TRAVIS TRANEL

STATE REPRESENTATIVE • 49th ASSEMBLY DISTRICT

(608) 266-1170
Toll-Free: (888) 872-0049
Rep.Tranel@legis.wi.gov

P.O. Box 8953
Madison, WI 53708-8953

Representative Tranel's Prepared Testimony

Assembly Committee on Health
AB 741 and AB 742 – EMS Reform Bills

January 29, 2020

I would like to thank Chairman Sanfelippo and committee members for hearing Assembly Bills 741 and 742 today. Wisconsin is currently facing significant rural EMS challenges. These bills were developed after carefully listening to rural first responders throughout southwest Wisconsin. They provided real world insights regarding the significant challenges small rural departments are facing relating to staffing, funding, and burdensome government regulation.

The goal of this bill package is to help provide much-needed common sense reform to Wisconsin's Emergency Medical Services (EMS) laws, so that rural communities in Wisconsin will be able to recruit, retain, and train the EMS volunteers necessary to help better serve their citizens.

Ambulance Staffing and Emergency Medical Personnel (AB 741/SB 667)

This bill streamlines the application process for Funding Assistance Programs (FAP). It addresses ambulance staffing requirements for transports between facilities, clarifies flexible staffing changes approved under 2017 Act 97, and prohibits exclusive arrangements. This bill's goal is to help relieve the administrative burden placed on rural EMS departments throughout the state.

Although we recognize these bills will not fix all the challenges our rural communities face, we are very optimistic that working together we can remove some of the barriers that are preventing our friends and neighbors from becoming EMS volunteers and serving their communities.

FAP Funding Restored (AB 742/SB 665)

This legislation seeks to restore full funding to the only state program that assists ambulance service providers in the state, by adding an additional $239,000 GPR. Funding for the FAP program is based on a population- served formula that amounted to about $5,700 per department in 2018.

Under this bill the average service provider in the state would see a $700 increase. The extra funds would be a significant boost to small rural departments. It would allow them to buy equipment and help mitigate training costs.

I want to thank my coauthor Senator Marklein for his leadership on this issue and my colleagues who signed on in support of the bills. Now is the time to come together and make common sense reforms and support Wisconsin's rural EMS departments throughout the state.

Thank you again for hearing my testimony on these bills, and I am happy to answer any questions.

###

TONY KURTZ

STATE REPRESENTATIVE • 50th ASSEMBLY DISTRICT

2019 Assembly Bill 742

January 29, 2020

Assembly Committee on Health

Relating to: emergency medical services funding assistance and making an appropriation

Thank you, Chairman Sanfelippo for holding a public hearing on Assembly Bill 742 (AB 742) today and thank you to members of the committee for taking my testimony.

Under current law, the Funding Assistance Program (FAP) requires the Department of Health Services to provide emergency medical services funding to ambulance service providers that are public agencies, volunteer fire departments, or nonprofit corporations to assist in a variety of payments. Current law also allows an ambulance service provider that receives this funding assistance to escrow any unused funds to spend in a subsequent year for training and credentialing of emergency medical responders or emergency medical services practitioners at any level.

The Funding Assistance Program (FAP) began in 1989 with $2.2 million. FAP is the only state funding that ambulance service providers receive and that funding is distributed through a population-served formula, an average payment in fiscal year 2019 was $6,364 per eligible service. Over time, the funding for FAP has not increase nor has it stayed the same. In fact, the funding has been reduced twice to now its current level of funding at $1.96 million. AB 742 brings that funding back to the 1989 level of $2.2 million by adding an additional $239,800 of general purpose revenue (GPR). By making the funding whole again, it would increase the average award for each ambulance service provider by $779.

Ambulance services can spend the money they receive through FAP on a variety of things from medical equipment to tools to safety devices to training for members to classroom training aids. The money from FAP cannot be used for things like wages, medications, or insurance premiums.

Thank you again for the opportunity to present my testimony on SB 665, emergency medical services funding assistance.

P.O. Box 8952 • Madison, WI 53708-8952 • (608) 266-8531 • Toll Free: (888).534-0050

Rep.Kurtz@legis.wi.gov

HOWARD MARKLEIN
STATE SENATOR • 17TH SENATE DISTRICT

January 29, 2020
Assembly Committee on Health Testimony on Assembly Bill (AB) 742 and AB 741

Thank you Chairman Sanfelippo and committee members for hearing Assembly Bill (AB) 742 and AB 741, which invest in and relieve the administrative burden placed on Wisconsin's Emergency Medical Service (EMS) departments. Thank you Rep. Kurtz and Rep. VanderMeer for co-authoring both bills.

