

To: Senate Committee on Local Government
From: Spencer Duncan, Government Affairs Director
Date: February 1, 2024
RE: SB 384 – Ambulance Operations in Rural Counties
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 will benefit rural communities while addressing a problem they face with emergency medical service provider staffing. Passage will not reduce quality of care citizens receive from medical transfer teams.

Current state statute (*KSA 65-6135*) mandates that one individual on a vehicle must be certified pursuant to Kansas Statutes (*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, for cities and counties with 50,000 or less, to be a qualified driver on ground-based facility transports. This does make any changes to emergency services and is not intended to. This is being brought forward in response to rules and regulations enforced by the Kansas Board of Emergency Medical Services which exceed statute.

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.

KAR 109-2-6(c)(2)(A) allows ground ambulance service to provide advance life support or critical care transport services if a minimum one attendant **or** one health care provider is in the patient compartment during patient transport. No requirements of driver are mentioned. This regulation is more in-line with state statute but is only allowed in critical situations.

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.”

A change to KSA 65-6110 may be more helpful, directing the Board to not enact regulations more restrictive than state statute. We do appreciate that the Board has adopted a 12-month waiver, and there are cities that have received it. However, the waiver does not provide long-term stability, as it can be rescinded at any time. This also impacts hiring and training practices, as cities who receive the waiver cannot plan this staffing for long-term purposes.

Lack of flexibility with drivers of ambulances increases patient wait times to obtain critical healthcare across Kansas, and in some cases results in a substantial increase in patient expense if they must travel by air ambulance.

The League supports drivers having CPR training at minimum. We support allowing local 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 because it can result in more timely care for patients in rural communities. But it does not fully address the staffing issues facing the EMS industry across the state and still allows the Board of EMS to be more restrictive with their regulations in emergency services and other situations.

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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