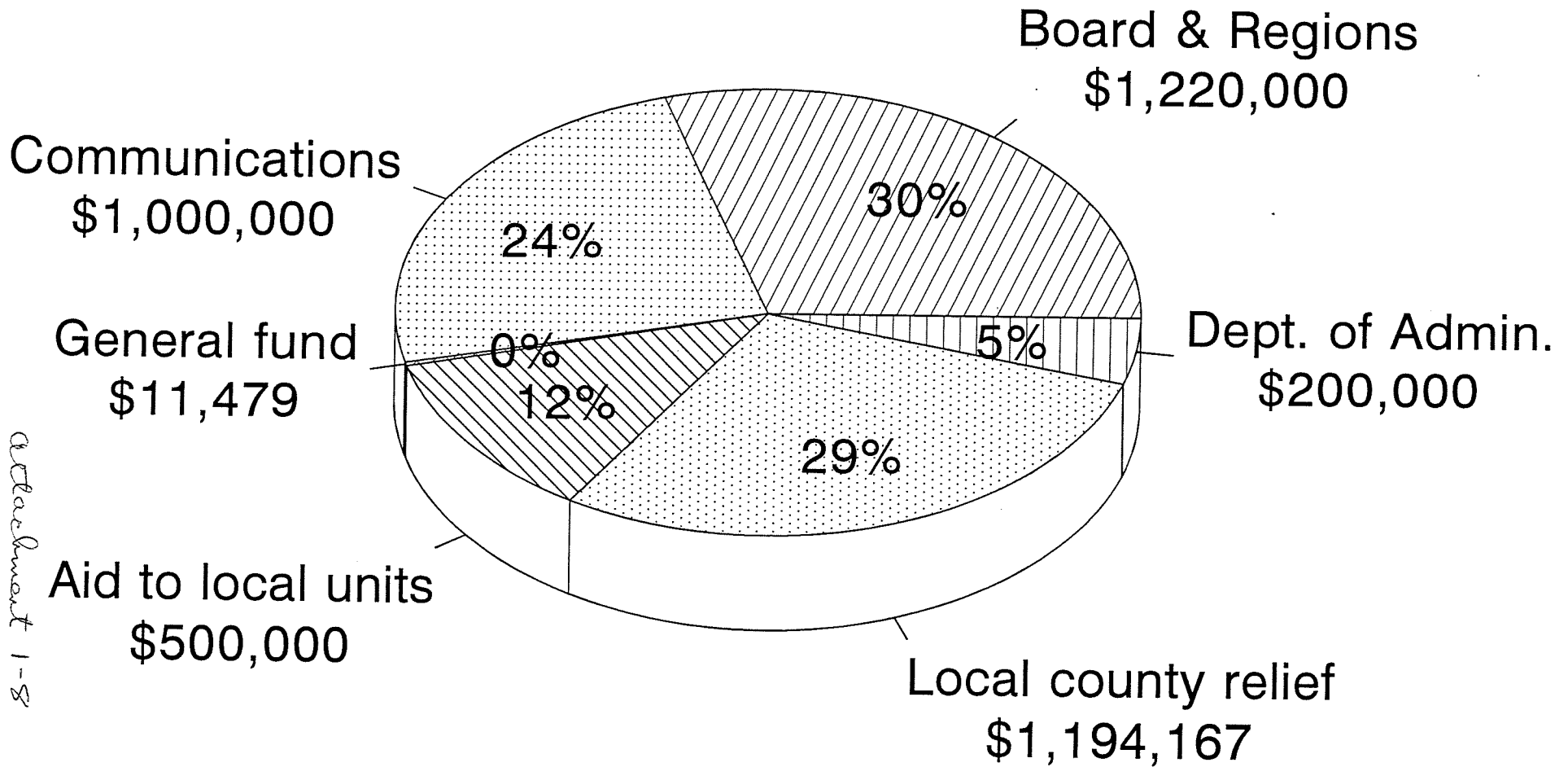
Investigations



344% increase in 3 years

Senate Bill 317

Board of EMS



*Attachment 1-8
Senate fiscal year
Feb 5, 1992*

Fiscal distribution

Total \$4,125,646

E: VE
MITTEE:

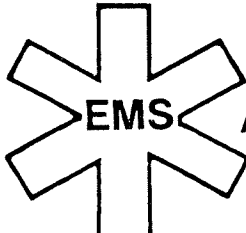
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(316) 383-7994

