

## MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:35 P.M. on March 2, 2006 in Room 231-N of the Capitol.

All members were present except:

Phil Journey- excused

Late Arrival:

Sen Haley	1:40
Sen Wagle	1:41
Sen Schmidt	1:41

Committee staff present:

Emalene Correll, Kansas Legislative Research Department  
 Terri Weber, Kansas Legislative Research Department  
 Norm Furse, Office of Revisor of Statutes  
 Diana Lee, Office of Revisor of Statutes  
 Morgan Dreyer, Committee Secretary

Conferees appearing before the committee:

Robert Waller, Administrator - Kansas Board of Emergency Medical Services  
 Tuck Duncun, Representative for American Medical Response  
 Christopher, MICT, BS - Kansas Emergency Medical Services Association  
 John Hultgren, Representing Region 4 Emergency Medical Response  
 Kerry McCue, Director - Ellis County Emergency Medical Response

Others attending:

See attached list.

Upon calling the meeting to order, Chairman Barnett asked Emalene Correll to review and explain the new statutes of **SB 546**.

**Hearing on SB 546—An act concerning the board of emergency medical services; establishing a statewide data collection system**

Chairman Barnett called upon his first proponent conferee, Robert Waller, Administrator for the Kansas Board of Emergency Medical Services who stated that the purpose of **SB 546** is to collect and analyze emergency medical services response information from ambulance services on patients being transported in Kansas in a central repository and in an electronic format. A copy of his testimony is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The Chair then called upon the next proponent conferee, Tuck Duncun, American Medical Response, stated that the provisions of the bill would allow that the Board of Emergency Medical Services to develop and maintain a statewide data collection system to analyze emergency medical services information that will assist the board in improving the quality of emergency medical services. A copy of his testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

Next the Chair called upon the first opponent conferee, Christopher Way, MICT, BS, Kansas Emergency Medical Services Association who stated that he believes accurate data collection can improve patient care and / or the level of service provided to the citizens of Kansas that he serves, and believes that implementing a system with mandates and fines is a purely bureaucratic approach that does not encourage good patient care nor enhance service delivery. A copy of his testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett then called upon the next opponent conferee, John Hultgren, Representing Region 4 Emergency Medical Services, stated that Region 4 does support data collection in the state and supports legislation helping services and the state to accomplish this, but the process at the local service level will take time in training personnel and acquiring resources to complete it. A copy of his testimony is (Attachment 4)

## CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:35 P.M. on March 2, 2006 in Room 231-N of the Capitol.

attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett then called upon opponent conferee, Kerry McCue, Director of the Ellis County Emergency Medical Services, who stated that the bill would allow the Kansas Board of Emergency Medical Services to establish a statewide data collection system, and is concerned that **SB 546** is not the establishment of a data collection system but rather the financial impact that the bill could place on ambulance services and local government across the State. A copy of his testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

The Chair then called the Committee's attention to the written testimony submitted by Kansas Department fo Transportation, Kansas Department of Health and Environment, and Advisory Committee on Trauma in support of **SB 537**. A copy of his testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced

The Chair then called the Committee's attention to the written testimony submitted by Terry David, Emergency Medical Services Director for Rice County in opposition of **SB 537**. A copy of his testimony is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett asked for question or comments from the Committee. Questions came from Senators Schmidt, Palmer, Wagle, Haley, and Barnett regarding the lack of notice in bringing this bill up for a hearing, concern with the HIPAA law, data software systems management, the holding of secure information, penalties, origin of request, and time length to fill out a patient report.

### **Adjournment**

As there was no further business, the meeting was adjourned at 2:30 p.m.

The next meeting is scheduled for Wednesday, March 8, 2006.

