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RE: Testimony on Assembly Bill 562

TO: Assembly Committee on Local Government

FROM: State Representative Travis Tranel

Thank you, Chair Novak and members of the committee, for taking the time to hold a public hearing on Assembly Bill 562 today. This commonsense legislation will add two rural emergency medical services providers appointed by the governor to the state's Emergency Medical Services Board.

The goal of the bill is to make sure that smaller volunteer rural EMS departments have a seat at the table when policy changes are being considered which impact training, rules, and licensure requirements.

Currently, the EMS board consists of 11 voting members and provides advice to the Department of Health Services (DHS) on a wide array of EMS policies and topics. Its membership is heavily weighted toward paramedics, doctors, and professors with PhDs leaving out the volunteer rural department's perspective.

This bill will bring the total voting membership of the EMS Board up to 13 people. The two new board positions would be required to be filled by individuals serving in a rural volunteer department and be licensed below the paramedic level. (EMR, EMT, AEMT, or EMT-intermediate)

I would like to thank my co-author Senator Marklein for his leadership on this bill and the many local area first responders who reached out to us and suggested we advocate for this change to give them a stronger voice.

It is my hope that the committee will support AB 562. Working together, we can make sure that our state's rural departments have a strong voice in DHS policy decisions impacting our rural communities and public safety.

Thank you for your time and I would be happy to take your questions.



HOWARD MARKLEIN

STATE SENATOR • 17TH SENATE DISTRICT

December 14, 2023

Senate Committee on Local Government on Assembly Bill 562

Thank you Chairman Novak and committee members for hearing Assembly Bill (AB) 562, which adds two rural members, licensed below the Paramedic level and serving on a volunteer department, to the Emergency Medical Services (EMS) Board. Thank you Chairman Novak and Rep. Pronschinske for co-sponsoring this legislation.

AB 562 is the direct result of input I received from nearly 50 EMS personnel representing 20 different departments at four "Rural EMS Summits" that were held in the 17th Senate District earlier this year.

The Emergency Medical Services (EMS) Board consists of 11 voting members and provides recommendations to the Department of Health Services (DHS) on a wide variety of EMS-related topics. The Rural EMS Subcommittee, currently consisting of eight members, provides recommendations to the EMS Board on issues facing rural EMS providers.

The current membership of the EMS Board and the Rural EMS Subcommittee are heavily weighted toward Paramedics, Doctors, and Professors with PhD's who live in larger municipalities. These are important people in the EMS continuum, but may not always represent the interests of small, rural, volunteer personnel and departments. In fact, no one on the EMS Board is licensed below the Paramedic level and the Rural EMS Subcommittee has a similar makeup.

According to DHS there are 717 credentialed EMS Departments and about 17,000 licensed EMS personnel in Wisconsin. Nearly 40% of Wisconsin's EMS departments use a volunteer staffing model and many of these departments are in rural areas. In addition, 77% of departments and nearly 70% of EMS personnel are licensed below the Paramedic level. **Rural volunteers and those licensed below the Paramedic level make up a large portion of EMS personnel in Wisconsin, yet have little-to-no representation on the EMS Board or Rural EMS Subcommittee.**

The goal of AB 562 is to give the small, rural, volunteer EMS departments a seat at the table when policy changes are considered and training and renewal requirements are set. I want to make sure that rural volunteers have a voice in the policy discussion and decisions. At my "Rural EMS Summits", I heard many times how rural, non-Paramedic voices are often overshadowed when policy decisions are considered and made.

AB 562 would add two voting members to the EMS Board. The two new voting members must be licensed below the Paramedic level and serve on a rural volunteer department. This will bring the total voting membership of the EMS Board to 13.

The bill defines rural as an area for which the population of the largest single municipality in the volunteer department's service area is less than 10,000. AB 562 also requires that the two new members serve only on a rural volunteer department, or multiple rural volunteer departments.

Senate Bill (SB) 526, the Senate companion to AB 562, received a public hearing in the Senate Health Committee on December 7, 2023.

Thank you again to the committee for hearing AB 562 and your timely action on the bill.

Chief Ron Hampton

Cassville Volunteer Fire & EMS Department

Adding volunteer seats to EMS Board (AB 562)

Good Day, my name is Ron Hampton and I am currently the volunteer fire chief for the Cassville Volunteer Fire Department as well as an Emergency Medical Responder (EMR) with the Cassville EMS and Glen Haven First Responders. I am also cross credentialed with Potosi and West Grant EMS units. Cassville EMS currently has between 120 and 140 calls per year and does this with an unpaid crew comprised of 4 EMT's, 3 EMR's and 2 drivers.

Over the past few years, I have been having many different discussions with people all around the State about how we can help our services continue operating with the decrease in membership. We have had discussions which offered ideas such as tax breaks, recruiting nurses, changing training and testing requirements and how the state DHS office can assist us. The purpose of me being here today is to discuss one of those items which is adding volunteers to the DHS Board. When I look at the current board makeup, it is comprised of career members. These members have very different backgrounds, but they still have a paycheck from the medical field. They understand the medical field very well, but I feel they lack the operational side of the volunteer EMS service. Of the calls that I have been on over the last ten years, over 90% of them is for a person needing lift assistance or just a ride to the local hospital. Of those calls that need a higher level of care, most of those require some type of operating room or need Med Flight.

Over 75% of the EMS services in the State are volunteer based, yet there is no volunteer representation on the EMS Board. We are really good at our job. We complete the task needed, file the required paperwork and then go home. The largest problem is that we lack the time and commitment to properly communicate with our communities and the state about what we need, how many volunteers we have and what our community really needs. We do our volunteer job and then hurry up and get back to the job that pays the bills. By adding 2 rural volunteer members to the EMS Board, we would at least have a seat at the table when decisions are made.

Currently, it would take me another 120 hours of training to increase my license from EMR to EMT. During this time, I would need to add just 7 skills to my skill set. This 120 hours becomes 3 months of twice per week, 4 hour training sessions with an hour drive on top of that. When I ask different state level associations who is setting the training hours, I get a very consistent, "not us" and "we are not sure who is in on those meetings". In my county, one EMS service wanted to downgrade from an Advanced EMT service (a service that could administer IV's) to a basic EMT service to help with staffing issues. The director submitted the paperwork to DHS and after 8 months of back-and-forth emails, it was finally approved. During this time, they had an extremely difficult time talking with a live person in DHS and had to submit their paperwork, wait for the denial and then try and guess what they did wrong.

One troubling article I read, mentioned that over 24% of the EMT's did not renew their license this past summer. As a licensed EMR, I know that it is my responsibility to maintain the license. With this being said, the 2 people I know who did not renew their license, did not receive any special communications

from DHS asking them why they did not renew or if there was an issue to address. With the current low numbers in the volunteer service, I believe this needs to be addressed.

The volunteer members are struggling. New members are required to take 180 hours of class to become an EMT and then pass the National Registry Exam. This time commitment is explained to new members as six months of twice per week classes, with 4 hours of class time and 2 hours of driving time per night and then about 3-4 hours of homework per week, which becomes an extremely large amount of time for a volunteer. With the discussions I have had over the past few years, I have been asking where the training requirements, especially the hours required, are determined. The answer that I have gathered is it is someone else's call, with very limited input from current EMS providers, instructors and all involved. This legislation would help our rural volunteer EMS departments have a voice in the discussions and decision making.