

To: Senate Committee on Local Government
From: Spencer Duncan, Government Affairs Director
Date: February 16, 2023
RE: SB 212 – Ambulance Operations in Rural Counties
Neutral – Verbal Testimony

Thank you to the Chair and Committee for the opportunity to provide testimony today. Thank you to Senator Straub for working to make conditions better for EMS service providers and patients.

The League does not oppose SB 212 and recognizes it can 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 emergency medical response teams.

Current state statute (*KSA 65-6135*) already 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 212 allows for the second individual on a vehicle, for cities with 10,000 or less, to hold a valid certification in CPR, first aid or other similar training from an accredited group. The reason this is being brought forward is in response to regulations enforced by the Kansas Board of Emergency Medical Services which exceed state statute.

The League supports this addition and requests the population threshold be 25,000.

Our concern is that this only addresses part of a larger issue rural communities face with these services. As we noted, current state statute does not require two certified EMT/EMS professionals to be present on an ambulance or transport. However, the Kansas Board of Emergency Medical Services has gone above this statute with more restrictive rules and regulations.

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 that 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.

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 fully supports ambulance 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 the intent of SB 212, 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.

Thank you for your time and consideration of these issues. I am always available to provide additional information and answer any questions you have.



Spencer Duncan

Government Affairs Director

League of Kansas Municipalities

785-383-8825 *sduncan@lkm.org*