



KANSAS EMS ASSOCIATION
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Unity Is Strength

Date: February 14th, 2023

To: Chairwoman McGinn and members of the Committee on Local Government

From: David Adams, President Kansas Emergency Medical Services Association (KEMSA)

RE: Emergency Medical Service Assistant

The Kansas EMS Association represents 117 EMS agencies and over 2300 individual professionals across Kansas. As such, KEMSA understands the various types of services we represent as well the many challenges our industry faces; including reimbursements equal to our costs and staffing of our ambulances with qualified professionals.

There has been a decline in population and volunteerism in rural America which has exacerbated the decline in EMS professionals. Despite our best efforts we are unable to recruit more volunteers so we must look at other options. One such option has been the variance the Kansas Board of EMS put into place in 2019 to allow this very alternative to be used on interfacility transfers but it has never been pursued by any agencies/counties. Other considerations include:

- 1). An ambulance coming upon an accident while with a patient and not being able to render aid as the certified attendant cannot leave the patient in their care to assist others.
- 2). Reducing the EMR scope in Kansas or assisting educators on how to teach the class in 40 hours instead of the current 100+hours it takes most instructors.
- 3). In the past, hospitals have utilized nurses on interfacility transfers, due to the nursing shortage this is not as common as in the past, putting more emphasis on the need for 2 EMS providers.

We appreciate the desire behind this legislation however there is a fundamental difference between 9-1-1 calls for service in an acute emergency and an interfacility transfer in a more controlled situation. The potential for a significant event requiring the need for more resources in 9-1-1 calls for service is much higher than in interfacility transfers, but there is still risk on these transfers and it cannot be ignored. In rural areas where there isn't the ability to call for additional resources makes the potential for these events even more distressing, especially for the providers, the patient, and their families. This legislation does not acknowledge this fundamental difference and the Kansas EMS Association must take a stance of opposition on SB212 and asks it be amended as follows before further consideration:

1. The EMS Assistant will only be utilized on interfacility transfers where the patient is triaged in stable condition. Driver training is of paramount importance as ambulances, regardless of size, are top heavy and do not operate the same as any other vehicles. Please understand interfacility transfers are not statutorily required of ambulance services; transport by private EMS services is common.

2. The EMS Assistant should have minimum training of CPR with AED, Basic First Aid, Stop the bleed, and emergency vehicle operations.
- 3). Promoting the concept of regionalization- where communities or counties work together to help staff ambulances and the concept not being outside of the norm.
- 4). Exploring the possibility of partnering with organizations such as ours or the state funded regional councils to help facilitate teaching EMR classes.

Thank you for the opportunity to provide input and perspective on this very important topic. I look forward to the opportunity to further engage with the leadership of the state of Kansas to assure a strong and vibrant EMS System.

Sincerely,

A handwritten signature in black ink that reads "David Adams". The signature is written in a cursive, slightly slanted style.

David Adams, KEMSA President