DAVID GOODYEAR, V. Chmn.
Coffeyville Reg. Med. Centr. EMS
Coffeyville, KS 67337
(316) 251-1200

JOANN KNAK, Sec.
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P.O. Box 282
Marion, KS 66861
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LARRY COUCHMAN, Treas.
c/o Riley Co. EMS
2001 Claflin
Manhattan, KS 66502
(913) 539-3535

KANSAS
ASSOCIATION of EMS ADMINISTRATORS



To: Chairperson Langworthy and Honorable Members of the Senate
Committee on Local Government

From: Tom Pollan, Chairman
KAEMSA

Date: February 5, 1992

Re: S.B. 317
Letter dated March 19, 1991

**KAEMSA appears in support of the concept of S.B.317 regarding
alternate funding for emergency medical service across Kansas.**

Providing for quality EMS care and transportation is the responsibility of both state and local government. S.B. 317 with some amendments will allow for the maintenance and growth of emergency medical service across our great State. KAEMSA does ask that the following amendments be made to S.B. 317. They are as follows:

Four dollars (\$4) should be the additional charge on drivers licenses.

One dollar (\$1) should be the additional charge on a vehicle. Fifty percent (50%) of the \$1 charge on vehicles should be retained in the local county for maintaining and improving the local emergency medical service establish under K.S.A. 65-6101 et al.

Recognition of the four EMS Regions in legislation as districts for EMS education, planning, development, and coordination of programs and activities.

Recognition of funding, by a separate "line item" within the Board of EMS's annual budget, for education, planning, development, and coordination of emergency medical services within each regional district.

*Attachment 2-1
Senate Local govt
Feb 5, 1992*

EX

'E
MITTEE:

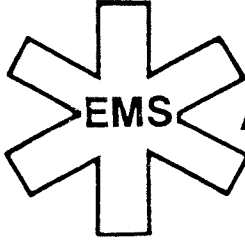
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KANSAS
ASSOCIATION of EMS ADMINISTRATORS



To: Chairperson Montgomery and Honorable Members of the
Senate Committee on Local Government

From: Tom Pollan, Chairman

Date: March 19, 1991

Re: S.B. 317

KAEMSA appears in support of S.B.317 regarding
alternate funding for emergency medical service
development.

This bill is necessary to ensure the growth and
maintenance of pre-hospital care in Kansas. It seems
apparent under the current environment of public outcry
for reduced taxation and to charge the user, that in
order for grants-in-aids to fund new or maintain existing
programs, a new source of revenue must be found. S.B.
317 appears on the surface to be just a new tax, but in
reality it is a targeted user fee charge. By targeting
the driver's license and vehicle registration fees for
this new revenue you will be pre-charging those that are
at high risk of using emergency medical services. Trauma
is the leading killer of those under the age of 45.
Motor vehicle accidents are the leading cause of these
deaths. It is imperative that we improve the pre-
hospital system if we are to reduce tragedy that trauma
causes in our great State.

KAEMSA does ask that two amendments be made to
S.B.317. They are as follows:

Strike the words "chief administrative
officer" and insert the term "board"; Sec. 4
line 35, Sec. 6 line 20 & 23, Sec. 7 line 33 &
35; and Sec. 8 line 2.

SB317/KAEMSA/91

1

*Attachment 2-2
Senate Local govt
Feb. 5, 1992*

Insert the terms "public or private" so that Sec. 5 line 11 and Sec. 6 line 17 reads "public or private programs offering education or training in emergency medical services..."

The first amendment will ensure that the premise that codified EMS legislation under H.B. 2639 in 1988, will be maintained. It was emphasized then that the powers to oversee EMS in the State was to be the Board of EMS and not the "chief administrative officer" of the Board. The second amendment will clarify the legislative intent to allow private corporations to be involved in EMS development. This will allow the EMS Regions, Kansas Instructor/Coordinators Society, other private training programs, KEMTA, KAEMSA, and local EMS units to continue as EMS developers and trainers.