# Sign In Sheet

March 2, 2006 PH4W

Christopher Way

Keray McCue

John Hultgren

Con Olson

Trey Cocking

Pat Lehman

Jennifer Lyon

Jack Hein

~~Tommy~~

Sindy DeCourney

Ali Sultani

Karen Amfunder

Kansas EMS Association  
Region 7 EMS / Ellis Co. EMS

Region 4 EMS / Dickinson Co. EMS

Region 5 EMS / Jefferson Co. EMS

Division of The Budget

KS Fire Service Alliance

Pinegar, Smith, & Associates

Hein Law Firm

~~OT~~

American Heart Assoc.

Senate Intern

K9 HP



# KANSAS

DENNIS ALLIN, M.D., CHAIR  
ROBERT WALLER, ADMINISTRATOR

BOARD OF EMERGENCY MEDICAL SERVICES

KATHLEEN SEBELIUS, GOVERNOR

March 2, 2006

Senate Committee on Public Health and Welfare  
Senator Jim Barnett, Chair  
Room 231-N, Statehouse

RE: Testimony for SB 546

The Kansas Board of Emergency Medical Services (BEMS) has been attempting to develop a data collection system since 1991. The purpose is to collect and analyze emergency medical services response information from ambulance services on patients being transported in Kansas in a central repository and in an electronic format.

K. A. R. 109-2-5 currently gives the Board the authority to collect information as stated below:

- \* (v) Each publicly subsidized operator shall provide the following statistical information to the board before March 1<sup>st</sup> of each calendar year;
- \* (1) the number of emergency and non-emergency ambulance responses and the number of patients transported for the previous calendar year;
- \* (2) the operating budget and tax subsidy;
- \* (3) the charge for emergency and non-emergency patient transports, including mileage fees; and
- \* (4) the number of full-time, part-time, and volunteer staff.

This proposed legislation would expand the authorization of the board to collect additional pertinent information. It is the goal of this agency to have all of the 174 Ambulance Services in Kansas collecting the same information as standardized by the National Emergency Medical Services Information System (NEMSIS), which was developed by a grant from the National Highway Traffic Safety Administration (NHTSA), with state specific datasets as determined by representatives across the state. This information would be forwarded electronically to the Board for analysis and reporting. The system would be compliant with Health Information Portability and Accountability Act (HIPAA).

With this legislation each ambulance service would have 28 to 60 days (depending on the months) to submit the information to the Board. If the information is not received 30 days after the end of a particular month, the Board would have the authority to deny grant requests or assess fines. The Board hopes that all ambulance services will realize the importance of collecting this data, and any apprehension relating to fining, training, or penalties would be minimal.

Ambulance Services collecting and reporting this data would have the benefit of new organizational ideas, improved quality of emergency care and procedures, would draw public attention to community

*Senate Public Health & Welfare  
Date: March 2, 2006  
Attachment #1  
Committee*

issues, provide justification for an existing program or illustrate a need for a new program, provide initial and continuing education, allocate state/agency resources effectively, and help those in the emergency medical services community to see the value of their work.

It is the Board's intention to have a web based reporting system that will be user friendly and accessible to all parts of Kansas.

The data collection system that we are proposing is based upon the National Emergency Medical Services Information System (NEMSIS). NEMSIS is a cooperative project of the National Association of State EMS Directors (NASEMSD), the National Highway Traffic Safety Administration (NHTSA) and the Trauma/EMS Systems program of the Health Resources and Services Administration (HRSA) whose goal is to develop a national EMS database.

To date over 52 states and territories have accepted NEMSIS and the standardized dataset (NHTSA 2.2 dataset). This standard is non-proprietary and no one company owns the data format (unlike how Adobe owns the PDF standard). In addition, the standard uses Extensible Mark-up Language (XML) to transport data. This means that all emergency medical services, state offices and vendors would be using the same data elements and would be capable of communicating with each other.

