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# HOWARD MARKLEIN

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

**December 6, 2023**

## **Senate Committee on Judiciary & Public Safety Testimony on Senate Bill 221**

Good morning,

Thank you Chairman Wanggaard and committee members for hearing Senate Bill 221, relating to ambulance staffing on aircraft transporting pediatric patients between hospitals.

Hospitals and patients across the state depend on air ambulances to respond quickly to serious emergencies. The care provided at the scene and in the air can mean the difference between life and death. Fortunately, teams of highly trained healthcare professionals across the state are ready to fly whenever necessary to assist patients in critical condition until they reach a hospital setting to meet their needs.

Current law defines who may fly on an air ambulance. Wisconsin chapter 256.15 (4) (a) 3 defines crew members as emergency medical technicians (EMT), registered nurses (RN), physician assistants (PA), or physicians. An exception in state law allows a respiratory therapist (RT) to serve as a crew member for pediatric hospital to hospital transport, but only via a fixed-wing airplane. However, the same exception is not currently allowed for a crew transporting patients via helicopter. When the exception was added to state law in 2015, the intent was to allow it for both airplanes and helicopters.

SB 221 would amend the statutes so that an RT could fly on either type of air ambulance (both an airplane and a helicopter). This is appropriate considering there is no distinction in the type of care provided to pediatric patients on an airplane or a helicopter. Additionally, the bill would help hospitals who are struggling to deal with staff shortages. As hospitals seek to find qualified personnel to staff air ambulances in highly specialized, emergency situations, expanding the scope of the 2015 exemption for non-emergency pediatric hospital to hospital transports would ease an unnecessary burden.

SB 221 is supported by UW-Health, Children's Wisconsin, Bellin and Gundersen Health System, Marshfield Clinic, and Marshfield Children's hospital.

Thank you again for hearing SB 221.



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# MARK BORN

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STATE REPRESENTATIVE • 39<sup>TH</sup> ASSEMBLY DISTRICT

## Testimony on Assembly Bill 224/Senate Bill 221

Senate Committee on Judiciary and Public Safety  
December 6, 2023

Dear Chairman Wanggaard and committee members,

Thank you for convening this public hearing on Senate Bill (SB) 221, which designates certified respiratory care practitioners as allowable care-team members for meeting aircraft ambulance staffing requirements in certain situations. This bill aims to provide the flexibility needed to help ensure healthcare providers are fully ready to respond quickly to the most serious emergencies.

Current law specifies which healthcare professionals must be present when transporting sick, disabled or injured people in an ambulance—either by ground or by air—in recognition of the seriousness of the care provided at the scene of an emergency.

These requirements include that at least two healthcare professionals staffing an ambulance must be physicians, physician assistants, registered nurses or emergency medical services practitioners. In 2015, the Legislature also authorized respiratory therapists to staff ambulances when three criteria are met: (1) the patient is a child; (2) the patient is being transported from one hospital to another hospital; and (3) the patient is to be transported by airplane.

Considering that Wisconsin healthcare providers are using both fixed-wing airplanes and rotary-wing helicopters as air ambulances, SB 221 modifies the last of the three criteria to allow respiratory therapists to staff air ambulances regardless of what kind of aircraft is being used. SB 221 does not change the requirement that the first two criteria also be met.

At a time when our state is facing a healthcare provider shortage, this bill will increase the options of healthcare providers to help ensure adequate staff is available to provide critical services. By making this modification, we are allowing qualified professionals to staff air ambulances, while giving healthcare providers the ability to prioritize where care-team members are located to ensure maximization of service delivery.

Thank you for your time and consideration of SB 221.





