

December 6, 1999

Honorable Senators of the Health Committee,

I wish to take this opportunity to clarify my earlier statements that you may have received regarding the passage of the First Responder Licensure legislation. Since that time I have been made aware of several of issues which have caused me to reflect on my position.

Let me make it totally clear that I fully support the licensure and regulation of First Responders in Wisconsin. They must become a formally recognized part of the fabric of Wisconsin EMS. This legislation will provide that recognition.

I am fully aware that implementation of this legislation will result in a definite but not insurmountable workload for the state. However, much of this workload would be of a technical nature since many of the rules and curriculum issues have and will continue to be addressed by the many dedicated volunteer members of the EMS Board and its subcommittees, and the EMS Physician Advisory Committee.

If any consideration of the fiscal impact of this legislation would jeopardize its passage I would respectfully request that you postpone such consideration and pass the bill as is. Once passed, the fine points of implementation can be appropriately handled internally within the current system and the true workload increase determined. At that time, I would then support the necessary legislative process to ensure continuation of First Responder Licensure and Regulation.

Thank you for the excellent work you have done to promote the advancement of EMS in Wisconsin.

Sincerely,

A. Keith Wesley, MD FACEP
Medical Advisor
Wisconsin EMS Association

Memorandum

To: Senator Rodney Moen, Chair
Members of the Senate Health Committee

From: Don Hunjadi,
Executive Director

Date: Wednesday, December 8, 1999

Re: **Please Support AB 521 – First Responders**

When a person in Wisconsin experiences a life-threatening emergency, maybe from an accident or some health related episode, that person's life maybe very well be determined by time itself. In many rural areas of Wisconsin an emergency call will go out, but may not be responded to by an ambulance or other emergency response team for long periods of time. In that period between life and death First Responders often answer the call and begin lifesaving measures until the ambulance arrives. These men and women who volunteer as First Responders are a necessary and integral life saving component of the emergency response system. First Responders tend to be people like you and me, trained with basic life saving techniques, and volunteering their time to save lives.

Currently DHFS does not certify First Responders at all unless they choose to defibrillate. DHFS used to provide voluntary certification but dropped that one year ago on July 1, 1998. Currently, there is no certification process what so ever for First Responders. There is no support or recognition for what they do. In fact, Wisconsin doesn't even have a listing of individuals that provide first response. There are many advancements taking place in emergency medical services that are not available to First Responders because in Wisconsin statute, First Responders do not exist. This bill will correct that over oversight and make the First Responder a legitimate, organized and protected piece of emergency medical services in Wisconsin.

The bill essentially places in statute for First Responders all of the provisions and protections that currently relate to EMTs. Among the items addressed are the removal of fees for First Responder certification; the creation of minimal requirements for certification and re-certification; addressing the conflicts of interest while acting as a coroner or holding public office; clarifying confidentiality of medical records written by First Responders; providing



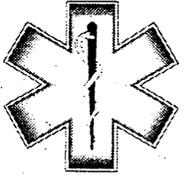
Support AB 521 – First Responders

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immunity while performing duties at sporting events, and; several other minor items. The Bill also allows for the use of non-visualized advanced airways by First Responders, and allows First Responders to administer certain medications upon approval of the Department of Health and Family Services.

This bill is essential for the continuation of Wisconsin's First Responder program and addresses many of the concerns identified by the Wisconsin EMS Board. I urge Committee members to please support passage of Assembly Bill 521 and Assembly Amendment 2 which exempts First Responders from criminal background checks.

Thank you.



**Stateline Regional
Emergency
Medical System**

Beloit Memorial Hospital

12/8/99

Health, Utilities, Veterans & Military Affairs Committee
Members of the Wisconsin Senate

As the State Medical Director for EMS in Wisconsin I represent the numerous Physicians from around the State who provide Medical Direction to EMT's. This medical direction allows these rescuers to provide meaningful treatments for patients outside of a hospital. As we have worked to advance our prehospital medical system in this State over the last few years, it has become clear that we need to advance our First Responders.

