

Fiscal Estimate Narratives

DHS 11/6/2013

LRB Number	13-3356/1	Introduction Number	SB-352	Estimate Type	Original
Description Training and agreements for administering the drug naloxone, requiring emergency medical technicians to carry naloxone, and immunity for certain individuals who administer naloxone					

Assumptions Used in Arriving at Fiscal Estimate

Under current law, the Department of Health Services (DHS) certifies first responders and licenses emergency medical technicians (EMTs). There are three levels of EMT licensure: basic, intermediate, and paramedic (advanced). For the purposes of this fiscal estimate, first responders and EMTs of all levels may be referred to as emergency medical services (EMS) professionals. Certification and licensure are valid for two-year periods and then the individual must seek a renewal of the certification or license. The next certification period is July 1, 2014 to July 1, 2016.

Under current law, EMS professionals can undertake certain actions to provide emergency medical care services based on their level of certification or licensure in rules promulgated by DHS. DHS administrative rule 110.12 states that EMS professionals may only perform the skills, use the equipment, and administer the medications that are specified by the Department in the Wisconsin scope of practice for the level to which the individual is licensed, certified, or credentialed. The Wisconsin scope of practice for each practice level is reviewed annually in consultation with the Wisconsin EMS Advisory Board and the Physician Advisory Committee. DHS administrative rule 110.20 and 110.21 provide guidelines for approved EMS professional training curricula. Authorized actions and the scope of practice for EMS professionals are identified in DHS 110.13 (2) and (3). Under current law and scope of practice, two types of EMS professionals do not have the ability to administer naloxone: 1) first responders and 2) EMT-Basics. As of November 4, 2013, there were 3,600 certified first responders and 8,740 licensed EMT-Basics. DHS typically certifies or licenses approximately 5,000 new EMS professionals during each two-year certification/licensure period. An estimated 2,500 EMS professionals allow their certification or license to expire during each two-year period.

Under this bill, DHS must allow all EMS professionals who have received the necessary training and who provide services through an authorized EMS Agency to administer naloxone to individuals who are believed to be undergoing an opioid-related drug overdose. The bill's provisions also require the Department to adjust the training and certification/licensing system so that all EMTs receive the naloxone administration training. First responders are not required to undergo naloxone training, but may do so if the EMS Agency and the Agency's medical director wants to provide this service. Under this bill, DHS must develop the necessary training and ensure that first responders and EMTs receive the training before administering naloxone.

The bill does not provide a date by which all EMTs must be trained. This estimate assumes that naloxone administration training materials would be incorporated into the biennial update to EMS training materials (estimated to be completed by July 2014). Under this assumption, all new EMS professionals in the upcoming certification/licensure period would be trained to administer naloxone. All EMT-Basics (and any first responders who seek to administer naloxone) who completed training prior to the naloxone curriculum update will have two options for training. These individuals can wait until the beginning of the next biennial certification/licensure period in July 2014 to become trained to administer naloxone or, to become trained before July 2014, they could seek out a "stand-alone" course for naloxone instruction at a technical college.

This bill does not have a fiscal effect on the Department because the skills and information needed to train EMS professionals in how to safely and properly administer naloxone have already been developed for the intermediate and advanced EMT curricula. That training content will be transferred into the EMT-Basic and the first responder curricula without incurring additional cost. The new training will be tracked and reflected for each EMS professional in the state's electronic certification/licensure database system. There may be some additional staff time to ensure that EMS professionals at each level are trained in the new skill. The cost of this staff time can be absorbed into the agency budget. No rule promulgation is needed to make this update for first responders and EMT-Basics because the scope of practice can be updated without rule change.

There is an expected fiscal effect on local EMS Agencies. An EMS Agency can be a local public entity or the

local municipality can contract with a private, authorized EMS Agency. There are currently an estimated 800 EMS Agencies statewide, and each agency may have multiple ambulances. At the EMS Agency service level, there would be inventory costs for the medication and supplies as well as the proper storage of the items on the ambulance. There is an estimate of \$20 per kit per ambulance, which includes two vials of naloxone, syringes, injectors, and bandages. The cost of the naloxone kit may change over time, however, under this bill, EMS Agencies will be required to stock these supplies regardless of any future market price fluctuation, change in availability, or emergence of a new drug to treat an opioid-related drug overdose. If training for first responders and EMT-Basics could occur during the next two-year certification/licensure period, there would be no additional cost to the local EMS agencies related to training beyond what they would otherwise pay for certification/licensure. If first responders and EMT-Basics would need to acquire the naloxone training before the beginning of the next certification/licensure period, additional costs may be incurred to provide the training outside of the normal certification cycle. Individuals would be required to take a "stand-alone" course at a technical college for naloxone instruction. It is estimated that a stand-alone course may cost between \$16.22 and \$17.10 per student for four hours of naloxone training. The precise impact on individual municipalities will depend on the number of their EMT-Basics who take "stand-alone" courses and whether the EMS Agency or the EMT pays for the training.

Long-Range Fiscal Implications