Landon State Office Building
900 SW Jackson Street, Room 1031
Topeka, KS 66612-1228

Kansas
Board of
Emergency Medical Services

phone: 785-296-7296
fax: 785-296-6212
www.ksbems.org

Dr. Joel E Hornung, Chair
Joseph House, Executive Director

Laura Kelly, Governor

SB 212 – Permitting an ambulance to operate with one emergency medical service (EMS) provider in rural counties

Joseph House, Paramedic
Executive Director
Emergency Medical Services Board

Opponent Testimony

Madam Chair McGinn and members of the committee, thank you for the opportunity to provide testimony in opposition to SB 212.

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 168 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.

Currently, there are approximately 9,600 certified EMS providers in Kansas capable of being utilized to staff an ambulance and another 370 registered nurses being utilized to assist with staffing ambulance services. However, of those approx. 9,600 EMS providers, only about 3,650 (38%) provide care and/or work or volunteer for an ambulance service.

Our Board most recently discussed the content of SB 212 upon its introduction in the 2022 session as SB 474. It is our belief SB 212 has the same significant flaws unintentionally undermining the safety of Kansans as it relates to the provision of EMS and to the individuals expected to provide EMS care. As it is our overarching mission to protect the public and our providers through our effective oversight, we are opposed to SB 212.

Safe or Not Safe

The proposed addition is either safe to do, or it is not safe to do. The Emergency Medical Services Board does not believe it is ever appropriate to provide a reduced standard of care or to increase the risk to a citizen or visitor of this state simply due to the population base where their emergency occurs. This proposed practice is either minimally safe for the entire state, or it is not. The Board continues to operate under the tenet where population, dense or sparse, should have no bearing or influence upon the minimum standard or expectation of patient care.

The most important person on the ambulance to the patient should be the one operating the vehicle. All EMS providers, as part of their initial training and at each subsequent level, receive education and training upon safe emergency vehicle operations and defensive driving. The ambulance cannot effectively transport a patient if it either fails to make it to the call or fails to safely get to the receiving facility with the patient. When ambulance crashes occur, people are seriously injured or killed, especially when the ambulance goes beyond a 90 degree roll. In numerous documented ambulance crashes where the ambulance has rolled beyond 90 degrees, the driver has been the only person capable of rendering care to the patient and to the provider with the patient at the time of the accident, if either is still alive, until additional help arrives.

Requiring only first aid or CPR for the 2nd provider is an inadequate knowledge base for ensuring life threatening conditions are being maintained until a higher level of care is available. Allowing this to be

an either/or situation is dangerous to the patient and to the other provider if either, or both, are in need of immediate care or the patient's condition suddenly declines.

For these reasons, the Emergency Medical Services Board believes this is an unsafe practice and the benefit of its use must overwhelmingly outweigh the increased risk.

No Demonstrated Need

Kansas Statute currently allows our Board the ability to grant a variance from rules creating a hardship. In June 2019, the Emergency Medical Services Board provided a guidance document related to how they would exercise this discretionary function specifically for communities facing staffing shortages. To date, no operator has requested a variance through this process.

In April 2022, the Emergency Medical Services Board proposed an ambulance assistant level where the 2nd provider met a minimum set of criteria slightly more robust than first aid or CPR, but was not an EMS provider and in August 2022 began to allow consideration of variances specific to these criteria. Although this model has been presented upon in at least 6 different jurisdictions, to date, no operator has requested a variance through this process.

Over calendar years 2021 and 2022, EMS has performed nearly **half a million** transports. Of those, there were only **6** documented occurrences of transportation with fewer than 2 EMS certified providers. And in three of those situations, a fully staffed ambulance was within 2 minutes of arrival when transportation was initiated.

Eliminates the Emergency Medical Responder

Although we believe this was unintentional, we believe subsection (c)(2) of SB 212 will effectively eliminate the ability for an Emergency Medical Responder to function as a 2nd provider on an ambulance during transport which is currently allowed via Emergency Medical Services Board Regulations. Although there are only 216 certified Emergency Medical Responders in Kansas, nearly half of our services in these "rural counties" utilize this level of provider in their service and provided testimony to our Board in June 2022 stating the elimination or reduction of this level would decimate their service.

