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# HOWARD MARKLEIN

STATE SENATOR • 17<sup>TH</sup> SENATE DISTRICT

**January 23, 2020**

## **Senate Committee on Health and Human Services Testimony on Senate Bill (SB) 665, SB 666, and SB 667**

Thank you Chairman Testin and committee members for hearing Senate Bill (SB) 665, SB 666, and SB 667, which invest in Wisconsin's Emergency Medical Service (EMS) departments, reduce barriers to entry for Emergency Medical Responders (EMRs), and relieve the administrative burden placed on EMS departments. Thank you Sen. Testin for co-authoring all three bills, Sen. Jacque for co-authoring SB 665, and Sen. Kooyenga for co-authoring SB 666.

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 17<sup>th</sup> 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 three bills are the direct result of feedback I received at these Summits.

SB 665 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. In 2019, the average payment for each eligible department was just under \$5,700. Once passed, SB 665 will increase the average annual award by nearly \$700. This increase will allow departments to purchase much needed equipment and reimburse members for training.

SB 666 will make the National Registry of Emergency Medical Technicians (NREMT) exam optional for EMRs. However, individual departments will have the ability to decide whether or not the NREMT exam will still be required for credentialing with their department. I have consistently heard that the NREMT exam is difficult, expensive, and doesn't always test for relevant information. Many departments told me that they would have two, three, or even eight more volunteers if the NREMT exam was not a required part of the initial licensure process. No less than 10 other states, including Minnesota, do not require the NREMT exam for EMRs.

It is important to note that even with this change, SB 666 leaves in place the requirement that each EMR would need to complete a Department of Health Services (DHS) approved training course and pass all other applicable tests and hands-on experiences to receive licensure. This bill simply states that DHS cannot require the NREMT exam to be one of the requirements for licensure for EMRs.

Finally, SB 667 address four distinct areas that will relieve the administrative burden placed on EMS departments throughout the state. First, SB 667 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, SB 667 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, SB 667 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. SB 667 retains the requirements under DHS code that a department cannot accept an interfacility transport if it interferes with its ability to provide 911 coverage and that staffing for an interfacility transport is based on the needs of the patient as identified by the sending physician.

Third, SB 667 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.

SB 667 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, SB 667 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 three 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 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 this bill, and I welcome any questions.

To whom it may concern,

My name is Andy Chenous and I am the service director for Argyle EMS which is a rural volunteer ambulance service located in Argyle, WI. I would like to take a minute of your time and let you know how these bills will help our service. To give you a bit of background on our service it covers approximately 78 square miles and has 2,280 individuals in our service area. We cover 7 municipalities with our service area as well. Senator Marklein had a listening session in Lafayette County that I attended last fall and where the ideas for these bills stemmed from. I am going to now proceed to tell you how each bill will benefit our service in southwest Wisconsin.

**SB 665:** Due to the fact that we are a small municipality owned service we do not have a lot of funding that is offered to us. Increasing our FAP money would be very beneficial to us as we or others could bank this money for a new ambulance down the road or to buy new books and course costs for new recruits to "sweeten the deal" for our new recruits not having to pay for any coursework out of their own pockets. Being our funding is so limited anything is appreciated. In this day in age where it is not as much of a "volunteer community" as it used to be 20 years ago, I feel it is much harder to get anyone to join a service. Any way of taking an extra burden of even paying for a book off of them may help to get them to go to class and become a volunteer. I will end by saying that this funding would not be just beneficial it is NEEDED.