NEMSIS Components:

<b>Incident Data</b>	<b>Patient Data</b>
Dispatch data	Demographics
Incident data	Medical history
Injury/trauma data	Assessment
Financial data	Treatment
Cardiac arrest data	Medications
EMS system demographic data	Procedures
EMS personnel demographic data	Disposition
Quality management indicators	
Outcome indicators	
Domestic terrorism data	
Linkage data	

The NEMSIS goals are:

- \* identify national trends,
- \* drive education,
- \* prioritize needs and funding,
- \* benchmarking,
- \* solidify EMS in the health care family, improve reliability and efficiency,
- \* reduce errors,
- \* determine effectiveness of systems and patient care; and
- \* promote research.

Currently 27 of the 56 states and territories have an electronic statewide EMS data collection system. Most are in the process of moving to the new NEMSIS standard while a smaller number actually have systems in place which use the new format.

BEMS would purchase a web based state license. This would entitle the local EMS to access a secure website and enter the data elements from each EMS response. This concept is currently being utilized by other states (Minnesota, Delaware, and North Carolina, to name a few). Services could also run both predetermined and ad-hoc reports on their own data.

Local ambulance services could choose to use any NEMSIS compliant software according to their needs. Most of the country's software vendors are currently making, or have already made, such a product. The service would be responsible for exporting the data elements the state requires and coding them appropriately.

The Request For Proposal (RFP) would mandate HIPAA compliance for patient privacy and security, and the local EMS services would have to provide system security protection and safeguards.

Local EMS agencies would collect all of the appropriate data elements. A smaller subset would be uploaded to the BEMS database and part of that would then be uploaded to the national EMS database.

With the national standardization, other public safety software applications can be tied into either the local or BEMS EMS database. For instance, computer aided dispatch (CAD) systems or from medical devices (i.e. EKG monitors) can directly patch into the patient care software. The direct data collection from these sources reduces data entry errors, improves the completeness of the medical record, frees personnel to provide patient care and reduces the time to complete a report. Additionally, the system can be utilized for improving disaster management, bioterrorism surveillance, support and assistance resources and an annual report for policy makers.

BEMS is participating with Kansas Department of Transportation (KDOT) and other agencies with the Traffic Records Coordinating Committee. Relevant data would be shared with the appropriate agencies including the state trauma registry.

As you can determine from the information provided, the essence of Kansas emergency medical services would be improved tremendously by the passage of this legislation. Emergency medical services across

Testimony for SB 546

March 2, 2006

Page 4

the state would benefit by reporting and receiving data, some of which would be national, to further the operation and quality improvement of their individual ambulance services.

The Board would ask that you pass this legislation favorably. I would stand for any questions that you may have.

Sincerely,

Robert Waller, Administrator  
Kansas Board of Emergency Medical Services

# KANSAS

**E** Board of Emergency  
Medical Services

**M**

**S**



Landon State Office Building, RM 1031  
900 SW Jackson Street  
Topeka, Kansas, 66612-1228  
Phone: 785-296-7296  
Fax: 785-296-6212

PRESENTED TO:

Senate Committee on Public Health  
and Welfare

RE: SB 546

## 2006 SB 546

# KANSAS

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### \* Data Collection

With this information we will be able to determine, in great detail, a variety of information regarding ambulance calls.

BEMS would coordinate data collection with the following agencies:

- Kansas Department of Transportation
- Kansas Department of Health and Environment
- Kansas Highway Patrol

Development

- Long-term plan
- KBEMS, Regions, KDOT, KDHE (Enabling a Committee process)





**2006 SB 546**

**KANSAS**

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**Service Responsibility**

- \*Information
- \*Acquiring the Information
- \*Inputting the Information
- \*Providing the Information

**Board Responsibility**

- \*Securing Information
- \*Aggregate Reports of Information
- \*Providing Information to Services
- \*Funding (NOT AN UNFUNDED MANDATE)
- \*\$\$\$\$\$