Additional Concerns with a single provider / non-certified provider

Provider Burnout/Safety

Having a single EMS provider responsible for all care and all decisions related to the care will wear on the provider causing a shortened tenure within an organization. The 2nd EMS provider acts as a backstop and a safety to the primary care provider. In many cases, they have the ability to assist the primary care provider with confirming medication dosages, with confirming assessment findings, and with confirming decisions upon courses of treatment.

Inconsistent Resources / System Planning Concerns

Ambulance services in Kansas are not issued a jurisdictional boundary with their permit. A permit to operate in this state allows the permitted service to provide emergency medical care in any location originating within our state. This is a critical piece within our Kansas EMS plan as it allows us to have all our permitted ambulance services working cohesively to manage the EMS needs of our state irrespective of where the emergency occurs. Having standardization within resources when requesting assistance allows for an effective, multi-jurisdictional response to larger emergencies, active-shooter responses, healthcare facility evacuations, or other catastrophic events.

Other Occupational Hazards

Individuals involved with the provision of EMS are, by their expected job duties, subject to intimate and close contact with patients, their medications, their surroundings, and the patient condition. This introduces hazards such as bloodborne pathogens, infectious diseases, lifting and moving hazards, scene safety and security mitigation, patient confidentiality, and ultimately

patient safety. All EMS providers are currently subject to a criminal history record check as part of their initial certification. This is an added level of safety and security to the patient when he or she is at their most vulnerable. This added level of safety would be negated with SB 212 and the allowance of a non-verified individual to be part of the care team.

We are well aware our Kansas ambulance services are struggling with staffing issues, but it is not about staffing the ambulance for a 911 call and it is not about getting care to a person calling 911. It is about the business operation of juggling the availability of an ambulance for 911 response with the imminent need to take the sole ambulance responsible to respond to 911 in the county or community to assist the local hospital in transportation of a patient between hospitals – transportation with the possibility of taking the sole ambulance out of the community for up to 8 to 12 hours. SB 212 does not address this issue, but in many of these situations in "rural counties", the hospital-to-hospital transfer can happen in its entirety without a 911 call occurring in the service's primary 911 response area – very few instances of overlapping calls.

It has been a requirement to have 2 EMS providers as the minimum staffing level during transportation since January 1, 1992 – on this date, there were fewer than 8500 certified EMS providers. In the history of Kansas EMS, there were 14 years (from 1978 through 1992) where it was lawful to operate an ambulance with only 1 EMS certified provider. In May 1985, changes limited staffing to only 1 EMS certified provider if there was no provision of care by the ambulance service beyond basic life support.

The Board believes it is important to note there currently are no statutory or regulatory requirements preventing an ambulance service from sending a vehicle with only one EMS provider to provide stabilizing care and there are ambulance services currently performing this practice. This is an ideal practice in some locations as it has proven to expedite and shorten the time from 911 call to provider arrival and the assessment and packaging of the patient is completed prior to a 2nd or subsequent provider's arrival.

In our KEMSIS CY2021 and CY2022 data, it has been shown approximately 6% of 911 calls in "rural counties" present with a critically ill individual and over 65% of 911 calls in "rural counties" have 3 or more EMS providers on scene.

We do believe there are isolated services whom could utilize the existing variance process as a backstop if there is fear of regulatory or civil penalties and through the utilization of this existing variance process would provide more data and information to determine if there truly is a need for changing the minimum staffing requirements or if this backstop could, or should, be made a permanent solution.

The Emergency Medical Services Board believes:

- SB 212 unnecessarily increases the risk to Kansans, visitors to our state, and to EMS providers.
- The setting of any type of minimum healthcare standard should never be linked to the population of where the emergency occurs.
- Current staffing requirements are achievable having only not been met 6 out of over a half million transports over the past 2 years with numerous calls in "rural counties" where 3 or more EMS providers are on scene.
- Services experiencing concerns should proceed with the existing variance process to utilize as a backstop.
- Services need to find a way to entice or recruit some of the **<u>62% of certified EMS providers</u>** not currently providing EMS care as part of an ambulance service to becoming a part of their ambulance service.

For these reasons, the Emergency Medical Services Board asks you to set aside SB 212 and encourage the very few services for whom this model could have a positive impact to enter into the process afforded to them within current statute. We appreciate your time and consideration.