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**Testimony to the Corrections and Juvenile Justice Committee
In Support of HB2064
February 7, 2013**

Chairman Rubin and Committee Members,

The Kansas Sheriffs Association and the Kansas Peace Officers Association support HB2064. We requested this bill to address a growing fiscal problem we face on the costs of transporting a person in our custody by ambulance for medical treatment. The current law provides law enforcement to pay the Medicare Rate for health care. That statute revolves around the definition of “health care provider” provided in the statute. That definition does not include the emergency medical health care. This bill is requesting your consideration to simply add those health care services to the definition. Under constitutional ruling, a law enforcement or correctional agency is responsible for the health care of any person we have arrested or are in corrections custody. This results in the law enforcement agencies paying a higher rate for a person who otherwise would have been covered by a health insurance contract or Medicare coverage for the transportation.

Since this topic came up in discussions by our associations, we have heard from many agencies across the state. These are agencies of all sizes both rural and metropolitan areas. Typically it appears a common non-critical transport of a patient is being billed to the law enforcement agencies with billing ranging from \$400 to as much as \$800. Of course transport with critical patient care runs much higher.

In some of these cases it is merely taking money out of one taxpayer’s pocket and putting it in another pocket. In others the bill is paid to private companies or hospitals. If we are allowed to pay the Medicare rate for the actual health care treatment once at the hospital, it seems the cost of getting the patient to the health care treatment should also be billed at the Medicare rate. As we understand it, a patient who is truly on Medicare would not pay a higher non-Medicare rate for the transportation. We suspect that in some cases the rates we are currently billed may even be higher than what an insured patient would be billed if there is a “write-off” provided to the insured.

We respectfully ask you to recommend HB2064 favorably for passage.

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