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To: House Committee on Local Government
From: Spencer Duncan, Government Affairs Director
Date: March 13, 2024
RE: SB 384 – Ambulance Operations Variance
In Support – Verbal Testimony

Thank you to the Chair and Committee for the opportunity to provide testimony today.

The League supports SB 384 as it benefits rural communities while addressing problems they face with medical transport staffing. Passage will not reduce quality of care from medical transfer teams and does not impact emergency services. SB 384 is a simple fix to a complex problem and the current language has been worked on for a year by cities and the EMS Board, representing an agreement between the parties.

SB 384 removes a statutory requirement that variances related to the outlined statutes have a time limit. This provides stability cities need for staffing and service purposes when granted a variance, while providing the EMS Board ongoing oversight to ensure proper care is provided to patients.

Current statute (*KSA 65-6135*) mandates that one individual on a vehicle be certified pursuant to K.S.A 65-6119, 65-6120, or 65-6121: an emergency medical professional (EMT), physician, physician assistant, advanced practice registered nurse or professional nurse. SB 384 allows for the second individual on a vehicle, with an approved variance, to be a qualified driver on ground-based transports. This does not make any changes to emergency services.

KAR 109-2-6(c)(1)(C) requires a minimum of two attendants **or** one attendant **and** one health care provider for ground ambulance service to provide basic life support (BLS) services. This is more restrictive than state statute and is the standard the Board enforces daily.

KSA 65-6110(a)(7) allows the Board of EMS to “adopt any rules and regulations necessary for the regulation of ambulance services. Such rules and regulations shall include...and (7) such other matters as the board deems necessary to implement and administer the provisions of this act.”

The League supports drivers having CPR training at minimum and allowing EMS services to determine whether drivers should have additional training, such as emergency vehicle operations (EVOC). EMT’s are not currently required to have EVOC training, so it would not make sense to require a lesser-medically credentialed person to have more training in driving the ambulance.

We support SB 384 as it can result in more timely care for patients in rural communities. We ask for your support of this legislation, which passed the Senate 39-0. Thank you for your time and consideration of these issues. I am always available to provide additional information and answer any questions you have.

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