EMS departments are staples of our rural communities. However, many rural, volunteer departments are struggling to recruit new members and retain current members. Last fall, I held four "Rural Volunteer EMS Summits" across the 17th Senate District to answer the question, "*What can the state do to encourage volunteers and help with recruitment and retention of rural volunteer EMS?*" Nearly 70 EMS volunteers, representing almost 30 different departments, attended. These bills are the direct result of feedback I received at these Summits.

AB 742 increases the appropriation for the Funding Assistance Program (FAP) by $239,800 GPR annually. Created in 1989 and funded at $2.2 million, the FAP is the only state funding that ambulance services receive. Funding is distributed through a population-served formula and may be spent on medical equipment and tools, safety devices, radios, and classroom and training aids. For 2020, the average payment for each eligible department will be just under $6,400. Once passed, AB 742 will increase the average annual award by nearly $780. This increase will allow departments to purchase much needed equipment and reimburse members for training.

AB 741 addresses four distinct areas that will relieve the administrative burden placed on EMS departments throughout the state. First, AB 741 streamlines the application process for the FAP. To receive FAP money, every year each eligible department must collect population verification signatures in-person from the clerk for each municipality the department serves. Many rural departments cover a lot of geography and some have to physically collect a dozen or more signatures every year. In addition, AB 741 requires that population data be derived from census data and requires that ambulance service providers only have to fill out FAP forms once every 10 years or if their service area changes.

Occasionally, services make low-risk, interfacility transports, such as transporting patients for dialysis, yet they are still required to staff the ambulance in the same manner as if it were an emergency call. For this reason, AB 741 eases the staffing burden placed on departments for interfacility transports by allowing an ambulance to be staffed with one Emergency Medical Technician (EMT) in the patient compartment and a driver with CPR certification. AB 741 retains the requirements under the Department of Health Services (DHS) code that an EMS department cannot accept an interfacility transport if it interferes with its ability to provide 911

Capitol Office: Post Office Box 7882 • Madison, WI 53707-7882 • (608) 266-0703 • Toll-Free: (800) 978-8008 • Fax: (608) 282-3557
District Phone: (608) 588-5632 • Sen.Marklein@legis.wi.gov

coverage and that staffing for an interfacility transport is based on the needs of the patient as identified by the sending physician.

Third, AB 741 clarifies 2017 Act 97 changes. 2017 Act 97, a bipartisan bill, permits a rural ambulance service provider to upgrade its service level to the highest level of any emergency medical services practitioner staffing the ambulance. Unfortunately, DHS has misinterpreted this change to mean that if someone with a higher service level is even on an ambulance (i.e. a Paramedic on an EMT ambulance) and wants to perform skills at a level above the service level of the ambulance, the ambulance must be completely stocked at the higher level. In addition, the ambulance service must be able to safely store all of the extra medications when a higher credentialed individual isn't on board. This requirement increases costs for departments.

AB 741 will clarify that an ambulance does not have to be stocked at the highest level an individual could perform in order for that individual to perform the skills they are trained to do. Higher trained individuals should not be prohibited from performing certain tasks because of how DHS has misinterpreted the intent of 2017 Act 97.

Finally, AB 741 states that one department cannot prohibit an employee from working or volunteering with another department. Sometimes paid, professional departments don't let their employees volunteer with their hometown department in their free time. This prohibition is not based in administrative code or statute. On the flip side, departments don't prohibit their employees from playing sports or volunteering in other ways. Volunteering with a local rural department should be no different. This change is another way to help ensure that our local departments have the volunteers necessary to provide exemplary care to the people of Wisconsin.

In conclusion, these bills are designed to help and support rural, volunteer EMS departments. The changes are not designed to intrude on the services that Paramedic departments provide. They do important work and are vital to a functioning EMS system in Wisconsin.

These changes are not going to solve the volunteer shortage overnight, but will remove administrative obstacles, improve state-level regulation, and make the funding whole. There is still work to do, but I am proud of these initiatives to support the local men and women who respond when we need them. Thank you again for allowing me the opportunity to testify in support of these bills, and I welcome any questions.

CHRIS TAYLOR
STATE REPRESENTATIVE • 76th ASSEMBLY DISTRICT

TESTIMONY OF REP. CHRIS TAYLOR IN SUPORT OF AB 722

1/29/2020

Chairman Sanfelippo and Health Committee members,

Thank you so much for considering AB 722. This is a very important bill that will save children's lives.

PANS (Pediatric Acute-Onset Neuropsychiatric Syndrome) is a treatable but devastating neurological disorder where the brain becomes inflamed that can have fatal consequences for children. Unfortunately, because of the symptoms which can include behaviors mimicking a mental health disorder, such as tics, motor and sensory impairments, restricted eating and loss of motor and cognitive abilities, it is often misdiagnosed, sending parents on a desperate search for the appropriate medical care and leading to prolonged suffering of the children afflicted. Proper diagnosis is essential to ensure appropriate treatment, which can include something as simple as antibiotics.

