

## **Testimony to the Senate Committee on Utilities In Support of SB379**

January 29, 2026

Chairman Fagg and Committee Members:

This testimony is presented to on behalf of the SB11 Study Committee I chaired, along with co-chairs Sherry Massey and Kari Rinker. I provided a detailed overview along with our written report to you last week. My purpose today is to provide a short overview of the vision for T-CPR and EMD in Kansas if our recommendations are approved.

The phased approach we propose will accomplish three things:

1. Remove financial barriers to T-CPR or EMD implementation.
2. Allow the 911 Board to initiate processes to centralize contracts for T-CPR and EMD protocols for a PSAP to choose from, establishing a statewide medical advisor to replace the system of each PSAP acquiring one, explore centralized contracting for Quality Assurance services. This will save substantial costs.
3. The initial phase would prioritize T-CPR since it is the easiest to implement with a second phase, after the bugs are worked out of these achievements, expand those services to EMD protocols.

The bill creates a fund within the 911 Board for these costs. We propose no general funds to do this, but to use a portion of the interest earned on the 911 Board reserve funds without using any of the base reserve funds.

This will allow the PSAPs not currently providing T-CPR or EMD to move quickly into T-CPR, if they choose to, while the more extensive EMD centralization for medical advisor, protocols, and quality assurance are established. It is our hope that when it is available, implementation of EMD will be each PSAPs goal since the expanded help that can be provided through EMD will cover a much larger number of our emergency medical calls. We encourage the small PSAPs to look for partnerships with another PSAP with T-CPR or EMD services to transfer their calls to if they elect not to implement it in-house. These transfer arrangements will take time and as more PSAPs implement T-CPR or EMD, those opportunities will increase.

We advise against a mandate for several reasons. All of the phases will be fluid as to schedule and state purchasing processes and of course working with vendors for services is also a fluid schedule. We anticipate some of our PSAPs will prefer transferring calls. Those arrangements will likely be dependent on getting all the centralization in place before the call centers are available to take the transfer calls. There are many moving parts to this process. A mandate could result in an unfunded mandate if unexpected delays or challenges occur. But we are confident the goal can be achieved in a timely and orderly manner.

Once these things are in place we believe PSAPs will be encouraged to implement the services without the mandate. Once the centralized system is in place, we can reevaluate the need for a mandate.

We encourage you to implement our recommendations as presented in SB379. We understand some minor adjustments may be needed but strongly encourage you to not add a mandate.

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