



TONY KURTZ

STATE REPRESENTATIVE • 50th ASSEMBLY DISTRICT

2021 Assembly Bill 96

April 1, 2021

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 96 (AB 96) 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 (DHS) 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 2018 was \$5,700 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 96 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 \$700.

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 AB 96, emergency medical services funding assistance.



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Representative Tranel's Prepared Testimony

Assembly Committee on Health
AB 95 and AB 96 – EMS Reform Bills

April 1, 2020

I would like to thank Chair Sanfelippo and committee members for hearing Assembly Bills 95 and 96 today. Wisconsin is currently facing significant rural EMS challenges. These bills were 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 this 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.

AB 95 - 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.

AB 96 - FAP Funding Restored

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 annually. Funding for the FAP program is based on a population-served formula, which means about \$6,400 per department in 2021.

Under this bill, the average service provider in the state would see a \$780 increase. The extra funds would be a significant boost to small rural departments. The additional dollars would allow them to buy equipment and help mitigate training costs.

I would like to thank my coauthor Senator Marklein for his leadership on these bills and 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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HOWARD MARKLEIN

STATE SENATOR • 17th SENATE DISTRICT

April 1, 2021

Assembly Committee on Health

Testimony on Assembly Bill (AB) 95 and AB 96

Thank you Chairman Sanfelippo and committee members for hearing Assembly Bill (AB) 95 and AB 96, which invest in and relieve the administrative burden placed on Wisconsin's Emergency Medical Service (EMS) departments. Thank you Rep. VanderMeer and Rep. Dittrich for cosponsoring both bills, and thank you to Rep. Moses, Rep. Murphy, and Rep. Skowronski for cosponsoring AB 95.

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.

AB 95 addresses four distinct areas that will relieve the administrative burden placed on EMS departments throughout the state. First, AB 95 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 95 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 95 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 95 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, AB 95 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 95 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 95 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.

AB 96 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 2021, the average payment for each eligible department will be just under \$6,400. Once passed, AB 96 will increase the average annual award by nearly \$780. This increase will allow departments to purchase much needed equipment and reimburse members for training.

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.



To: Representative Joe Sanfelippo, Chair
Members of the Assembly Committee on Health

From: Alan DeYoung, Executive Director

Date: Thursday, April 1st, 2021

Re: **Testimony in Opposition of 2021 Assembly Bill 95**
Testimony in Support of 2021 Assembly Bill 96

Good morning, Chair Sanfelippo 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, I am testifying today in opposition to Assembly Bill 95 and in support of Assembly Bill 96.

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 little to no 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 forgone 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 Assembly Bill 95 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, Assembly Bill 95 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. Assembly Bill 95 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 Assembly Bill 95 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.



Wisconsin EMS Association

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For many of the reasons the Wisconsin EMS Association is opposed to Assembly Bill 95, we are registered in support of Assembly Bill 96, which is also before this committee today. Assembly Bill 96 increases the amount of funding for emergency medical services assistance to ambulance service providers that are public agencies, volunteer fire departments, or nonprofit corporations to assist in paying for training and examinations for EMS providers.

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, 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 EMS county levy limit exceptions to cities, villages and towns.

Thank you for allowing me to testify today. I 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".

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MEMO TO: Assembly Committee on Health
FROM: Mike Koles, WTA Executive Director
RE: AB95 and AB96
DATE: 4/1/2021

Unfortunately I broke my leg last week and am unable to testify in person. Please accept my written and supportive comments on AB95 and AB96.

Chair Sanfelippo, members of the committee, thank you for the opportunity to provide our comments on AB95 and AB96. For many years, the WTA has indicated that Wisconsin must address an impending fire and EMS service provision crisis. As you are aware, towns are required by statute to provide fire and ambulance service. Several changes in recent sessions helped. Last session's inclusion of joint EMS in the 2% + CPI levy limit alleviation (which has historically been available to joint fire) and the temporary increased investment in LOSA that built on changes adopted in the 2017-19 budget were a great start. However, an even deeper and wider approach is necessary. These two bills, along with AB93, begin that more comprehensive strategy.

Just last month, four towns covering ½ of Florence County recently lost their ambulance service due primarily to lack of volunteers. Luckily for them, with significant work they were able to find a temporary solution from the private sector at a significantly increased cost. Late last year, in Ashland County, six towns were informed that their private provider would no longer be offering service starting January 1, 2021. Three towns were able to find a neighboring service at an increased cost. One town went without ambulance service for three months and went through the inefficient process of forming their own service. Two towns, which cover the area of five townships (one town is a double township and one a triple), currently have no ambulance service. These two received only one offer from an ambulance provider, which would have required a 170% and a 492% increase in town taxes. The issues driving these crises are many, varied, and beyond describing in this memo.

AB95 would provide greater flexibility in transport staffing and also address an increasingly frequent problem of career services preventing their employees from volunteering. These would-be volunteers are passionate about helping out their community and already trained to do so. They should have the freedom to provide this vital community service when they are off duty from their employer.

AB96 begins to address the EMS funding shortages that vex many providers and local governments by restoring money for the FAP that was previously cut.

Together with AB93, these are a great beginning to a more comprehensive strategy to ensure all Wisconsinites have access to EMS services.