



Kiowa County Emergency Medical Services

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OPPONENT WRITTEN TESTIMONY

Date: February 22, 2019

To: The Honorable Don Hineman, Chairman
House Committee on Rural Revitalization

From: Rosa Spainhour, Director Kiowa County Emergency Medical Services

RE: HB 2366, Apparatus operators to provide ground ambulance transportation

Thank you for the opportunity to provide testimony in opposition to HB 2366. My name is Rosa Spainhour, I am the Service Director for Kiowa County Emergency Medical Service. Kiowa County has a population of less than 5000 and could be directly impacted by the changes proposed by HB 2366. My EMS agency frequently provides interfacility transfers between our local hospital and other hospitals. The ambulance staffing changes proposed would not be beneficial to my community and could be detrimental.

Lowering our ambulance services standards to allow just a “trained and authorized” driver of an emergency vehicle to replace a certified medical attendant is detrimental in two different ways. The first is that is not what is best for the patient. Second it does not address the real issue. Rural ems agencies are struggling to recruit and maintain staff because of the decline in volunteers.

The proposed legislation leaves several questions unanswered. Who is going to make sure the person is “trained and authorized” and who’s liability will they fall under? If the EMS agency is responsible and the training is taken out of my budget then I would just as soon have a certified attendant driving so when the stable patient suddenly crashes, the driver can pull over to the side of the road and help with patient care. I won’t allow some of the volunteer firefighters in my county to drive our ambulance even though they are “trained and authorized” to drive an emergency vehicle. Very few if any have any defensive driving training or taken a CEVO class. Driving a firetruck is way different than driving an ambulance. You have to be cognitive of not throwing your partner around in the back or making the patient sick by stopping/starting or taking corners too fast.

I have been in EMS for 25 years, 23 years as a paramedic. I worked 13 years in 2 large call volume services before returning back to my small hometown where I initially started my EMS career. Even with all the experience and knowledge I have, I would still prefer to have another certified medically trained professional driving my ambulance in case the situation arose that I’d need their assistance in the back with a patient that deteriorated. The majority of our transfers are to a tertiary hospital 100 miles away. Even though I may feel comfortable being able to handle any situation that may arise while enroute to Wichita I’m not sure some of my newer

EMT's could manage. Some of them have never seen or helped treat a critical or unstable patient, let alone responded to very many calls. In situations where the patient is deemed to be "stable", the patient better off staying at the hospital with doctors and nurses until an ambulance with 2 certified medically trained personnel becomes available. Versus placing them on an ambulance with 1 medically trained person and a person who is trained and authorized to drive an emergency vehicle but not medically trained to provide direct patient care. We already deal with some physicians downgrading an critical transfer to stable transfer because there's not a paramedic available to do an interfacility transfer and they want the patient out now. I have had a couple of my basic life support crews bring a patient back to the hospital because the critical transfer patient that was downgraded to stable and then deteriorated beyond the basic life supports crews scope of practice.

I feel that if this bill passes it just opens up a can of worms to allow small rural county commissioners and councilman to push for allowing this on initial 911 calls too. They don't want to spend money because they don't see the importance of paying for full-time 24/7 EMS coverage. Most rural agencies are lucky if they have 1 paramedic and rely heavily on volunteers to help staff their ambulances. Volunteerism is slowly dying and this bill would allow for the local politicians to continue saving county budget money rather than addressing the real issue, that they need to start paying for what they want. Thank you for your consideration.