**2006 SB 546**

**KANSAS**

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- \* Enable the Board to collect information and create the Data Collection System
- \* Information Provided would comply with HIPAA standards and cover the following
  - Aggregate reports would be provided to the public (no individual health information)
  - Not subject to subpoena
- \* Any EMS Provider acting in "good faith" in accordance to BEMS rules and regulations would not be subject to civil liabilities



**2006 SB 546**

**KANSAS**

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Annual call volume	Amount*
>10,000	\$1,000
1,000 to 9,999	\$500
0 to 999	\$250

\*Monthly fine more than 30 days late

**Funding would be deposited in the State General Fund**



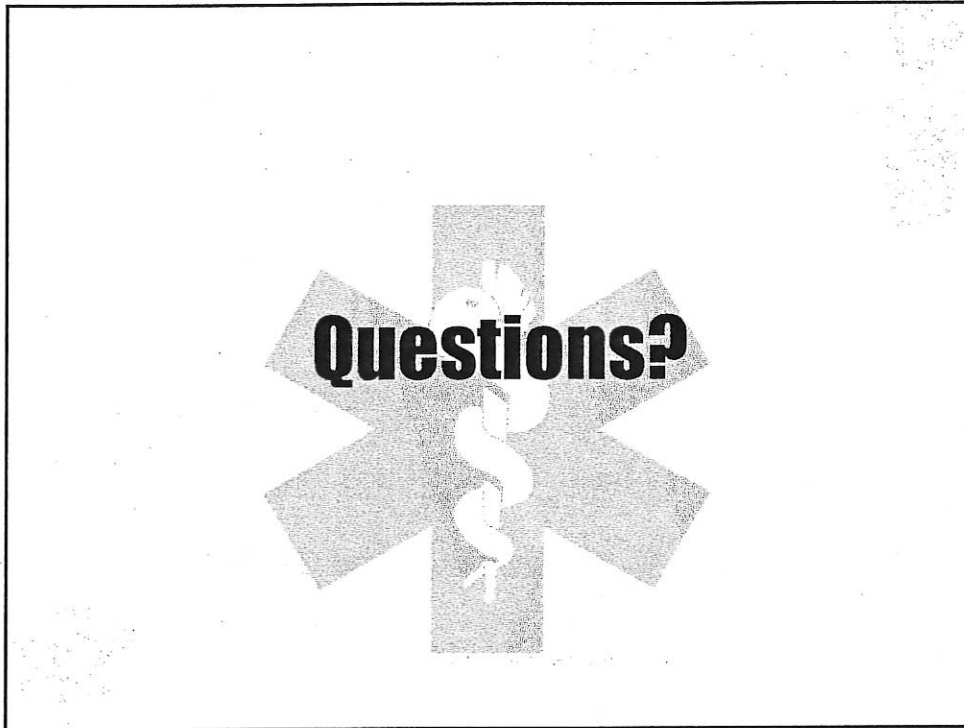
**2006 SB 546**

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- \*It is the only reliable way to evaluate the responsiveness and effectiveness of emergency medical services.
- \*It identifies service areas that need improvement or further evaluation.
- \*It allows for dissemination of accurate public information and development of meaningful education and prevention programs.
- \*It promotes decision making and resource allocation that are based on solid evidence rather than on isolated occurrences, assumption, emotion, politics, etc.
- \*Allocate state/agency resources effectively and Help provide grant funding
- \*So you can know what you don't know!







To: Senate Public Health Committee

From: R.E. "Tuck" Duncan  
American Medical Response

RE: SB 546

AMR supports the provisions of this bill that allow the board of emergency medical services to develop and maintain a statewide data collection system to analyze emergency medical services information that will assist the board in improving the quality of emergency medical services.

We suggest however that there will be costs associated with this process and that before this legislation is implemented those costs be identified by the various services: government, private and volunteer.

We do not believe any of the statistical information should be associated with a personal identifier, this may cause HIPAA issues, (go to: <http://www.hhs.gov/ocr/hipaa/> ) inasmuch as private information cannot be disclosed unless the patient authorizes same. Also proprietary financial (trade secret) non-public financial information should not be required.

