

Senate Finance Committee

Juneau, AK 99801

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cc: Representative.Genevieve.Mina@akleg.gov

DATE: May 1, 2026

SUBJECT: Strong Support for House Bill 27 – Major Medical Emergencies

To the Chairs and members of the State Finance Committee

My name is Brian Webb, and I am writing to you as a 50+-year paramedic and critical care flight paramedic as well as an EMS educator in Alaska. Today, I submit this letter as an Alaska EMS clinician in full support of House Bill 27.

As a paramedic, my foremost duty is to provide the highest quality prehospital care to my patients. And in our ultra-rural/frontier state, time-sensitive medical emergencies require a well-coordinated, *statewide system* to ensure that patients receive the right care at the right facility—when every second counts.

Since the passage of House Bill 168 in 2010, which established trauma centers and a trauma care fund, Alaska EMS has been better equipped to make critical transport decisions for injured Alaskans. This has enhanced our training, our skills, and enabled us to deliver trauma patients to the most appropriate facility, optimizing outcomes. However, a crucial gap remains in our system—one that HB 27 seeks to address. That gap is in the treatment of major medical emergencies, particularly heart attacks and strokes, which continue to be the third and fifth leading causes of death in Alaska.

Just as trauma care operates under the “golden hour” principle, cardiac and cerebrovascular emergencies are similarly constrained by time. When a heart attack or stroke occurs, the clock starts ticking, and every minute can mean the difference between life and death, recovery or permanent disability. HB 27 aims to apply the same principles that have transformed trauma care into these equally critical conditions by formally defining major medical emergencies to include heart attacks and strokes.

While I cannot speak about the voluntary designation of receiving facilities as cardiac and stroke centers, I can unequivocally state that the impact on EMS and critical care transport will be overwhelmingly positive. Just as HB 168 provided the resources and training necessary to improve trauma care, HB 27 will ensure that EMS providers have the tools, education, and

protocols needed to deliver these patients to the most appropriate facility in the best possible condition. This legislation has the potential to reduce morbidity and mortality rates for these time-sensitive emergencies.

With the expansion of the medical emergencies scope of the Alaska Trauma Service within the Department of Health, HB 27 will enhance training programs for ambulance services and first responders. Standardizing protocols enhance our ability for treating these patients and effectively communicating the urgency of their condition to local hospitals and clinics will mirror the successful trauma care improvements established in 2010.

Passing HB 27 will empower Alaska EMS providers to give our patients the best possible chance of returning home, functional and intact, after experiencing these critical time-sensitive medical emergencies.

I urge the Committee to pass HB 27 to the floor for its final vote. Let's get this passed!

Sincerely,

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