**TO:** Senate Committee on Judiciary & Public Safety  
**FROM:** Kathy Miller, MBA, RN, BSN, Executive Director of Critical Care, Respiratory & Transport, Children's Wisconsin; Nora Stottlemeyer, MBA, RRT, EMT, Supervisor, Transport Team, Children's Wisconsin; Michael T. Meyer, MD, MS, FCCM, Chief of Pediatric Critical Care, Bauman Family Endowed Chair in Critical Care, Medical Director of Pediatric Intensive Care Unit, Children's Wisconsin  
**DATE:** Wednesday, December 6, 2023  
**RE:** Support for SB 221 – Ambulance staffing on aircraft transporting pediatric patients

Chair Wanggaard and members of the committee, thank you for the opportunity to share testimony with you today. Today, we're here to share Children's Wisconsin's (Children's) strong support for this bipartisan legislation. We want to thank the bill authors, Senator Marklein and Representative Born, for their work on this proposal.

Children's is the region's only independent health care system dedicated solely to the health and well-being of kids. As such, we offer a wide array of programs and services inside our hospital and clinic walls and out in our communities. Importantly, with Children's 70+ specialty services, our 6 southeastern Wisconsin urgent care locations, and our hospitals in Milwaukee and Neenah, we see patients from all across the state, often caring for critically ill children and those with complex health care needs. When time is of the essence, Children's Transport Team is there to help kids and families get the safe and high quality care they need.

When an infant or child at another hospital or health center needs specialized pediatric care beyond what that facility can offer, their physician will call the Children's Wisconsin Transport and Provider Consult Center. A Children's Wisconsin clinical staff member will consult with the referring doctor, arrange transport if necessary, and make a plan of care prior to the Transport Team's arrival. Within as little as 25 minutes, the Transport Team is on the move with their mobile emergency department. This includes all sizes of pediatric equipment and highly-trained providers who offer specialized care. The Transport Team will go anywhere from a rural hospital that delivered a premature baby to another city where a 17-year-old has just been diagnosed with cancer. The Transport and Provider Consult Center fields an average of 9,000 calls each year to help community providers care for kids across the state.

Over the last 30 years, Children's has provided transport from referring hospitals to our Milwaukee hospital by ambulance, helicopter and fixed-wing plane. The Transport Team services Wisconsin, northern Illinois and Michigan and travels across the country to transport patients. Transport Team members are required to have a minimum of three years of pediatric or neonatal critical care experience or three years of experience in a Level 1 emergency department or trauma center. In addition, they must complete 16 weeks of additional rigorous training in neonatal and pediatric intensive care, emergency and transport medicine, flight physiology and trauma. Children's Transport Team includes specially trained nurse clinicians and respiratory care practitioners with a physician overseeing all transports and who may travel with the team as needed. These practitioners are trained in performing high-risk procedures, often receiving hands-on continuing education and completing regular competency checks. The team transports more than 1,000 patients each year with two Transport Teams working each day.

When a patient's care or circumstances dictate, we may transport a patient via air travel, known as air ambulance, flown by Flight for Life pilots. This includes via fixed-wing plane and helicopter. When we travel with pediatric patients via fixed-wing plane, respiratory care practitioners or respiratory therapists, are specified as legal crew members on the plane. However, for helicopter (or rotor wing), state statute defines

legal crew members on pediatric flights as Emergency Medical Technicians (EMTs), Registered Nurses (RNs), Physician Assistants (PAs) or physicians (MDs) – leaving out an important part of the care team. Having respiratory therapists trained and available to serve as a helicopter crew members would be very helpful in managing patient needs and increase the number of staff able and at the ready to serve these critically ill patients.

Respiratory therapists help patients who are having trouble breathing and assisting with diagnosing, evaluating and caring for these patients by giving them oxygen, placing breathing tubes if needed, managing ventilators, delivering specialty gases through the ventilator circuit, and administering inhaled medications. The transport respiratory therapist also partner with our nurses to double check medications, perform patient assessments, and monitor the patients for subtle changes that can indicate improvement or worsening of their condition. They are also trained in advanced life support and hold certifications in NRP, PALS, and ACLS. Below is a story from one of our respiratory therapists which illustrates the critical role they can play in patient transport.

