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To: Chairman Gene Suellentrop and members of the Senate Committee on Public Health and Welfare

Re: Testimony in Support of SB 252

From: TECHS EMS (Serving Jackson, Nemaha, and Osage counties)

Date: January 17, 2020

TECHS' is very concerned about the current financial health of the rural hospitals, which are the backbone of the health care system throughout much of the state. Rural hospitals in Kansas are seriously challenged with many cutting back services and several on the brink of closure.

Kansas ambulance services will be forced (and this is already occurring) to transport a greater number of patients greater distances as more rural hospitals both minimize the services they can offer or close. Since the closure of the Independence hospital in October 2015, the local ambulance service (owned and operated by the City of Independence) has seen a huge increase in call volume and transport times. This has had a dramatic impact on the city budget as they have struggled to respond to the situation.

Many patients travel by private vehicle to other hospitals in the area around Independence, the ambulance agencies which service those hospitals have seen an unplanned increase in patient transfers creating additional demands upon their staffing and operations.

As most ambulance services in Kansas are funded by local governments, the closure of hospitals or the scaling back of services means a cost shift to the local government to increase the emergency medical service's capabilities.

Between the period of January 2010 and November 2016, 113 rural hospitals have closed in America with hundreds more listed as vulnerable to closing due to financial pressures. 63% of rural hospital closures are in states that have not accepted Medicaid Expansion. Kansas is in the crosshairs of this situation with our large number of rural hospitals and our failure to accept the additional federal dollars to fund the Kansas health care system.

Presently, ambulance services provide treatment and transportation services to a large number of patients who cannot pay for the service. This can create a tremendous financial burden on those who, unfortunately, don't have insurance as well as on the local taxpayers who finance the local ambulance service. Many of these individuals would be covered by an expanded KanCare program. While the current payments made from the KanCare program for ambulance services are very low, and do not come close to covering the actual cost of the services; having more patients on KanCare would mean additional dollars in the way of additional payment for services.

Our service strongly supports the expansion of Kansas' Medicaid program, otherwise known as KanCare as legislation that will have a positive impact on the lives of thousands of Kansans as well as a tremendous impact on the financial well-being of health care institutions in the state.

Sincerely,
Con Olson, Paramedic
Regional Director