



**Verbal Testimony in Opposition to SB 384
Senate Committee on Local Government
Thursday, February 1, 2024**

**Shane Pearson, President of the Kansas State Firefighters Association &
Vice Chair of the Kansas Board of Emergency Medical Services**

Dear Madam Chair McGinn and distinguished committee members,

As President of the Kansas State Firefighters Association, I am here today to express our opposition to Senate Bill 384. Daily, Emergency Medical Services are provided by volunteer and career fire department employees across the state of Kansas. Multiple communities of varying populations are protected by fire departments that provide EMS care and ambulance transportation. Enactment of this bill would negatively impact ambulance services, fire departments and, most importantly, the citizens and patients of those communities.

Enacting this legislation will place an undetermined number of EMS providers, and ultimately the patients that are being cared for, at a substantial increased risk. While patient care provided by a single provider in the back of the ambulance is not an uncommon practice, currently the law requires a second EMS provider to be staffed on each ambulance transporting a patient. The second provider is also a trained EMS professional, who, at a moment's notice, may be required to stop the ambulance and assist the primary care provider with patient care.

Not only does the language in this bill not require an additional trained EMS provider, ultimately it does not appear the measure requires a second provider. This would allow a single person to drive the ambulance and leave the patient unattended in the patient compartment while being transported to a hospital.

We have worked together with the Kansas Board of EMS as well as many other professional organizations and educational institutions to become a leader in providing pre-hospital care services across the state. If passed, this bill would undo the significant progress Kansas EMS has made over the last several decades to achieve this high standard of care.

Approving this language creates a dangerous situation for the EMS providers and for the citizens in communities that this legislation impacts. If EMS can safely be provided to a community of less than 50,000 people by a single EMS provider, it should be safe for the entire state. Regardless, we firmly believe that the practice of a single EMS provider providing ambulance patient transport is simply unsafe, and strongly oppose this bill.

The Kansas Board of EMS has a variance process in place to allow ambulance services the ability to operate with a single EMS provider. However, in addition to the EMS provider, the variance requires a second person who has been trained as a driver. Since its inception, there have been several ambulance services in Kansas who have successfully utilized the variance process. While not a permanent staffing solution, the variance allows the ambulance service and elected officials in the community to develop a plan to increase the number of EMS certified providers.

While we understand the issue that many communities have difficulties in recruiting individuals to become EMS providers, we maintain there should be other solutions taken into consideration other than reducing the number of trained EMS providers on an ambulance.

In closing, we humbly urge the committee to take into consideration the testimony heard today and work in conjunction with the Kansas Board of EMS and the professional organizations representing EMS providers in Kansas to research alternatives rather than reducing the level of service provided.