A \$1,000.00 fine seems excessive and the same confidentiality provisions as found in the various peer review laws, to the extent they differ with the language of the bill, should apply for any information that is disclosed.

Thank you for your attention to and consideration of this matter.

Senate Public Health & Welfare  
Committee

Date: March 2, 2006

Attachment # 2



Box 441  
Clay Center, Kansas 67432

(785) 447-0416 • Fax (785) 632-6050  
HTTP://WWW.KEMSA.ORG

### Testimony against Senate Bill 546

Esteemed Committee Members:

Thank you for the opportunity to provide today's testimony against Senate Bill 546. I am Christopher Way, the current president of the Kansas EMS Association, the Director of Labette County EMS and the Chairman of the Region VI (Southeast Kansas) EMS Council. In all of these positions I work for and with Kansas EMS professionals every day.

I want to start by assuring you that I am not providing testimony against this bill because I or the organizations I represent are against data collection. I truly believe *accurate* data collection can improve patient care and/or the level of service provided to the citizens of Kansas we all serve. My first consternation with the bill, as written, is the proposed fines and prohibition of receiving grant monies that can and most likely will be administered in Sec. 3. (a). There are approximately 175 ambulance services in Kansas with a large number of these being volunteer and not well funded. I do not believe that most EMS services, especially "ultra rural and frontier" services, have the budget or the ability to pay a fine should one be levied. I know for a fact that a significant number of ambulance services in the state still rely on bake sales and chili feeds to support purchasing basic equipment to operate on the few calls they respond to a year.

In addition, most of these services apply for and receive grant money regularly in order to pay for equipment and operating expenses that would not be available by other means. Taking away these services's ability to receive grants because of a data collection bill has the potential to cause them not to have the tools they need to do their job, thus having the potential to harm patients!

I would reiterate that EMS professionals are not opposed to collecting data, in fact most are already doing it and see the benefit of it. For instance in my EMS system we collect data on every call we respond to. The data is then used for quality and system improvement. There would be no problem forming this data in to a report

"UNITY IS STRENGTH"

Senate Public Health & Welfare  
Committee

Date: March 2, 2006

Attachment # 3

that is submitted to the Board of EMS, I just do not feel that anybody should be penalized if their data is not completed by the prescribed date and time.

Currently in Kansas the trauma system is collecting data on all trauma patients that are taken care of in the state every day. This system, similar to the one proposed, also requires hospitals to submit data regularly but does not go so far as to punish people who do not do so in a timely manner. The system has a current compliance of around 95%. The hospitals are not doing this because of the threat of getting penalized, they are complying because of the impact such a system has the potential of having on the patients we take care of. Incidentally, patient care should be the number one priority of any bill relating to the governance of healthcare.

I feel like this bill is ultimately putting the cart before the horse so to speak. A pre-hospital data collection system is warranted and will be beneficial. However, implementing a system with mandates and fines is a purely bureaucratic approach that does not encourage good patient care nor enhance service delivery. A system that is developed with and for ambulance services seems to be a much more logical and feasible way to achieve the desired end result, a pre-hospital data collection system that enhances EMS delivery across the state.

In times of having to do more with less I would ask all of you to think about the type of impact that this bill could have on your local ambulance service and if it could impact the people that we all serve negatively. Medicare and Medicaid reimbursement are at an all time low, counties, cities and hospitals have less money to support basic services and the public has no desire and often ability to absorb more cost for services. Passage of this bill as written directly affects the ability of EMS services to operate.

In closing, I want to reassure you that I support the collection of data and its relevance to the delivery of patient care. I also support the idea of working with the Board of EMS to develop such a system, one that encourages improvement rather than mandates it through discipline and punishment. I just do not feel that I or the organizations I represent can support the bill as it is currently written.

Thank you for your time, I would gladly answer any questions that you might have.