The National Institute of Mental Health (NIMH) estimates between 7,000 and 28,000 children in Wisconsin who are suffering from PANS have not been properly diagnosed. AB 772, in requiring those physicians most likely to encounter children with this condition, to receive education about this condition is necessary to make sure children get proper care.

I became aware of PANS when a family in my district approached me and asked for my help because their daughter was suffering from this condition. Like many families, they too had trouble securing the right diagnosis and subsequent care. In a short time she became unable to do the basic things children do, and tragically, their daughter has now passed away.

This bill is necessary to save children's lives, and prevent the intense suffering families endure as they helplessly watch their once robust children inexplicably lose their abilities to perform the most basic tasks.

Please support this bill and the many families throughout the state supporting it.

Thank you.

Representative Chris Taylor
76th Assembly District

State Capitol: P.O. Box 8953, Madison, WI 53708
(608) 266-5342 • E-mail: rep.taylor@legis.wi.gov • Web: http://taylor.assembly.wi.gov

Paratech
AMBULANCE SERVICE
...help is on the way.

P.O. Box 240076
9401 W. Brown Deer Road
Milwaukee, WI 53224
(414) 365-8900
1-800-378-7768
FAX (414) 365-3889
www.paratechambulance.com

January 29, 2020

Testimony on AB-741 Relating to: ambulance staffing and emergency medical personnel.

Assembly Committee on Health

This correspondence is to inform you of proposed legislation being circulated by State Senator Marklein. His legislation proposes a change to current law regarding ambulance staffing. We support this legislation, and are convinced that it will lead to job opportunities in the City of Milwaukee. It's a fact that people who start working in the EMS field often continue on to advance their training and education to paramedic, nursing or other medical disciplines.

The current law was changed in 2015 ACT 113. That legislative change allowed for an EMR (Emergency Medical Responder) and an additional ambulance attendant with a licensure of EMT or higher would be recognized as a legal ambulance crew configuration. The legislation as originally proposed would have been recognized statewide. However, through the hearing process the final bill that passed only allowed (rural) communities with a population under ten thousand to utilize this crew configuration.

That legislation like many are in relation to shortages of licensed personal in rural settings. The fact is that there is a tremendous shortage in the urban settings such as Milwaukee County.

The proposed SB 667 - States if the ambulance is engaged in an inter-facility transport, one emergency medical technician who is in the patient compartment during transport of the patient and one individual who has a certification in cardiopulmonary resuscitation, through a course approved by the department. "Interfacility transport" means any transfer of a patient between health care facilities or any non-emergent transfer of a patient.

Our training center at Paratech Ambulance Service is qualified to instruct CPR and Emergency Medical Responders. Thereby enabling us to hire and train personnel to be licensed to work on the ambulances.

This new legislation would assist Milwaukee residents. It is my opinion that the best people to work in our industry are those who live in the community being served. One must think of the EMR program in similar light as an apprenticeship program similar to other trades or professions. The individual thereby could be working and earning a living while gaining on the job experience as they continue to work towards their goal of becoming an EMT. This idea has several advantages:

- First if the individual cannot pass the test to become an EMR it is not likely they would continue on to test for an EMT position. Thereby washing out early in the program.
- Second an individual working as an EMR may discover this is not the career path they wish to continue on and they may decide to take a different path of employment.
- Third while working as an EMR they are serving the people of their community. This allows them to earn a living and provide them more time to continue their EMT education, thereby gaining a higher level of licensure.
- Fourth it also allows them to earn a living should they be unable to meet the requirements of an EMT on their first attempt. If they truly love patient care it will hopefully set the stage for them to continue to try again and succeed.
- Fifth it is also providing an opportunity for candidates who have not thought about working in the medical field to be recruited and introduced to this pathway as a platform for future success. Working for an ambulance service often is the gateway for future success for so many, both in the medical field as well as service departments.

I am enclosing for your perusal a comparison sheet, which explains the difference of the training requirements for an EMR and an EMT. I am hopeful that you will support this legislation as I believe it will have a positive impact on the City of Milwaukee residents. I look forward to speaking with you on this matter.

Sincerely yours,

Robert A Rauch
414-788-7073
bob.rauch@paratechambulance.com

Attachments

Course Descriptions:

EMR - Emergency Medical Responder or Medical First Responder
Approximately a 60 hour course with a 16 hour refresher every two years.

Is certified with Wisconsin DHS to provide emergency medical care to the sick, disabled or injured individuals. 256.01 (9)

EMT – Emergency Medical Technician or EMT Basic
Approximately a 180 hour course with a 30 hour refresher every two years.

