



Hamilton County

Testimony in Support of House Bill 2366
House Committee on Rural Revitalization
Randy Braddock
County Commissioner, Hamilton County, Kansas
Syracuse, Kansas
February 22, 2019

Mr. Chairman and Members of the Committee, thank you for allowing me to testify in support of House Bill 2366, which would allow a non-medically trained person to drive an ambulance only on stable medical transfers.

My name is Randy Braddock, from Syracuse where my wife and I farm and ranch. I also serve as a Hamilton County Commissioner. During my 16 years on the county commission, our small county of 2,600 residents has faced a number of obstacles but one that remains an ongoing challenge is meeting the needs for emergency medical service workers. Hamilton County is not alone in this challenge, rural Kansas and nationwide, rural emergency medical services are facing critical shortages of paid and volunteer trained individuals. It is commonly known there is an emergency medical service workforce shortage in many states and this is most pronounced in rural areas. The nearest emergency medical service training classes are 50 miles in distance from Syracuse which makes it difficult for people to take off work to receive training.

The major challenges facing rural EMS are reimbursement, recruitment of paid and volunteer emergency medical technicians and retention. Rural EMS systems face unique challenges of low population densities and low call volumes.

Last year in Hamilton County, there were a total of 212 calls for service. Of those, 123 were emergency calls in Hamilton County. There was a total of 24 standbys that include sporting events, fires and landing zone set up for an air ambulance helicopter. There were 65 transfers which 90% were considered stable, non-emergency. These non-emergency patient transfers necessitated transporting stable patients for out of town physician appointments X-ray, MRI, CT scan or other specialized testing or treatment that cannot be provided at the Hamilton County Hospital. To handle those calls, we have 1 full-time paramedic and 1 full-time EMT with the balance of our emergency medical service coverage fulfilled by volunteers (considered part-time for payroll). Staff receive a stipend of \$20 to cover a 12-hour shift and an average \$14 per hour when on an actual medical call. When a crew is out of town for a transfer, at least 2 responders are required to cover the shift vacated by the transfer crew.

Kansas Board of EMS rules and regulations require that a minimum of two emergency medical technicians are on-board when an ambulance is in operation. The intent is sound to ensure EMS personnel, patient and other's safety during EMS operations and of course, the requirement is crucial for emergency medical calls.

However, in the instance of non-emergency, stable medical transfers the requirement can be a burdensome for rural areas facing shortages in the emergency medical service workforce. Because of this, it would be helpful to allow a non-medically trained person to drive an ambulance only on stable medical transfers. Of course, there would be an emergency medical technician or paramedic on-board for patient care.

If enacted, House Bill 2366 would allow in rural counties with a population of less than 5,000, a physician to determine a patient whose condition is stable and not likely to change, may be transferred in an ambulance driven by a non-emergency medical technician. The ambulance driver would be required to complete an emergency vehicle operators' course, approved by the Kansas Board of EMS. All transfers would be limited to non-emergent, stable patient transfers. Typical examples of transfers would be between Hamilton County Hospital and another hospital, medical facility or nursing home.

There is a rule out there, undoubtedly made long ago, and circulated widely as conventional wisdom that you should never bring up a problem unless you have a proposed solution. I believe as written, House Bill 2366 would be a step in the right direction to solve a problem and offer smaller rural counties relief from the challenges of providing non-emergent, stable patient transfers.

Thank you for your consideration. I am pleased to answer questions.