Respectfully Submitted,

Christopher E. Way, MICT, BS

Testimony To SB546

John Hultgren  
Region 4 EMS Representative

I am representing Region 4 EMS, which is comprised of 12 counties in the North Central region of the state. First of all we want this committee to know that we are in support of EMS data collection. Data collection is necessary in the fact that as EMS services we need to be able to document what impact that we have on patient care in the prehospital environment. We can say we make a difference, but it would be to our benefit that we could support that belief. Region 4 has taken the lead in looking at data collection by participating in a pilot data collection program over the past 5 months, in which 10 services voluntarily participated. The mechanism used for collection of this data was new to many of the services, in the fact it required them to have access to a computer and the internet and use it to enter call data, which may have been previously done by hand in a written format. At the conclusion of the pilot, some services were still struggling some with technicalities of it but they were all in agreement that it was useful and they could understand how beneficial this data was to their service, and could be to the region and the state.

However, in SB 546's current writing, Region 4 cannot support this legislation for the following reason:

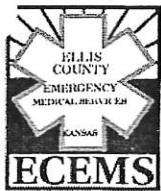
1. The negative/punitive statement in Sec. 3 needs to be addressed. What are we trying to accomplish with this statement. Do you want the EMS services to cooperate because they feel that the collection of data is important or just because the KBEMS said so? To have the punitive system in place before the KBEMS even has what process and system they are going to utilize to collect data and without any phase in time addressed in the bill, seems to be getting the cart before the horse. This may create conflict rather than cooperation in reaching the goal of quality data collection. Smaller volunteer services may need to gain access to a computer and the internet and be willing to learn the new system. As we have found in our pilot all of this takes an investment of time and resources by the local services.

I would like to end by again saying that Region 4 does support data collection in the state and supports legislation helping services and the state to accomplish this. However this process at the local service level will take time in training personnel and acquiring resources to complete it. Legislation assessing punitive fines to services and counties of up to \$1000 per occurrence for not sending the required data to the state in a timely manner is not supported by Region 4.

Senate Public Health & Welfare  
Committee

Date: March 2, 2006

Attachment # 4



**Ellis County**  
Emergency Medical Services  
1009 Cody Ave. Hays, Kansas



March 1, 2006

To: The Senate Public Health and Welfare Committee

From: Kerry G. McCue, Director, Ellis County EMS

Reference: Subcommittee Testimony on Senate Bill No. 546

Good afternoon, I am Kerry G. McCue, Director of Ellis County Emergency Medical Services (EMS). Additionally, I currently serve as the President Elect for the Kansas Emergency Medical Service Association (KEMSA) and the Vice Chairperson of the Region I EMS Council. I do appreciate the opportunity to provide testimony before your committee today on Senate Bill 546.

The bill before you would allow the Kansas Board of Emergency Medical Services (KBEMS) to establish a statewide data collection system. It is my opinion, that most agencies providing emergency medical care would agree that collecting and dispersing the information that has been collected could be a valuable tool to our profession. In fact, Ellis County EMS, like many other agencies currently collects information which is utilized for statistical analysis, reporting to our governing body and quality improvement programs.

Ellis County EMS just concluded a data collection pilot program with nine (9) other EMS agencies from across north central Kansas which was designed to help evaluate how a statewide collection system could work. Therefore, I believe it has been clearly demonstrated that the EMS community supports development of a data collection system.

My concern with Senate Bill 546 is not the establishment of a data collection system but rather the financial impact that the bill could place on ambulance services and local government across the State.

First, it might be hard to believe with today's technology, but there are ambulance services across the State of Kansas that do not have computer or web access. To assume that those services have the financial ability to procure computer hardware and support for such hardware is naïve. Furthermore, to expect those service to be able to gain twenty (24) hour computer or web access is even more naïve.

