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December 14, 2016

The Honorable Sen. Stephen Nass
Chair, Legislative Council Study on Volunteer Firefighter and EMT Shortages
Wisconsin State Senate
Room 10 South, State Capitol
Madison, WI 53707

The Honorable Rep. Jesse Kremer
Vice-Chair, Legislative Council Study on Volunteer Firefighter and EMT Shortages
Wisconsin State Assembly
Room 17 West, State Capitol
Madison, WI 53708

Dear Chairman Nass, Vice-Chair Kremer, and other Members of the Legislative Council Study Committee on Volunteer Firefighter and Emergency Medical Technician Shortages:

Thank you for the opportunity to participate in the Legislative Council Study Committee (Committee) on Volunteer Firefighter and Emergency Medical Technician Shortages. As the Director of the Division of Public Health's Office of Preparedness and Emergency Healthcare, I would like to provide the following feedback on potential draft legislation that would impact the Department of Health Services (DHS) and our oversight of, and assistance to, Wisconsin EMS services.

1. LRB-0246/P1, relating to intravenous technician endorsement for emergency medical technicians.

Currently, the State of Wisconsin licenses Advanced Emergency Medical Technicians (AEMTs), Paramedics, and Critical Care Paramedics, all of whom may provide intravenous therapy. The current AEMT scope of practice is very similar to the previous Intermediate Technician. The only difference between the current AEMT and prior Intermediate Technician scope of practice is the ability for an AEMT to provide Nitrous Oxide. We understand the interest in reviving the intravenous technician endorsement is due to it previously requiring fewer hours of education. Given this, we want to make the Committee aware that the reason for additional hours of education for AEMTs is to provide extra instruction on anatomy and pathophysiology so that AEMTs are aware of how administering these various intravenous medications may impact patient care and outcomes.

We also want to make the Committee aware that this proposal would have a fiscal impact on DHS due to an increase in workload to process the endorsements, training, and protocols. We anticipate having to pay our IT vendor approximately \$12,000 to \$20,000 to make changes to the current E-Licensing system. We preliminarily anticipate needing one FTE at a cost of approximately \$90,000 including wages and benefits. This position would be responsible for developing and overseeing the IV Tech curriculum in conjunction with the Wisconsin Technical College System.

2. LRB-0247/P1, relating to licensure or certificate renewal for certain emergency medical services personnel; and LRB-0590/P1, relating to reinstatement of a lapsed emergency medical technician license or first responder certification.

At the November 15th hearing, the study committee debated both the 4 year renewal proposal and the proposal to increase the combined late renewal and reinstatement period from 2 years to 4 years. The committee seemed clear that it would not recommend both proposals. DHS recommends LRB-0590/P1, relating to reinstatement of a lapsed emergency medical technician license or first responder certification, for the following reasons:

- A. **Moving to a 4 year renewal with annual refresher training requirements could provide less flexibility.** Currently, EMS personnel have 2 years to complete refresher training requirements. Committee members seemed concerned about the prospect of someone under a 4 year renewal cycle going 3 years without taking any calls or doing any refresher training but still being allowed to take EMS calls. Some committee members recommended annual refresher training requirements, but this would provide less flexibility than our current system.
- B. **Extending the combined late renewal and reinstatement window, while keeping the 2 year renewal intact would resolve the concerns expressed about personnel letting their skills lapse.** The 2 year renewal cycle ensures anyone who has not kept their skills up to date in a 2 year period is not licensed to provide EMS care.
- C. **DHS is aware of a number of situations where renewing applicants were just past the 24 months to complete their reinstatement.** Under current law, these volunteers who wish to regain their license must start from scratch. It would be far preferable to extend the window that allows them to complete their refresher training and take the NREMT test to regain licensure.
- D. **We do not receive feedback that the renewal process itself is particularly burdensome.** Most of the feedback we receive about our e-licensing renewal process is positive, particularly as the renewal process is primarily done online.
- E. **2 year renewals provide more timely verification that personnel with compromising criminal convictions are not caring for patients.** While all licensed EMS personnel are required to self-report certain criminal convictions, our EMS staff conducts criminal background checks at the time of renewal. Unfortunately, it is not uncommon for our verification process to catch convictions that were not self-reported.

3. Allowing Funding Assistance Program to Assist with First Responder Training and Testing (LRB-0589/P1)

DHS currently provides \$1.96 million in funding support to EMS services through the Financial Assistance Program (FAP). Services that apply for FAP funding may use it to pay for costs associated with ambulance or service equipment. FAP funds may also be used to assist with costs associated with EMT-Basic training and testing. LRB-0589 would expand the funding for training and testing to First Responders as well. DHS anticipates a minimal fiscal impact to pay our IT vendor to update the current FAP application calculation formula in our E-Licensing system to accomplish this. However, we would note that without an overall increase in the FAP appropriation, this change is likely to lead to a small decrease in what previous applicants received due to the appropriation being divided up by a larger number of applicants.

Thank you for the opportunity to provide you and the Legislative Council Study Committee members with the Department of Health Service's perspectives on these potential proposals. As you know well, Wisconsin depends on a strong EMS infrastructure because it is a critical component of our state's health care system and we greatly value our office's role in supporting this vital system.

Sincerely,

A handwritten signature in black ink, appearing to read "William L. Oemichen". The signature is fluid and cursive, written over a light blue horizontal line.

William L. Oemichen
Director, Office of Preparedness and Emergency Healthcare
Division of Public Health