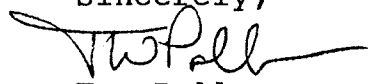
Additionally, if not more importantly, we ask that this committee recognize and take the appropriate action to secure adequate funding of the current EMS programs. The Board of EMS has suffered cutbacks in 1991 and appears that it will again in 1992. EMS Regions' "grants-in-aid" were reduced in 1991 and the current appropriation bill will reduce it again in 1992. Yet, the responsibilities and costs of providing services have increased for the Board and the Regions. In 1989, in an attempt to demonstrate their fiscal responsibility, the Board of EMS imposed a large increase in certification and annual renewal fees (From \$2 to \$15). Approximately \$100,000 of additional revenue was generated from the local EMS units and attendants. However, none of this revenue was retained in the Board of EMS fund. In comparison, the Board of Healing Arts (K.S.A. 65-2852) and the Board of Nursing (K.S.A. 74-1108) retain 80% of all revenue generated. If this same process would be used, the current programs of the Board of EMS and the Regions could be adequately funded and the imperativeness of an alternate funding bill could be reduced.

With or without the passage of S.B.317, KAEMSA recommends the following amendment to K.S.A. 65-6142 (d):

(d) The administrator shall remit to the state treasurer at least monthly all fees received pursuant to the provisions of this act. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury. Twenty percent (20%) of each such deposit shall be credited to the state general fund and the balance shall be credited to the Board of EMS fee fund. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the board or their designate.

Thank you for your consideration of this most needed alternate funding mechanism for EMS. Should you have any questions, please contact me.

Sincerely,



Tom Pollan
Chairman

Attachment 2-4
Senate Local govt
Feb 5, 1992



REGION III EMERGENCY MEDICAL SERVICES COUNCIL

HUTCHINSON COMMUNITY COLLEGE

815 NORTH WALNUT

HUTCHINSON, KS 67501

(316) 665-8354

To: Chairperson Langworthy and Honorable Members of the Senate
Committee on Local Government

From: Tom Pollan, Chairman
Region III EMS Council

Date: February 5, 1992

Re: S.B. 317

**Region III EMS Council appears in support of the concept
of S.B.317 regarding alternate funding for emergency medical
service across Kansas.**

Region III EMS Council does ask that the following amendments
be made to S.B. 317. They are as follows:

Strike the words "chief administrative officer" and
insert the term "board" in; Sec. 4 line 35, Sec. 6 line
20 & 23, Sec. 7 line 33 & 35; and Sec. 8 line 2.

Insert the terms "public or private" so that Sec. 5 line
11 and Sec. 6 line 17 reads "public or private programs
offering education or training in emergency medical
services..."

Four dollars (\$4) should be the additional charge on
drivers licenses.

One dollar (\$1) should be the additional charge on a vehicle.
Fifty percent (50%) of the \$1 charge on vehicles should
be retained in the local county for maintaining and
improving the local emergency medical service establish
under K.S.A. 65-6101 et al.

Recognition of the four EMS Regions in legislation as
districts for EMS education, planning, development, and
coordination of programs and activities.

Recognition of funding, by a separate "line item" within
the Board of EMS's annual budget, for education,
planning, development, and coordination of emergency
medical services within each regional district.

*Attachment 3-1
Senate Local Govt
Feb. 5, 1992*

ALLEN
BARBER
BARTON
BOURBON

BUTLER
CHAUTAUQUA
CHEROKEE
COMANCHE

COWLEY
CRAWFORD
EDWARDS
ELK

GREENWOOD
HARPER
HARVEY
KINGMAN



KIOWA
LABETTE
MARION
McPHERSON

MONTGOMERY
NEOSHO
PAWNEE
PRATT

RENO
RICE
RUSH
SEDGWICK

STAFFORD
SUMNER
WILSON
WOODSON

JUSTIFICATIONS:

Approximately 170,000 Kansans will need emergency medical services outside the confines of a medical facility this year. Heart attacks, automobile accidents, industrial accidents, hazardous materials exposures, and violent traumas will require EMS to provide care and transportation throughout the State. Because of this response by the EMS system victims will recover from severe illness and injury which otherwise would have left them debilitated. Heart attack victims will survive and trauma victims will receive treatment which significantly alters the outcome of their crisis in a positive manner. One survey of 18,000 trauma patients indicated that advanced life support care by EMS personnel would increase the chance of surviving a severe automobile accident by more than two fold. Heart attack and stroke deaths have steadily decreased in part due to the accomplishments of EMS.

The EMS care system pays large dividends by keeping healthy workers on the job. Avoiding care for one spinal cord injury alone can save millions of dollars over the patient's life span. A high quality EMS system is an essential and expected service in Kansas. EMS has proven itself worthy of the support it has received from local and State entities. But EMS is in need of help. While an increasing demand has been placed on the EMS system the budget has been decreasing. The number of training programs has doubled in the State annually. The number of technicians has increased 61% over the past 3 years. Rural hospitals are closing and physicians are moving out of rural areas leaving EMS as the only "vital link" for health care in many regions of Kansas. During this period of increase demands, the State Board of EMS has seen a 13% reduction in its already meager budget. The funding for aid-to-local units has been gutted from \$120,000 in 1988 to less than \$20,000 for 1993. The only Federal money available is for developing trauma system and Kansas is not eligible.