Senate Public Health & Welfare  
Committee

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Date: March 2, 2006  
Attachment #5



As written, Senate Bill 546, Section 3 (a), would allow the Kansas Board of Emergency Medical Services to restrict or prohibit an ambulance service from participation in grant programs. Such a restriction could prohibit an ambulance service from participation in the *Educational Incentive Grant Program*. The *Educational Incentive Grant Program* was developed by the KBEMS and funded by the Kansas Legislature (\$200,000.00/year) to help train new EMS providers across the state. To restrict or prohibit an ambulance service from such a vital training program would only aggravate the current recruitment and retention problem our profession is already experiencing.

Should the State of Kansas through the Kansas Board of EMS be willing to provide all of the hardware, software, training and support of such a system, I could understand imposing fines for not submitting information as requested. However, it is my understanding that the State's contribution to the project would be the software to all one hundred seventy-seven (177) ambulance services. I believe that providing the Kansas Board of Emergency Medical Services with the ability to impose such fines in this instance would place undo expectations on cities and counties who provide pre-hospital care services.

Another issue which has not been well addressed within the current language of the bill would be the identifiable information relating to my particular ambulance service as it is compared with and/or available to other ambulance services for review. Any information submitted to the Board of EMS should have absolutely no patient identifiers (Names, Date of Birth's, Address, Social Security Numbers or Driver License Numbers) attached to it. Additionally, the Board of EMS should not be allowed to publish any information or reports that identify any particular ambulance service. Subsequently, I as a service provider should not be allowed to view any other services individual information. I should be allowed to view only my information as it compares to the aggregate data.

In conclusion, I stand before you today in support of creating a data collection system which would capture information pertaining pre-hospital care of the citizen of our great state. However, I believe that the current language of Senate Bill 546 demonstrates an unrealistic and bureaucratic philosophy that is not in the best interest of the ambulance services in Kansas and will not enhance the care provided to those citizens that we serve.

Again thank you for your time and I would be willing to stand for questions.

Respectfully Submitted,

Kerry G. McCue, MICT, MPA

Senate Bill 546 - 2006.doc/03-01-06

# KANSAS

DEPARTMENT OF TRANSPORTATION  
DEB MILLER, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

**TESTIMONY BEFORE  
SENATE PUBLIC HEALTH AND WELFARE COMMITTEE  
REGARDING SENATE BILL 546  
EMERGENCY MEDICAL SERVICES, DATA COLLECTION SYSTEM**

**March 2, 2006**

Mr. Chairman and Committee Members:

The Kansas Department of Transportation (KDOT) is providing written testimony in support of Senate Bill 546 regarding the development and maintenance of a statewide emergency medical services data collection system.

A data collection system would assist emergency medical services in identifying problems and evaluating programs, thereby improving safety in the state. The National Highway Traffic Safety Administration agrees that collecting and analyzing emergency medical services data is integral to providing an effective statewide traffic safety program.

Therefore, KDOT supports passage of this bill.

*Senate Public Health & Welfare  
Committee*

*Date: March 2, 2006*

*Attachment # 6*

**K A N S A S**RODERICK L. BREMBY, SECRETARYKATHLEEN SEBELIUS, GOVERNORDEPARTMENT OF HEALTH AND  
ENVIRONMENT**Testimony on Senate Bill 546****Submitted to****Senate Public Health and Welfare****Rosanne Rutkowski  
Kansas Department of Health and Environment****March 2, 2006**

Chairman Barnett and members of the committee, the Advisory Committee on Trauma (ACT), in conjunction with the Kansas Department of Health and Environment, would like to provide written testimony in support of Senate Bill 546.

KDHE and the ACT support the Board of EMS in their efforts to implement a prehospital data collection system. The Board of EMS and the KDHE Trauma Program have worked in collaboration to develop the Kansas Trauma Registry Data collection system. This bill would provide enhancements to the data collections efforts of the Kansas Trauma Program by providing a means to ensure data is collected not only on trauma patients but all EMS runs. The data elements reported missing most often in the trauma registry are those related to EMS activities. Hospitals often report that data from EMS is missing, late or incomplete. Passage of this legislation would help with compliance and completeness of EMS records.

