

## **Proponent Testimony to the Senate Committee on Utilities On SB379**

January 29, 2026

I am Daniel Cooper, police chief in Oakley, which is in Logan, Thomas and Gove counties, Kansas, and have been since 2018. The previous 28 years I spent in Colorado working for three different law-enforcement agencies. I began my law-enforcement career with a Finney county sheriffs office in Garden City Kansas in 1983. I was born and raised in Southwest Kansas graduating from Moscow high school before attending the Garden City Community College, studying police sciences.

I am married to a previous dispatcher who has three in person CPR saves as well as telecommunicator CPR saves, and has EMD'd the at home delivery of babies. As the Oakley police chief I oversee the Oakley dispatch center, which is the longest serving multi-county Dispatch center in the state of Kansas that has been serving Gove and Logan Counties. We are the Dispatch center for All emergency services in Logan and Gove Counties this would includes law-enforcement, ambulance and fire districts. The Oakley 911 Center has been contracting and complying with the PowerPhone Total Response protocols for the last 8 years, with all staff members being EMD/T-CPR certified with continuing education opportunities.

I am here, providing testimony on behalf of the Kansas Association of Chief's of police, in support of Senate Bill 379 as presented.

Currently in Kansas 42.8% of the 119 PSAPS are currently not providing emergency medical dispatch or telecommunicator CPR. This covers approximately 47% of the land area in Kansas and covers approximately 12.6% of the states' population. This means that this Bill is dealing with providing EMD or TCPR dispatching services to less than 13% of the people in the state of Kansas. Given the current state of operating, this would equate to an enormous amount of dollars per person in just under half the state.

The bill presented offers a phased implementation over time and a cost-effective solution. The first phase would be telecommunicator cardiopulmonary resuscitation TCPR, and then it allows for the expansion into full emergency medical dispatch or EMD services. This allows time for the necessary research into the available options as to which EMD protocols to contract with and allow those PSAPS affected time to determine which EMD protocol would best fit their specific needs and to serve their constituents as they see fit.

A consolidated state sponsored system would reduce the cost per person, dramatically. One medical director over the entire state would be a tremendous cost savings over 119 PSAPS having to contract for a medical director themselves, if there is someone locally willing to accept the position.

Agencies are constantly balancing cost-effective ways of providing service to their constituents at the highest level possible. This usually equates to a higher cost per person served in the rural areas than the metropolitan areas. However, I believe the

benefit of having a local based emergency dispatcher that is intimately familiar with the area they serve is of great importance in knowing the local area, landmarks, and common names, making them better able to get the required assistance to those in need

A choice of programs would provide the individual PSAPS the ability to choose the Protocol which would fit their needs and their abilities, considering their existing resources. A vast number of PSAPS are not within 30 minutes of an emergency room with a cardiologist on staff.

Overall, I believe a state sponsored system with a state, sponsored medical director and quality assurance program, along with multiple choices of existing EMD protocols developed and implemented over a period of time would be the most cost-effective and accepted solution to the goal of providing emergency medical dispatch via 911 to all geographic areas and people in the state of Kansas