Is licensed with Wisconsin DHS to administer basic life support and to properly handle and transport sick, disabled or injured individuals. 256.01 (6)

EMR – EMT Scope Comparison:

2 Person Skill

Skills that are taught to be performed by two trained responders.

Comparison Grid
X indicates required skill.

X* indicates optional use by service.

X** indicates optional use by service and requires:
Prior written approval of the service's operational plan by the state EMS office.
Medical Director approval.
Documentation of additional training.

Yellow highlighted skills indicate EMR optional skills currently being performed by EMT's in Milwaukee County.

Required EMT skills not allowed to be performed by an EMR.
Airway obstruction – direct visual removal with forceps and laryngoscope
Patient prescribed medication assistance of Nitroglycerin.
Chest seal – vented preferred

AIRWAY/VENTILATION/OXYGENATION	EMR	EMT	2 Person Skill	Not in MKE
Airway - Lumen (Non-Visulized)	X**	X		
Airway - Nasopharyngeal	X	X		
Airway - Oral (Oropharyngeal)	X	X		
Bag Valve Mask (BVM)	X	X		
Chest Seal - Vented Preferred		X		
CO Monitoring	X**	X**		X
CPAP		X**		X
Cricoid Pressure (Sellick)	X	X		
Capnography - (non-interpretive)		X**		X
End Tidal CO2 Monitoring		X**		X
Gastric Decompression - For Non-Visualized Airway with Gastric Access		X**		
Manual Airway Maneuvers	X	X		
Obstruction - Manual	X	X		
Obstruction - Forcepts & Laryngoscope (direct visual)		X		
Oxygen Therapy - Nebulizer	X**	X		
Oxygen Therapy - Nasel Cannula	X	X		
Oxygen Therapy - Non-Rebreather Mask	X	X		
Pulse Oximetry	X**	X*		
Suctioning - Upper Airway (Soft & Rigid)	X	X		
Ventilator - Automated Transport Ventilator - CPR Only		X**		X

CARDIOVASCULAR/CIRCULATION	EMR	EMT	2 Person Skill	Not in MKE
Cardiocerebral Resuscitation (CCR)	X*	X*	X	X
Cardiocerebral Resuscitation (CPR)	X	X	X	
CPR - Mechanical Device	X**	X**	X	X
Defibrillation - Automated/Semi-Automated (AED)	X	X	X	
Defibrillation - Manual		X**		X
ECG Monitor - (non-interpretive)		X*		X
12-Lead ECG - (non-interpretive)		X**		X
Hemorrhage Control - Direct Pressure	x	x		
Hemorrhage Control - Pressure Point	X	X		
Hemorrhage Control - Tourniquit	X	X		
Hemorrhage Control - Hemostatic Agents	X**	X**		X
ITD or Impedance Threshold Device	X**	X**		X

IMMOBILIZATION	EMR	EMT	2 Person Skill	Not in MKE
Spinal Immobilization - Cervical Collar	X**	X	X	
Spinal Immobilization - Long Board	X**	X	X	
Spinal Immobilization - Manual Stabilization	X	X	X	
Spinal Immobilization - Seated Patient (KED, etc.)	X**	X	X	
Selective Spinal Immobilization	X**	X**		
Splinting - Manual	X	X		
Splinting - Palvic Wrap/PASG	X**	X*	X	X
Splinting - Rigid	X	X		
Splinting - Soft	X	X		
Splinting - Traction	X*	X	X	
Splinting - Vacuum	X*	X*	X	X

ASSISTED MEDICATIONS - PATIENTS	EMR	EMT	2 Person Skill	Not in MKE
Nitroglycerin		X		
Glucagon Auto-Injector Only	X*	X*		X

MEDICATIONS	EMR	EMT	2 Person Skill	Not in MKE
Glucagon		X*		
Activated charcoal		X*		X
Albuterol (nebulized)	X**	X		
Atrovent (nebulized)		X*		
Asprin	X**	X		
Epinephrin Auto-Injector	X**	X*		X
Epinephrin Manuall Drawn 1:1000	X**	X*		
Mark 1 (or equivalent) Auto-Injector (For Self &Crew)	X**	X**		
Oral Glucose	X	X		
Narcan	X*	X		

MISCELLANEOUS	EMR	EMT	2 Person Skill	Not in MKE
Assisted Delivery (childbirth)	X	X	X	
Blood Glucose Monitoring	X**	X		
Blood Pressure - Automated	X*	X*		X
Eye Irrigation	X	X		
Immunizations		X**		X
Patient Physical Restraint Application	X**	X	X	
Vital Signs	X	X		