

HB 2280 – Clarifying that the authorized activities of paramedics, advanced emergency medical technicians, emergency medical technicians and emergency medical responders may be authorized upon the order of a healthcare professional, permitting certain ambulance services to offer service for less than 24 hours per day, every day of the year, and requiring entities using automated external defibrillators to register with the emergency medical services board.

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Proponent Testimony

Madame Chair Gossage and members of the committee, thank you for the opportunity to provide testimony in support of HB 2280.

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 172 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.

HB 2280, as introduced, is the product of a multi-year, collaborative effort between the industry and the Board to find the right balance of public protection while updating and modernizing statute to address current best practices and to provide clarity. Efforts were also made to enhance consistency and to enhance readability by both providers as well as ambulance services. The bill before you today fixes numerous unintended disconnects, addresses unintentional oversights, and maintains the appropriate safeguards to continue to protect the public while maintaining current best practices.

HB 2280 makes clear EMS providers may operate under a direct order from a qualified healthcare provider without the need for the ordering party to remain physically and constantly in contact with the EMS provider throughout the remainder of the response. EMS providers consistently and appropriately call for advice and direction when encountering rare situations. In these situations, it is impractical to expect a qualified healthcare provider to shirk all other responsibilities in order to remain in constant contact on a radio or phone until the patient arrives at the provider's facility and technology has advanced to a point where appropriate and timely contact and communication can be achieved without constant maintenance.

HB 2280 also makes adjustments enhancing the readability of the statute. Taking each of the four levels of EMS provider and constructing their respective statute in a manner by which a provider can easily identify their authorized activities and the components necessary to allow those authorized activities to be performed. Eliminating unnecessary language, fixing unintentional disconnects, adding clarity, and patterning each similarly to assist the provider in understanding and compliance.

This bill makes changes allowing an ambulance service to operate less than 24 hours a day every day if the service is not primarily expected to respond to 911 calls. Hospitals are reporting an increased difficulty in transferring patients in a timely manner and there is great promise in growth of transporting agencies primarily to handle these transfers with this change. These potential companies cite their largest obstacle to operation being the cost involved with maintaining 24 hour coverage. This addition

would allow transfer companies to establish a business model whereby they have operating hours less than 24 hours per day every day allowing them to efficiently provide this necessary service.

Furthermore, the addition of inclusion of the providers legally capable to render care in Kansas through an interstate compact allows Kansas to more completely utilize the full cadre of tools available at an ambulance service's disposal to remain in compliance, thus assisting with workforce shortages and deficiencies.

Last, but probably the most impactful for all Kansans, HB 2280 moves away from the provision and submission of a paper form required for the placement of any automated external defibrillator (AED) and modernizes to a no-cost registration into the Board's electronic repository. Registration into the Board's system can be done by anyone and takes less than 60 seconds. Registration allows the user to mark the device as available for public use, or simply to note its existence and usage by only those with access. Furthermore, the Board's electronic repository makes available a map layer accessible to our 911 telecommunicators who will then have the capability to direct any 911 caller, regardless of location, to the location of the nearest accessible AED. In 2020-2023, AEDs were only accessed in approximately 20% of witnessed cardiac arrests. The most noted obstacle to usage of an AED was the known location of the nearest device. This provision in HB 2280 will minimize, if not completely eliminate, this obstacle moving forward.

Summary

As introduced, HB 2280 is a collaborative effort and a tremendous work product. This multi-year effort fixes numerous issues and identified disconnects while providing for an easier, more consistent, and comprehensible pattern and approach. HB 2280 is a tremendous step forward in the modernization of EMS and allowing our EMS providers to better utilize the available technology. HB 2280 also takes a common sense approach to leveraging existing tools to assist with workforce issues and allows for the potential growth of additional EMS business in the state of Kansas. All while maintaining a patient centric focus.

We thank you for your time and consideration of HB 2280, an important and absolutely necessary piece of legislation. We urge your support in the successful passage of HB 2280 and I'm more than happy to answer any questions you may have at the appropriate time.