“We received a transport call for a very sick baby in Green Bay right at the start of our shift. This baby was intubated on an oscillator ventilator, required inhaled nitric oxide, 100% oxygen, along with being on several medications to help sedate the baby to keep them comfortable and help with their blood pressure. My nurse partner and I assembled everything we thought we would need to care for this baby during transport and our transport physician was notified to come with the team. We loaded up into the aircraft with the Flight For Life pilot and nurse and flew up to Green Bay – a 50 minute flight instead of a 2 hour ground trip.

When we arrived at the baby’s bedside, the physician caring for the baby met with our team and provided us with a hand off. After handoff was received, my partner and I went to work. We started first by assessing the baby, determine where all of our lines and tubes were, what medications were infusing where and what settings the baby was on with their ventilator.

We then began to transition medications from their IV pumps to our IV pumps. The baby tolerated these transitions well. The next step was transitioning the baby from the hospital ventilator and nitric oxide to the transport ventilator and nitric oxide. These transitions can be some of the most challenging transitions. The transport ventilator is very different from the hospital ventilator, so I spent time preparing my ventilator with settings I felt the baby would tolerate and we could make additional changes needed. We were now ready to try the baby on the transport ventilator and nitric oxide to make sure they tolerate it for transport. After placing the baby on the transport ventilator, we made a few changes to the settings and felt the baby was doing okay with the transition.

We then moved the baby into the transport isolette, secured her, and made sure all of our lines and tubes were secured. At this point, the baby’s mom was at the bedside and we were able to give her an update on how she did with all of these changes and what we were anticipating for the flight back to Children’s Wisconsin. Mom was able to touch her baby’s hand and give a kiss on the forehead before they left the intensive care unit left with the baby for the helicopter waiting outside.

The baby was safely loaded into the helicopter and we were on our way to Children’s Wisconsin. During the flight, I diligently monitored the ventilator to make sure the baby continued to tolerate the settings, assured we were delivering the right amount of oxygen and nitric oxide throughout the flight, and the baby’s vitals remained stable.

We landed safely at Children’s Wisconsin and got the baby up to the ICU. We were met by the ICU team that was anticipating our arrival. We provided a handoff report to the baby’s new care team and then worked to safely transfer her from the transport isolette to her ICU bed. As the transport respiratory therapist, I was able



to provide the ICU respiratory therapist a high level of detail on the baby's respiratory needs to help maximize the baby's care going forward.

When we got back to the office, we called mom to let her know we arrived safely and the baby did well during the flight. I was so proud of our team and how we were able to get this critical baby to resources she needed. As a transport therapist, I was able to fill a large role in this transport."

Pediatric respiratory therapists bring a unique skill set to the mobile critical care environment as experts in a child's lung function and the equipment to sustain a child's breathing before, during and after transport. Many medical professionals are trained to care for adults with lung diseases and are capable of making ventilators and other devices work on patients, however the pediatric respiratory therapist allows for pediatric intensive care unit-level respiratory care and is able to adjust the technology to match the child's disease.

Children's transport respiratory therapists commonly adjust and fine tune the respiratory support for a child while in the community emergency department as part of patient safety and to begin pediatric intensive care unit care. Once the patient is at Children's, the transport respiratory therapist leads the hand off regarding the child's respiratory needs and the transition from the equipment used on transport to the hospital equipment. The respiratory therapists' skills are essential components of the teamwork needed to care for critically ill and injured children and the respiratory therapist is a vital crewmember for inter-facility transport.

Thank you for the opportunity to share Children's Wisconsin's support for this simple, but important legislation that would provide the same staffing flexibility no matter the mode of air transport and improve pediatric transport for critically ill patients across the state. We encourage your support of this legislation and our team is happy to answer any questions now or in the future through our government relations colleague's contact information listed below.

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*Children's Wisconsin (Children's) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.*

**Senate Committee on Judiciary and Public Safety  
Testimony Provided by Nathan Lepp, MD  
Wednesday, December 6, 2023  
Re: Support for SB221/AB224**

Good morning, Chairperson Wanggaard and Members of the Committee,

Thank you for the opportunity to appear before you today to express our support for Senate Bill 221 (SB221) and Assembly Bill 224 (AB224).

