

**HB 2234 – Requiring medical directors of emergency medical services to provide medical oversight of such services and emergency medical service providers.**

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**Proponent Testimony**

Chairman Hilderbrand and members of the committee, thank you for the opportunity to provide testimony in support of HB 2234.

The Emergency Medical Services Board is your state agency charged with the responsibility of establishing and ensuring compliance with rules, regulations, and policies related to EMS and necessary to appropriately protect the welfare of Kansans. By meeting our charge, we ensure that quality out-of-hospital care is available throughout the state. Primarily, EMS in Kansas is related to oversight of 166 ambulance services permitted to operate within this state and just over 10,600 EMS providers across four certification types: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technican (AEMT), and Paramedic.

HB 2234 provides a fix for two problems –

- a lack of clear expectation of medical oversight; and
- a process to obtain medical protocol approval that has become increasingly more problematic to successfully achieve each year.

To the latter, we currently have all 166 ambulance services seeking approval of their medical protocols prior to their service permit expiring on April 30<sup>th</sup>. This process occurs annually.

In meetings over the past four years, Kansas medical directors have reported some confusion and uncertainty over what is expected of them in their role especially when it comes to developing care protocols and their approval and implementation. The agreed upon solution was to create a definition of “medical oversight” that would offer clarity to the medical director’s expectation and to add the ability to approve medical protocols.

Medical protocols can be simplified to this: a written physician directive to the EMS provider on how to take care of the patient. These protocols allow the EMS provider to initiate a physician-directed treatment plan without having to physically contact the physician prior to starting that treatment. As you can imagine, when some conditions can worsen in a matter of minutes, having the ability to perform life-saving tasks and procedures without delay is an absolute necessity. These medical protocols provide that necessary direction and authorize the EMS provider to perform their trained activities.

Since its inception, emergency medical services in Kansas has relied upon two methods of gaining approval for medical protocols. The first, a county medical society and the second, the medical staff of a hospital to which the service primarily transports patients. Over the past 20+ years, we have seen a reduction in the number of county medical societies that formally exist. In 2010, the Kansas Legislature made a change from the Board appointing a medical consultant to appointing a medical advisory council designed to assist the Board in medical standards and practices. In that same year, the Kansas Legislature, in an attempt to assist with the reduction in availability of county medical societies, provided the medical advisory council as a third option for gaining approval for medical protocols if neither of the other methods were available or able to approve.

Concerns arose within the existing county medical societies of the possibility of directing, or approving, treatment plans in areas where that society did not provide oversight or review of the care being delivered. Similar concerns arose from the Board's medical advisory council. Situations also occurred where medical staff was being directed to not approve protocols unless that hospital was listed as the recipient of the patient. All three can be summarized into one concern – liability. The fix provided in HB 2234 appropriately places the liability for approval on the physician who is responsible to review and to implement the medical protocols and who is responsible for ensuring that the EMS providers working/volunteering for that organization have the ability to competently execute those protocols.

This topic of adjusting the protocol approval process has been an ongoing conversation between our Board and the Kansas Medical Society for the past 6 years and certainly an intermittent conversation long before that. The Board believes that EMS clinical care in Kansas needs to be directed at the physician level and we believe that the revisions made to the existing statute through HB 2234 further clarify and support that belief.

HB 2234 provides multiple fixes with a simple solution. It appropriately places any potential liability on the party that is ultimately responsible to be providing medical oversight and it clearly defines what is considered medical oversight for the purposes of EMS in Kansas.

We would urge your support of HB 2234 and its favorable passage.

We appreciate your time and consideration. I am happy to stand for questions at the appropriate time.