



February 1, 2021

The Honorable Jim Kelly  
Financial Institutions and Rural Development Committee  
Kansas House of Representatives  
Room 218-N, Kansas State Capitol  
Topeka, KS 66612-1504

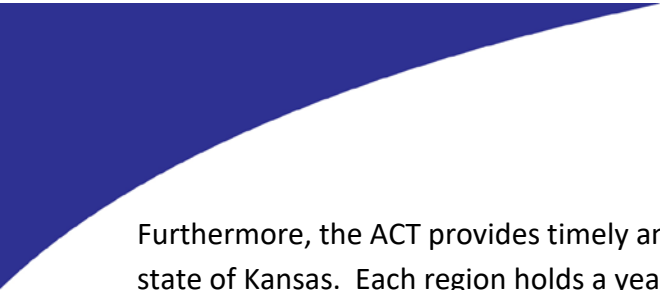
RE: House Bill 2158 and Funding for Kansas Trauma System

Dear Chairman Kelly:

This letter is in regards to House Bill 2158. My name is Dr. Kimberly Molik, and I am the State Chair for the Kansas Chapter of the Committee on Trauma. I have been part of the Advisory Council on Trauma (ACT) since 2012.

HB 2158 is an important piece of legislature for two reasons. First, it affirms the need for the ACT and *in theory* ensures its continuation. Kansas is a large state. We have three level 1 trauma centers (each with an admission rate of over 2,500 patients/year). There are 2 level 2 centers, 5 level 3 centers, and 34 level 4 facilities. The Kansas ACT functions to help coordinate these centers, ensure adequate communication amongst centers and regions, improve communication statewide between centers and prehospital personnel, and conduct level 4 designation. In addition, it houses the statewide registry and provides invaluable information regarding trauma data throughout the state. Participation in the state-wide trauma program is a key component to the level 1 and level 2 verification process by the national Committee on Trauma.

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Furthermore, the ACT provides timely and much needed trauma education throughout the state of Kansas. Each region holds a yearly trauma conference that is partly supported by the ACT with physician, nursing, midlevel, and prehospital personnel participation.

Finally, HB 2158 offers to amend outdated language in K.S.A. 75-5664 and 75-5665. Also included is the deletion of a sunset clause in each of these statutes. These edits are necessary for healthcare providers in Kansas to remain protected from disclosure during peer review and performance improvement activities at the state-wide and regional levels.

If the ACT ceases to exist, the ramifications are significant. Trauma affects more than the larger cities of Kansas City, Topeka, and Wichita. Rural Kansans who rely on a well-functioning trauma system that can transport their critically injured farmer, child, or pedestrian struck on a two-lane road to a level 1 facility for urgent care may no longer have that luxury. In a data driven world, without our statewide registry, we have no data to implement change or a bar to set our standards. Our level 1 and level 2 facilities may have difficulty during re-verification if we no longer have a coordinated state system.

Respectfully,

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Kansas State Chair, American College of Surgeons Committee on Trauma

