

**HB 2527 – Removing sunset provisions for closed sessions and privileged records regarding trauma cases.**

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**Proponent Testimony**

Chairman Smith and members of the committee, thank you for the opportunity to provide testimony in support of HB 2527.

As you are aware, HB 2527 would remove the sunset provisions related to the advisory committee on trauma specifically regarding the process of trauma peer review and make some minor editorial changes to remove language that is no longer necessary.

K.S.A. 75- 5664 subsection (f) defines the advisory committee on trauma as a peer review committee and peer review officers allowing them to conduct reviews of incidents of trauma injury or care in a closed session and to furthermore make recommendations from that review to the secretary of health and environment without fear of waiving the privileges associated with disclosure of information to a party not involved within the closed session.

K.S.A. 75-5665 subsection (b) does the same for the regional trauma councils.

The Emergency Medical Services Board believes that one of the best ways to achieve performance improvement in a health care system is by having open and unrestricted conversations through a multidisciplinary approach. Both the advisory committee on trauma and the regional trauma councils bring multiple disciplines and peer knowledge together allowing for these reviews to be looked at from the different phases involved with the trauma system. Without the provisions in both 75-5664 and 75-5665 allowing for this review to occur in a closed session and the ability to share the findings with the secretary, the system's ability to adapt from not only the potential mistakes made, but more importantly also from the successes achieved, would be significantly inhibited.

In lesser populated areas of our state, it is nearly impossible to gather a peer-based, multidisciplinary approach from those not already involved with the incident. Peer review relies upon the "next-day quarterback" approach to drive change. If these provisions were allowed to sunset, because of the risk associated with releasing or disclosing information that not only could be detrimental to the health care entity, but could also be related to the health treatment, or incident, related to one of those residents; the Emergency Medical Services Board believes that peer review would sunset as well.

The Emergency Medical Services Board supports the peer review process within the trauma system, the opportunity it provides for system development, and the removal of the sunset for provisions that would be considered absolutely necessary for the process to continue to be effective beyond July 1, 2021.

We urge your support of HB 2527 and its favorable passage.

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