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Unity Is Strength

House Committee on Health and Human Services

Representative Brenda Landwehr and Committee Members

From: David Adams, President of the Kansas Emergency Medical Services Association

Testimony in Support of HB 2579 allowing to distribute over the counter medications

The Kansas EMS Association (KEMSA) represents over 2,300 EMS professionals and 117 EMS agencies in Kansas; we represent agencies that are volunteer, privately owned and operated, hospital based, combined Fire and EMS or municipally run departments. As such, KEMSA understands the various types of services we represent as well as the many challenges our industry faces; including reimbursement for our services as well as the staffing challenges in our great state.

The COVID-19 Pandemic showcased the flexibility and evolution of Emergency Medical Services (EMS). As such, one area in which EMS falls short is the ability to distribute over the counter (OTC) medications as allowed by local Medical Direction as outlined in House Bill 2579. OTC medications can provide immediate relief for minor ailments or symptoms, such as pain, allergies, or gastrointestinal issues, without the need for a prescription or further medical intervention. Leaving these behind ensures patients have access to basic care even after the EMS team has left.

We would be remiss to state this bill would also allow EMS to leave opioid reversing drugs like Narcan behind at scenes where Opioid overdoses have been

shown to occur. Opioid overdoses can be rapidly fatal, and quick administration of Narcan can reverse the effects of opioids, restoring normal breathing and preventing death. Leaving Narcan behind enables bystanders or family members to intervene immediately if another overdose occurs before emergency services can respond. While this may be controversial to some, the fact remains having the ability to do this will save lives.

KEMSA acknowledges there are some shortcomings with this bill as well as the statute in its' current form and welcomes the opportunity to work collaboratively to ensure the bill, as well as the statute, in its' final form, meets the needs of our First Responders. For instance, KEMSA is advocating for the removal of the following sentence as it removes the need from constant radio contact with medical control which is not practice today. Currently EMS works under protocols and contact medical control for specific orders or guidance and cannot routinely maintain constant communication with the physician or their designee. The sentences we request addressed states ~~'is maintained by radio, telephone or video conference is monitored by a physician, physician assistant when authorized by a physician, an advanced practice registered nurse when authorized by a physician or a professional nurse when authorized by a physician,~~ The amended should read:

Section 1. K.S.A. 65-6144 is hereby amended to read as follows: 65-6144. (a) An emergency medical responder may perform any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or **upon an order from a physician, physician assistant when authorized by a physician, an advanced practice registered nurse when authorized by a physician or a professional nurse when authorized by a physician, upon order of such person:....**

Thank you for your time on this most important matter.

Respectfully submitted,

David Adams, President, Kansas EMS Association

