

SB 384 – Allowing ambulances in rural communities to operate with only the minimum personnel required by state law.

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Opponent Testimony

Madam Chair McGinn and members of the committee, thank you for the opportunity to provide testimony in opposition to SB 384.

The Emergency Medical Services Board is the lead EMS agency in our state responsible for protecting the public through the effective oversight of all things EMS related in Kansas; this includes ambulance services, ambulances, EMS providers, and EMS educational entities. We have been tirelessly providing guidance, input, and support to our 170 EMS agencies across the state of Kansas as we remain in close and frequent contact with them to attempt to identify and address challenges as early as possible.

The Board stands opposed to the language within SB 384. SB 384, if enacted, is dangerous and does nothing to protect the public from bad actors. Additionally, it clearly places EMS providers at an increased risk. Finally, it creates a logistical nightmare by which nearly every Kansas ambulance service will unknowingly and unsuspectingly violate state law for doing nothing more than transporting a patient while providing emergency medical service.

The Board continues to assert that a practice is either safe for the entire state or not safe. Policies enacted based upon an arbitrary population number unintentionally create disparity and is poor practice when considering public protection. The Board asserts the practice in the proposed amended language is inherently unsafe.

SB 384 would not allow the Emergency Medical Services Board to enact in regulation a requirement that a driver be utilized. A service could staff their ambulance with only one of the persons in subsection (b), provide emergency medical service to include transportation, whereby the one person drives the ambulance with the patient unattended, and not be in violation of Kansas law. This returns Kansas EMS to the late 1960s when ambulances were hearses being operated by funeral homes. This bill would enable bad actors to provide substandard service to Kansans and leave the Board with little, if any, method of protecting the public from these actor's actions. We cannot imagine this was the intent of the group seeking introduction of this bill and therefore, SB 384 needs to be set aside.

SB 384 places EMS providers in harm's way. Having a single person respond to a 911 call, an unknown situation, is dangerous and places the person at an increased risk. Having a 2nd EMS provider to bounce ideas off of, use for verifying the appropriateness of medications and dosaging, having a second set of trained hands, etc., is a practice that increases the safety and efficacy of the delivery of emergency medical services and employs methods meant to protect the EMS providers from unintentional mistakes and to deter them from poor behavior.

SB 384 creates a logistical nightmare, for the service and for the state. Emergency medical services include the care and transportation of a patient. The Board is statutorily prohibited from granting a jurisdictional authority to an ambulance service. Therefore, all ambulance services are permitted to operate and respond anywhere within the state of Kansas and most of them do. Furthermore,

ambulance services are not restricted upon what facility they can or cannot transport to. It would be very common for an ambulance to start in a city or county with a population less than 50,000 to drive through or to a city or county with a population greater than 50,000, and continue this back and forth dance in getting to their final destination. All the while, providing emergency medical service. This would require the Board to be able to identify the specific routing for each ambulance transport to match with the responses submitted through the Kansas EMS Information System. This is an unnecessary burden to the ambulance service to need to report and/or track routing.

Related to this topic of operating with a single healthcare provider, the Emergency Medical Services Board is proud to announce five services have proceeded with the Board's variance process to temporarily set aside the regulation seemingly causing the concern resulting in continued introduction of bills. This latest guidance document was enacted on April 7, 2023, with the first applications being received in early November. The City of Washington EMS, Waterville Ambulance Service, Clifton City Ambulance, Norwich EMS, and Miltonvale EMS are our five approved services. The City of Washington EMS reported on Monday they are going live today, February 1, and will be the first to have completed their in-house training and to get started.

The process does not seem burdensome, enables these services to legally operate with a trained driver and one of the individuals listed in subsection (b) when two certified providers are not available, and mitigates the potential risks of utilizing non-certified individuals still being exposed to workplace hazards consistent with the environment of the EMS provider. Furthermore, this variance also allows each of these services the ability to take, with a trained driver and one of the individuals listed in subsection (b), an interfacility ground transport originating from a hospital, think hospital to hospital or hospital to nursing home, if the patient requires no more than the care an EMT can provide, the patient's condition is not expected to degrade during transport, and the patient's condition is not life-threatening.

The variance grants them 12 months of this operation while they continue efforts to recruit and address the underlying issue with lack of staffing. An additional 12-24 months can be requested at the end of this period, but a public hearing must be held at that point to make the public clearly aware of the concerns being encountered by the ambulance service.

This variance process allows us to study the potential need for a policy change in a controlled manner. We would urge your continued support for this process and allow the process time to work and return results.

Summary

SB 384 is not a policy the state of Kansas wants to enact. It unintentionally enables bad actors, unnecessarily places EMS providers at increased risk, and would prove to be nearly impossible to implement successfully. This combination alone makes it clear that SB 384 should be set aside.

We urge you to allow the Emergency Medical Services Board's variance process to continue to study the need for any type of legislation to effect a change in staffing in a controlled manner. The variance is the tool the Legislature granted us the authority to use to safely study items that could have a potential adverse effect upon overall public safety and public protection.

We are happy to provide this committee with ongoing reports on its progress and any challenges or successes being encountered and communicated to us.

The EMS Board urges you to set aside SB 384. We appreciate your time and consideration and look forward to working with the committee to study and report on the variance process related to staffing ambulances.