**SB 666:** Again, we go back to the fact of schooling and just getting members to go to class. To be a volunteer in this day in age requires someone who works a 40-60+ hour a week work week to go to class, have a family, and work in their schedule. This can seem impossible, but some people pull it off. As far as the National Registry goes, I don't understand why they are required to take it as EMR's. If they are a standalone EMR service (first response agency) they will never transport a patient and if they are with a transporting agency, they will have a nationally registered EMT with them at minimum. The state technical college tests out the student and ensures their competencies in both written and practical tests currently and then they must go to the National Registry to obtain a certificate number, once successfully completing testing, in order to obtain a state license. Testing and then retesting doesn't make a lot of sense in my books when we are having problems with even obtaining members. If they can display and prove their competencies with the State of Wisconsin technical college, I feel that should be enough to give them a license. We need individuals and taking that test which costs that member or service more money doesn't make that person who took the class any better of an EMR. Please consider passing this so we can get more members on our rosters. Last year I had 7 people take the class and pass all the tech school requirements but 4 of these potential members were unable to take the National Registry testing due to their work schedules and the test having to be taken at a testing location not convenient so these 4 people never became EMR's. If this bill were in place, then I would have 4 more members on my department today. I strongly believe that this will not adversely affect our level of care for the individuals of the state but on the contrary will help them as it will ensure that in fact SOME ONE WILL COME in their time of need as we will have more members. Don't over test these volunteers, I know we need and want a high level of care, but we need to be realistic in our thinking and know that we will not get doctors with a PhD to volunteer so we have to draw the line somewhere.

**SB 667:** This bill is part of an idea that I had portrayed to Senator Marklein at the listening session. The exact part that was an idea I had is the first part in which the FAP money application needs to be streamlined. What I told the senator and what I will tell you is that my district is composed of 7 municipalities and for us to receive the FAP money I need to go around a get signatures from every single one of the clerks. Now with this being said, they all have other full-time jobs as well as me having

a full-time job. In order for all 8 of us to meet up and have the time to get these physical signatures is very hard to do. We have, in the past, been able to do this but it usually requires me as the service director to take a day or two off work in order to get this accomplished just so we can get the funding. The entire FAP reporting is a very long process and in a digital era there is no need for this as the data doesn't change much from year to year and email is prevalent. It should be more along the lines of the fire Dept. 2% Dues self-certification where everything is done through the eSLA program. This is archaic and outdated to be going door to door to get signatures. If this money is to be for the benefit of the departments in the state it becomes a burden financially for the Service Director tasked with obtaining the money. I know that I am not the only volunteer service director in this state, and something needs to be done to streamline this outdated process. It is 2020 and everything is in the digital era minus this FAP money application process. In my opinion this is the most pertinent point of this Senate Bill. This needs to be taken care of to make it easier for the volunteer services to obtain the monies that are put there for them. If we have made provisions for them to receive the money, why make them jump through hoops to obtain the funding.

Please consider passing all three of these bills as they all have the future of Wisconsin EMS in mind. There must come a time where it is not made harder to provide volunteer services to the ones in need and we can start by passing these bills. I apologize that I am unable to deliver this message to you today and answer your questions face to face as I am a face to face person. If any of you have questions for me, please contact me at my below information.

Andy Chenous  
Service Director Argyle EMS  
308 Mill Street  
Argyle, WI 53504  
608-558-8623  
chenousa@hotmail.com



Department of Administration  
Intergovernmental Relations Division

**Tom Barrett**  
Mayor

**Sharon Robinson**  
Director of Administration

**Kimberly Montgomery**  
Director of Intergovernmental Relations

City of Milwaukee Testimony on SB-666 Relating to: certification requirements for emergency medical responders.

Senate Committee on Health and Human Services  
*January 23, 2020*

Good morning, Chairman Testin and members of the Committee on Health and Human Services. I appreciate the opportunity to testify today on behalf of the City of Milwaukee on SB-666. The City stands opposed to this bill. While we appreciate the struggles and difficulties of rural Emergency Medical Services (EMS) departments, lowering the qualifications and standards of our emergency medical personnel would lead to a lower quality of care being provided to vulnerable patients. All Emergency Medical Personnel would still be required to take the class preparing for the test and should also be required to pass the National Registry test like every other level of EMS providers.