The only answer to insuring a future for State-wide EMS delivery is to pass S.B. 317 with the recommended amendments. It is essential that the Board of EMS be provided with the funds to fulfill its mission as required in K.S.A. 65-6101 et al. Currently, the Board can not meet even the minimum needs in some areas. The examination and certification of new technicians, one of the Board primary objectives, is threatened by the dwindling funds.

The 32 Counties and the EMS systems within Region III are in need of your support for S.B. 317. Region III EMS Council urge you to support this bill with the amendments recommended.

Thank you for time and consideration of this "life or death" matter.



Kansas Emergency Medical Technicians Association

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Mary Ann Luby, Executive Director
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913-765-3913 (W)

TO: Chairperson Langworthy and Honorable members of the
Senate committee on Local Government.

FROM: JoAnn Knak, President of Kansas Emergency Medical
Technicians Association (KEMTA), Director, Marion
County EMS.

KEMTA appears in support of the concept of S.B. 317, regarding the alternative funding for Emergency Medical Services across Kansas. KEMTA realizes there is a statewide effort to reduce all taxes, but EMS must still provide EMS care and transportation for the sick and injured. Every county across Kansas has felt the cuts, but the demands on EMS continue to increase. Not only in the service to our patients, but also in education, equipment, and vehicles. What you will be hearing during this hearing will be echoed by different voices of all special interest groups wanting the Legislature to look favorably upon them.

There is one big difference, Kansas EMS provides a high level of care and transportation to every citizen and locale in the state. Without funding, the BEMS will not be able to provide quality leadership, without funding the levels of training will decline, new educational programs will not be initiated, worn-out equipment will not be replaced, and the quality of care will suffer. All Kansas citizens will feel the effect.

Attachment 4-1
Senate Local govt
Feb. 5, 1992

Providing quality EMS care is a local and state government responsibility. S.B. 317 with some amendments will allow for the continuance of quality care and transportation to those needing EMS services across the state of Kansas. KEMTA does ask the following amendments be made to S.B. 317. Those amendments are:

Strike the words, "Chief Administrative Officer" and insert the term "board"; Sec. 4, Line 35, Sec. 6, Line 20, and 232; Sec. 7, Line 33 and 35; and Sec. 8, Line 2. Insert the terms "public or private" to Sec. 5, Line 11, and Sec. 6 Line,17 to read, "public or private programs offering education or training in Emergency Medical Services."

Four (\$4) should be the additional charge on drivers license. One (\$1) should be charged on vehicle registrations, with fifty percent (50%) of the \$1 charge remaining in the local county for maintenance of the local ambulance services established under KSA 65-6112, et al.

Recognition of the four Regional EMS systems by a 'Budget Line Item' that would insure continual support of the Regions to provide education, planning, development and coordination of the EMS services in the Regional districts. There are a multitude of Kansas EMS personnel who look to the EMS Regional offices for support.

*Attachment 4-2
Senate Local Govt
Feb 5, 1992*

Page 3

Thank you for your consideration of this most needed alternate funding mechanism for Kansas EMS. Should you have any questions please contact me.

Sincerely,

JoAnn Knak
President, KEMTA
Director, Marion County EMS

JK/do

attachment 4-3
Senate Local govt
February 5, 1992

SENATE LOCAL GOVERNMENT COMMITTEE
February 5, 1992

Good morning Mr. Chairman and members of the committee.

My name is Jerry Cunningham from Phillipsburg. I am here today, along with Mr. Kerry McCue, of Ellis County EMS, Hays, representing Region I Emergency Medical Services.

Region I EMS is comprised of the 18 counties in the northwest quadrant of Kansas. This sector includes Smith County and all the counties south to I-70 and extending west to the Colorado line.

Within this northwest sector of our state, Emergency Medical Services consists of 21 ambulance services of which all are volunteer services except two.

In a period of 12 months, these services will respond to 7,400 calls for emergency care, with a volunteer staff of less than 650 certified technicians in the local communities.

In addition to my regional duties. I am also the assistant administrator of Phillips County EMS. As a Kansas instructor/coordinator I am involved with teaching initial courses of instruction, as well as continuing education classes.

