

**HB 2723 – 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 Barker and members of the committee, thank you for the opportunity to provide testimony in support of HB 2723.

HB 2723 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 170 ambulance services seeking approval of their medical protocols prior to their service permit expiring on April 30<sup>th</sup>

In meetings over the past three 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 new definition of medical oversight takes a majority of its language from current 65-6126 and adds 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 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 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 2723 appropriately places the liability for approval on the physician who is responsible to review and 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 5 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. To that end, we have a request for a very simple amendment to this bill. On the bottom of page 3 in line 43, to strike "medical" and replace it with "physician". We believe this appropriately reflects the desires of the Board and of the Kansas Medical Society that physician-level oversight is maintained even if a Kansas physician medical director is not readily available to an operator.

An example of this is that we have 10 ambulance services that are physically located outside the state of Kansas (the furthest in NW Nebraska). Some of these service's medical directors hold Kansas licensure simply because the service may, at some point, transport a patient from Kansas. With the proliferation of medical licensure compacts, an appropriate alternative for physician oversight may be to allow a physician with an active physician compact license to provide medical oversight of a Kansas ambulance service not physically located within our state. We believe that this requested amendment simply clarifies the intent and would be a great revision for your consideration.

HB 2723 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 you to consider the requested amendment and urge your support of HB 2723 and its favorable passage.

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