**Per the National EMS Scope of practice model, Emergency Medical Technicians** provide out of hospital emergency medical care and transportation for critical and emergent patients who access the emergency medical services (EMS) system. EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life threatening emergencies. Emergency Medical Technicians function as part of a comprehensive EMS response system, under medical oversight, and also perform interventions with the basic equipment typically found on an ambulance. They are a critical link between the scene of an emergency and the health care system.

Providing a high standard of care for vulnerable patients being served by EMT personnel should be a priority throughout the State of Wisconsin. We should not accept a level of EMTs that does not meet the national standards I just stated. While this legislation provided anecdotal evidence

that some information on the test may be irrelevant to Wisconsin personnel, that does not change the fact that the overwhelming majority of the NREMT testing requires test takers to have a minimum standard of knowledge to provide services required of EMTs.

The following question is representative of the sort of essential knowledge that the NREMT testing ensures the applicant is knowledgeable of:

1. A 13-year-old male presents with left arm pain after a fall. You observe swelling and a deformity to his left lower arm. You are unable to palpate a pulse distal to the injury. You should first:
  - A. place his arm in a sling and swathe.
  - B. splint his arm in the anatomical position.**
  - C. splint his arm in the position found.
  - D. place him on a long backboard.

Questions such as this are essential knowledge that EMTs are required to know. These are not overly burdensome and are simply ensuring that anyone seeking to obtain licensure has the complete knowledge to provide the various services that might be required in an emergency medical situation.

For individuals that may struggle with test anxiety or any other test taking difficulties, the National Registry of Emergency Medical Technicians provides a testing accommodations policy that allows any test taker to apply for special accommodations and evaluates these requests on a case-by-case basis. This would allow any potential test takers to seek accommodations allowing them to take the test under more amicable conditions.

In conclusion, due to all of the reasons previously stated, continuing to allow the Department of Health Services to require any EMT to complete the NREMT exam is essential to maintaining high standards of care for vulnerable patients throughout our State.

Thank you for your consideration and I would be pleased to answer any questions.

Senator Howard Marklein  
17th Senate District  
P.O. Box 7882  
Madison, Wisconsin 53707  
January 20, 2020

To the Hearing Committee  
on SB 666;

My name is Mary Mullozzi. For the last 24 years, I was a National Registered Emergency Medical Technician in a rural area of Iron River in Northern Wisconsin. I retired one year ago at the age of 74. It took a long time for a replacement due in part because of this Registry test.

I would like to testify in person but I am not in our great State. After many years of responding at all hours and all kinds of weather to ambulance calls, I now spend my winters in a warmer climate. .

I would like to address the proposed SB 666 introduced by Sen. Marklein.

I am very much in favor of the National Registry being optional for a Wisconsin License. It is very true that the National Registry is out of touch with the Wisconsin Ambulance Services. Wisconsin services are some of the best in the nation.

I have watched several people who want only to help their neighbor volunteer their time to train for the service. They spend time studying and testing with the WITC system. At the end of the course they have passed all the tests, are confident, have ridden on the ambulance for training, and learned to think on their feet. Then they face the National Registry. They have told me that there were questions on this test that they have never heard of from any of their classes. Questions are also written to trick the reader not test their knowledge. An example of a tricky test question would be: How many rescue breaths do you give during CPR per minute? A.4 B.5 C.6 D.7 According to BLS guidelines give 5-6 rescue breaths per minute. There are two answers here with B and C. You are to pick one. Tricky!

This question was given to me by a RN with 20 years of hospital experience that took the test. She passed but was appalled at the questions.

One candidate is a long term fire fighter that just gave up. He has driven the ambulance for years and has responded to many sick calls and traumas. He passed the course but could not pass this test.

I do not believe this would lessen the education of the EMT or EMR. I would trust my life to these people. I do believe it would put the Registry on notice that they are out of line.

Thank you for your consideration

Mary Mullozzi EMT R-retired  
8575 North Shore Dr.  
Iron River, WI 54847  
715-372-8774