March 11, 2024

Chair Bergquist
House Committee on Local Government
SB 384, neutral written

I am writing on behalf of the American Heart Association (AHA) with some points for consideration regarding SB 384. AHA exists to be a relentless force for a world of longer healthier lives and appreciates the opportunity to speak about this proposal for lowering the minimum standards for ambulance staffing in rural counties.

AHA believes that supporting local democracy and decision-making in Kansas is important to health. Here in Kansas, we have taken many positive steps to improve the health of people across the state. We want to make sure cities, towns, and counties continue to have the option to build on this progress and pass laws to help their communities and local businesses thrive. **However, reducing the minimum ambulance standards for our rural communities without first looking at existing gaps in the cardiac chain of survival and overall emergency response system could put lives at risk.**

Every year, more than 350,000 Americans fall victim to out-of-hospital cardiac arrest (OHCA). Unfortunately, only about 1 in 10 victims survive this dramatic event. Early access to 9-1-1 and CPR are the first two links in the Chain of Survival. The first two links in the chain, early access to EMS and lay rescuer CPR, provide the foundation for subsequent treatment and are critical for successful resuscitation. Early lay rescuer CPR approximately doubles the chances of survival.

AHA recommends that 911 telecommunicators that provide dispatch for emergency medical conditions be trained in telecommunicator cardiopulmonary resuscitation (T-CPR). The instruction could come at low to no cost and should incorporate recognition protocols for OHCA, compression-only CPR instructions for callers, and continuous education. People in rural areas should be entitled to the same access to the full spectrum of cardiac chain of survival as their urban counterparts and deserve the same shot at survival.

Respectfully,

Kari A. Rinker

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