Being closely associated with volunteer services of rural Kansas, several areas of concern, and problems seem to be unique to all rural communities of EMS.

The fear of being left adrift in a sea of rules and regulations, staffing requirements, equipment maintenance and upgrade and a multitude of other not easy to find answers, plague service directors, instructor/coordinators, and certified attendants at all levels.

Where do these people turn to for assistance? Where does the service director of a small western Kansas community get unilateral support when he needs it?

The answer is two-fold. One, he can get help and assistance from the Board of EMS in Topeka, and he can get assistance from his regional office.

In order for that assistance to be available to the isolated ambulance services of Kansas, two things must be in place.

First and foremost, we must have a highly visible state agency for emergency medical services. This agency must be in a position with sufficient staff, both in office, and in the field to handle the need of its people.

*Attachment 5-1
Senate Local govt
Feb. 5, 1992*

Senate Local Government Committee
February 5, 1992
Page 2

The agency must be allowed to grow, expand and be flexible to meet the demands. These needs are not currently being met, due to severe financial restraints on the state agency.

Secondly, the regions play a vital role in providing equipment, training programs, assisting local services with a host of needs known only to those involved.

Volunteers are just that - volunteers. The state requires them to attend recertification programs yearly to maintain their certification. Volunteers volunteer when they can. That means most classes are held at night or on weekends after the volunteer has completed his 40 hours at his primary job.

In some communities, training programs can only take place at a time inconvenient to those needing them. This places additional burdens such as mileage and money and time on the local community.

Historically in the past, the regions have provided programs to the local communities to assist them from incurring hardships. This has been done at minimal to no cost to the service.

Currently, the Board of EMS budget has been cut so severely, that only survival of the fittest will prevail. Additionally, regional funding has been reduced to a non-existence level.

In less than six months the regions will be forced to exist in name only. The state agency will again look at what services will need to be eliminated because of lack of funds.

This is truly frightening to me and should be to you as well. As you drive across the highways of this great state, ask yourself, "If I need emergency care, can I be sure I will get the same service and care in all areas of the state?"

With SB 317, alternate funding for Emergency Medical Services being passed into law this legislative session, your answer to the question should be very obvious.

Thank you.

To: Chairperson Langworthy and Honorable Members of the
Senate Committee on Local Government

From: Sheryle Broeckelman, Chairperson
Region 2, Southwest Kansas EMS

Date: Feb. 5, 1992

Re: S.B. 317

Region 2, Southwest Kansas EMS, gives it's support to the concept of S.B. 317 regarding alternate funding for emergency medical services in Kansas.

The EMS services in Western Kansas are primarily volunteer. We need access to training programs that give us initial training and continuing education. For us to travel great distances is difficult and at times expensive. For volunteers to give so much, this day and age, is asking quite alot! The regions have helped in fulfilling that need by providing training and equipment support. They have done this through the state funding of the region. The past few years that funding has been cut - cut to the point of, I fear, extention of the regions.

Unless funding is forthcoming from Bill #317, Alterntive Funding or some other source, we will be unable to continue to serve the needs of Region 2.

Our pleas is for consideration and passage of Bill #317. We are willing to investigate and apply for grant monies, donations, etc. We will make every effort to gather monies for continued operation. But we feel that public monies will not be adequate to support the regional councils throughout the state to the level they need to function and support EMS in Kansas.

Southwest Kansas EMS supports the passage of S.B. 317 with amendments as follows:

Strike the words "chief administrative officer" and insert the term "board"; Sec. 4 line 35, Sec. 6 line 20 & 23, Sec. 7 line 33 & 35; and Sec. 8 line 2.

Four dollars(\$4) should be the additional charge on drivers licenses.

One dollar(\$1) should be the additional charge on vehicles. Fifty percent (50%) of the \$1 charge on vehcile should be retained in the local county for maintaining and improving the local emergency medical services established under K.S.A. 65-6112 et al.

*attachment 6-1
Senate Local govt
Feb 5, 1992*

Recognition of the four EMS Regions in legislation as districts for EMS education, planning, development, and coordinating programs.

Recognition of funding, by a "line item" within the Board of EMS's annual budget, for the districts education, planning, development, and coordinating programs.

Region 2 joins the other three Regional councils throughout Kansas in asking for your support of this bill #317, Alternative Funding for EMS in Kansas.

*Attachment 6-2
Senate Local Govt
Feb 5, 1992*