A trauma care delivery system consists of an organized approach to facilitate and coordinate a multidisciplinary system response for those that experience severe injury. The system must function as one inclusive "seamless system of healthcare delivery." Last year, over 1,100 Kansans died from unintentional injuries suffered on the road, the farm, or in the home.

Passage of this legislation will allow the Board of EMS and KDHE to better interpret and trend the data according to injury trends, the impact of emergency and trauma services and overall quality of care.

KDHE and the ACT recommend support for SB 546.

## Testimony against Senate Bill 546

Dear Committee:

I apologize for not attending today in person, but only was notified of today's hearing on Monday of this week. In addition, I am serving the citizens of Rice County today as the Paramedic on duty thus, I would appreciate acceptance of my written testimony.

My name is Terry L. David and I am the EMS Director for Rice County. In addition, I am currently serving as the Past President of the Kansas Emergency Medical Services Association and the Interim Executive Director of the South-Central EMS Region or Region III EMS. I feel that I am well versed in the problems of EMS today in the state of Kansas and can speak as to the problems that local ambulance services face.

The Kansas Board of EMS received monies in the amount of \$200,000.00 to implement a data collection program. While there could be some debate on the validity of gathering data, most educated people see some use in collecting valuable information regarding calls for service in Kansas EMS.

In fact, larger EMS services and many smaller ones, such as Rice County EMS, collect regular information that is used for Quality Improvement issues etc. I therefore, am not opposed to sending information to the State Board of EMS. We in fact currently already send the Board of EMS information when we apply each year for our ambulance and service licenses.

In regard to SB 546, I do have some question as to the Board of EMS ability to adopt rules and regulations in Section 1(b) that would truly be "the most efficient, least intrusive means for collecting emergency medical services information consistent with ensuring the quality, timeliness, completeness and confidentiality of the system. This sentence is an oxymoron as data collection is often not designed with quality and timeliness and it is certainly not efficient in most cases and least intrusive. Just look at the amount of data that has been collected over the past several years with the Trauma System and how much information is available today to those of us in the field.

Senate Public Health & Welfare  
Committee  
Date: March 2, 2006  
Attachment # 7

As written, I find it very difficult that a regulation requiring the submission of data in the most efficient least intrusive manner could cover all EMS organizations in the State of Kansas, such as Pretty Prairie EMS who run less than 100 calls a year to Sedgwick County EMS, who runs over 100 ambulance calls a day.

Section 3 is the section of this bill that is most problematic. The majority of EMS services in the State of Kansas are manned by volunteers and getting them to submit data could be very difficult, if not impossible.

The single largest issue in EMS in the State of Kansas is recruiting and retention of personnel. This is a problem with not only the smallest services but the largest full-time paid services as well. Again, to ask many of the EMS services in Kansas who are staffed by volunteers to find someone to submit data could possibly push services that are barely hanging on to providing care to the citizens of Kansas over the edge and force them to get out of EMS altogether. And to think the Board of EMS wants to impose fines on these folks only demonstrates that they have lost touch with ambulance services in the State of Kansas. A question that should be asked is if the data collection system is so darn important why would it not stand on its own merit rather than being driven by a retribution type of reporting requirement? A data collection system can work, but only with education of EMS Services in its importance.

The question should also be asked as to what happens when a county, city, hospital or private EMS system refuses to pay the fine. Will the EMS police come out and issue a ticket or arrest the offender and who might that be? Will the responsibility fall on the EMS Service Director or the owner/operator?

With county and city governments struggling to meet the everyday needs of their citizens this type of philosophy does not belong in state government and most certainly not directed toward people who are in the business of saving lives. To that I would encourage the committee to rethink the current language of the bill.

Thank you.