



HOWARD MARKLEIN

STATE SENATOR • 17th SENATE DISTRICT

April 13, 2021

**Senate Committee on Government Operations,
Legal Review and Consumer Protection
Testimony on Senate Bill (SB) 90**

Thank you Chairman Stroebel and committee members for hearing Senate Bill (SB) 90, which relieves the administrative burden placed on Wisconsin's Emergency Medical Service (EMS) departments. Thank you Chairman Stroebel and Sen. Felzkowski for cosponsoring SB 90.

EMS departments are staples of our rural communities. However, many rural, volunteer departments are struggling to recruit new members and retain current members. In the fall of 2019, 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.

SB 90 addresses four distinct areas that will relieve the administrative burden placed on EMS departments throughout the state. First, SB 90 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 90 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 90 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 90 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 coverage and that staffing for an interfacility transport is based on the needs of the patient as identified by the sending physician.

Third, SB 90 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



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Representative Tranel's Prepared Testimony

Senate Committee on Government Operations, Legal Review, and Consumer Protection

SB 90 – EMS Reform Bills

April 13, 2020

I would like to thank Chair Stroebel and committee members for hearing Senate Bill 90. Wisconsin is currently facing significant rural EMS challenges. This bill was crafted after getting input from rural first responders throughout Southwest Wisconsin. EMS department leaders provided real-world insights regarding the significant challenges they face related to staffing, funding, and government regulation.

The goal of the EMS bill package is to help provide common-sense reforms 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.

SB 90 - Ambulance Staffing and Emergency Medical Personnel

This bill streamlines the application process for the Funding Assistance Programs (FAP). It also addresses ambulance staffing requirements for non-emergency transports between facilities, clarifies flexible staffing changes approved under Act 97 in 2017, and prohibits exclusive arrangements that prevent career service individuals from volunteering to help their hometown departments on their own time.

Although we recognize this bill will not fix all the challenges our rural communities face, we are optimistic that working together we can remove some of the barriers that prevent our friends and neighbors from becoming EMS volunteers in their communities.

I would like to thank my coauthor Senator Marklein for his leadership and all of my colleagues who signed on in support. Now is the time to work together to make common-sense reforms supporting Wisconsin's rural EMS departments.

Thank you for holding a hearing on these bills, and I am happy to answer any questions.

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Wisconsin EMS Association
Serving Those Who Serve Others



Wisconsin EMS Association

To: Senator Duey Stroebel, Chair
Members of the Senate Committee on Government Operations,
Legal Review & Consumer Protection

From: Alan DeYoung, Executive Director

Date: Tuesday, April 13, 2021

Re: Testimony in Opposition of 2021 Senate Bill 90

Chairman Stroebel and members of the Committee,

My name is Alan DeYoung, Executive Director of the Wisconsin EMS Association. The Wisconsin EMS Association is one of the largest EMS associations in the country, representing over 6,000 first responders and over 350 EMS Services.

On behalf of the Association, we are registered in opposition to Senate Bill 90.

The greatest challenges facing Wisconsin's local EMS departments are staffing shortages and proper funding, especially for those services that are forced to move from a volunteer-based model to an employed or paid-based model.

The vast majority of Wisconsin has had a proud tradition of relying on volunteers to staff ambulances to provide communities with access to lifesaving emergency medical services, with the added benefit to taxpayers of lower operational costs. Keep in mind, like most of healthcare, the largest cost for non-volunteer-based EMS services is labor \ employment.

Training takes time and money. Volunteering to cover shifts is also to forgo time and money. Unfortunately, the low-to-no-wage system we have for so long relied upon is showing signs of stress and diminished structural integrity. Volunteer age demographics and decreased numbers of individuals willing or able to commit to the time and to forgo earnings are significant factors.

While I applaud the authors of this bill and other legislators for trying to find solutions to the issues facing EMS, we as a profession cannot support lowering the standards of care in the hope of filling gaps with unqualified individuals.

Our ultimate goal is to advocate for maintaining and improving Wisconsin's emergency medical systems and public safety.

There are multiple parts of Senate Bill 90 we have concerns with. Some of which do not address the fundamental challenges facing EMS. Others infringe upon the aim of providing an adequate level of care – and at worst could pose a public safety risk.

Specifically, Senate Bill 90 lowers the standard of care for what is commonly referred to as “flex staffing” where an emergency medical service is allowed certain combinations of different licensed emergency providers to staff their ambulance. Currently those combinations allow for any two EMTs, licensed registered nurses, licensed physician assistants or physicians, or any combination of those individuals; one emergency medical services practitioner plus one individual with an emergency medical services practitioner training permit; or, for certain rural ambulance service providers, one emergency medical technician and one emergency medical responder. Senate Bill 90 would allow an individual with CPR certification to replace one of these health care professionals listed to staff an ambulance for interfacility transfers. To put this in perspective, the average CPR class takes about 2 hours and 10 minutes, depending on class size, and there are online classes that advertise 1-hour certifications. Interfacility transport means any transfer of a patient between health care facilities. This could very well be an emergent, high acuity transport that without properly trained and licensed staff could have dire consequences that could put the patient at risk.

Another provision of Senate Bill 90 is to “prohibit the Department of Health Services (DHS) from requiring the rural ambulance service provider to stock an ambulance with equipment to perform all functions that the emergency medical services practitioner with the highest level may perform.” Without this requirement, EMS services would be allowed to run at a higher level, giving the illusion of a higher standard of care, without being able to provide it if they don’t properly stock the right equipment. This puts public safety at risk when as an example a paramedic needs to perform a procedure but doesn’t have the appropriate drugs to administer or equipment to use.

Recommendations to Help EMS

In the words of President Theodore Roosevelt, "complaining about a problem without proposing a solution is called whining." So, I come here today with some suggestions for your consideration that our Association believes will help Wisconsin EMS departments.

Classify \ Define EMS as an Essential Service

This solution would expand the current provision to include to cities, villages, and counties. Currently only towns are required to contract for or operate and maintain ambulance services. Today, when you call 911 there is a requirement that cities and villages provide police and fire protection – in essence a guaranteed response to that 911 call. There are no such guarantees and no such requirement of cities, villages or counties that they ensure an ambulance will respond to an emergency call.

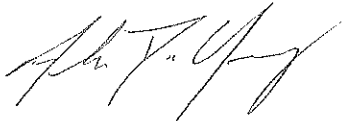
Staffing shortages and funding problems are real and are at crisis levels in many communities. In the past 12 months, over 10 emergency medical services have closed their doors, some moving to contracted private EMS or leaving areas without any emergency medical service response.

Funding EMS – There are no Silver Bullets, but an Important Piece of the Puzzle

We ask the State Legislature to expand upon the funding provided in Assembly Bill 96 \ Senate Bill 88, and through other legislation and\or the state budget process to provide for increased EMS Medicaid reimbursement; possibly creating other new grant funding sources; and, extending existing county EMS levy limit exceptions to cities, villages and towns.

Thank you for the opportunity to testify today. We look forward to working with the authors of this bill, the members of this Committee and the State Legislature to identify and implement workable solutions to deal with the crisis in EMS. If you have any questions, I would be happy to try and provide you with answers.

Thank you,

A handwritten signature in black ink, appearing to read "Alan DeYoung". The signature is fluid and cursive, with a large initial "A" and "D".

Alan DeYoung
Executive Director
Wisconsin EMS Association
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