My name is Dr. Nathan Lepp, and I am a neonatologist at the UW School of Medicine and Public Health Department of Pediatrics. Additionally, I am the Associate Medical Director of UW Health's Med Flight pediatric/neonatal transport team with over 15 years of experience in medical transport. Joining me today is my colleague, Kayla Scott who serves as the Critical Care Transport Manager for UW Health.

We'd like to begin by thanking Sen. Howard Marklein, along with Rep. Mark Born, for authoring this legislation. We are fortunate to have them as members of the UW Hospitals and Clinics Authority Board and as such, they have a strong understanding of the challenges healthcare systems face every day – top among them is the ongoing shortage of clinical care providers.

The shortage of clinicians is felt in many ways in our day-to-day operations but it feels especially pronounced when pediatric patients are at risk. Fortunately, SB221/AB224 would help to alleviate a constant internal battle we face when a pediatric patient needs to be transferred between hospitals via air ambulance. Currently, a certified respiratory therapist may be the second team member only if the transfer happens on an *airplane* but SB221/AB224 would treat all interfacility pediatric aircraft transports the same whether it's on an airplane, helicopter, or "aircraft." Respiratory therapists play a crucial and critical role in the management of sick infants and children requiring medical transport. Their presence allows us to bring ICU-level care to those who need it most. In my transport career, I have witnessed firsthand the exemplary care provided to patients and improved outcomes thanks to the presence of a respiratory therapist on transport. The bill would permit specialized pediatric transport teams to be staffed with clinicians best suited to care for the patient's needs while simultaneously ensuring that patient care in hospitals is not compromised due to having to pull staff from their clinical assignments.

I would like to offer a short testimony written by Marsha Guy, RRT and Critical Care Transport Respiratory Therapist Coordinator for the Med Flight Pediatric/Neonatal team.

*My name is Marsha Guy, and my journey into becoming a respiratory therapist was profoundly shaped by a rotor wing Neonatal Transport team. It began with the premature birth of my first child at a hospital equipped with a Level 1 Well Newborn nursery but lacking the resources for a*

*3lb 14oz (1.76 kg) infant in need of respiratory support. It was then that a team, comprised of a Neonatal ICU RN and a Respiratory Therapist, flew via helicopter within the first hour of my son's life, transporting him to a hospital capable of providing a higher level of care.*

*Years later, with my children older and more independent, I returned to school to earn my Respiratory Therapy degree. I pursued specific courses and specialty exams, earning my Neonatal Pediatric Specialty. I actively sought out positions and facilities where I could gather experiences essential for advancing to the highest level of care for our sickest and smallest patients.*

*I am one of the fortunate that my NICU story has such a positive impact with a wonderful outcome. My child received exceptional care from my OB and delivery team to the transport team and the Neonatal ICU where he was transferred. He has experienced no lingering effects from his premature birth and has grown into a healthy and (perhaps I am a bit biased) wonderful person. Now, I am proud to have almost a decade of experience and serve as the RT Coordinator for the Med Flight Pediatric/Neonatal critical care transport team. In fulfilling my career, I derive immense joy from providing the same excellent care to others' children. This allows me to empathize with parents who, like me many years ago, find themselves in a challenging position.*

The legislation before you is a simple statutory change that makes sense and is incredibly important to pediatric patients. Many of our colleagues view this legislation the same way. We are pleased health systems that provide emergency air transport to pediatric patients including Children's Wisconsin, Bellin Gundersen Health System, and Marshfield Clinic Health System have indicated their support.

We were excited to see the Assembly version of this bill receive unanimous support when it received a vote in that house on June 21<sup>st</sup>. We'd sincerely appreciate a recommendation by this committee to put the legislation before the full Senate before the legislative session ends next year. The impact would immediately benefit patients; therefore, we ask for your "yes" vote at your first convenience.

Thank you again for your time and attention. We'd be happy to take questions from committee members at this time.