First Responders are often the first rescue type personnel on the scene of an injured or sick patient. In rural areas of our State, they may arrive before the ambulance crew by as much as 20 to 30 minutes. Thus, from a medical perspective, it is necessary to advance the skill level of these providers. While First Responders may currently defibrillate, they are prohibited from using advanced airway techniques. While we work to increase the level of care all our providers will be able to provide, it is imperative that First Responders be included.

Increasing the scope of practice of the First Responder is not a simple task. To provide this new level of professional rescue personnel, the State will have to develop an advanced curriculum, write rules to allow advanced practice, and should regulate via a license mechanism those providers to insure competency. There will need to be a test made and recertification issues will need to be resolved.

Thus, the EMS Physicians in Wisconsin strongly support AB521 in that it will allow for licensure of the First Responder by the State. However, we know it is shortsighted to think that all that need be done is have the Department give these thousands of people a piece of paper as a license. It is imperative that we do this correctly. We must have staff support in the EMS Section who will oversee implementation of the new programs and can insure a smooth transition into the new licensing era. There will be hundreds of providers with questions or problems. It seems wise that a dedicated person well versed on this issue be available to help answer and solve questions and problems.

Thus, the EMS Physicians applaud AB521 regarding licensure for First Responders in Wisconsin. We feel compelled to ask for your consideration regarding staff support to see this new concept become reality in a professional and informative way. A simple piece of paper is not what the First Responder issue is about. It is about increasing medical care to rural citizens in our State. This will take a program, which must still be developed. We ask for the personnel support to provide this much-needed system.

Respectfully;

Richard N. Barney M.D. FACEP
Wisconsin EMS Medical Director

Attachment A - Recent Emergency Medical Services (EMS) Legislation

Legislation has expanded the total number of distinct program functions for the oversight and support of Wisconsin's EMS system over the years. But while original legislative proposals included 13.5 new FTEs to support these functions, the final versions of these laws amount to only the reallocation of one-half of a position and reassignment of 2 existing FTEs. With the revocation of the 0.5 FTE due to lack of program revenue to support it and the addition of the 1.0 FTE in this biennial budget bill, resources available for new initiatives total 3.0 FTE over 10 years.

1. 1989 Act 102 - EMS-Funding Assistance Program. Program created to distribute funds to ambulance providers to supplement budgets and pay for training of emergency medical technicians.
 - Original bill had 2 FTEs. Final bill had 0 FTEs.
2. 1992 Act 238 - First Responder Program. Program created to certify first responders.
 - Original request was for 2 FTEs. Final version had 0 FTE. Law was later revised to only certify first responders-defibrillation and a 0.5 FTE program revenue position was established.
3. 1993 Act 16 and Act 251. Broad EMS legislation passed in response to a Legislative Council study committee findings. The legislation assigned a number of new duties to DHFS, including the preparation of 10 reports for the legislature.
 - Original bill had 8.5 new FTEs. Amended version had 3 new FTEs. Final version had 2.0 FTEs reassigned from within the department.
 - Original bill had \$390,500 in funding. Final version had \$0.
 - Original bill had provision for use of 25% of federal DOT highway safety funds to be potentially used for state and local emergency medical services. Potential funding from this provision was \$600,000 per year. Final bill had the same provision, but DOT argued this money could not be used for this purpose. Result: \$0 funding.
 - Final bill required a medical director be contracted and allotted \$50,000 per year. The funding sources for this position were existing funding sources and \$0 were added for the position.
 - Final bill required an advisory board, but \$0 was allocated to cover board expenses. Expenses for advisory bodies are between \$10,000 and \$20,000 per year.
4. 1995 Act 200 - Do-not-resuscitate (DNR) law. Created a law that provided liability exemption for emergency responders honoring DNR orders. The EMS Section was given the responsibility for rule writing, implementation and on-going technical support. While this entailed substantial work and some costs for printing, no resources were allocated.
5. 1997 Act 154 - Trauma system. Created a law to develop a statewide trauma system.
 - Original bill had 1 funded FTE. Final version had 0 FTEs and \$8,000 budget.
 - Other states of comparable size that have trauma systems have between two and four FTEs dedicated to this work.
 - 2000-2001 budget bill now includes 1 FTE to start July 2000 as requested by DHFS.

Attachment B - EMT Licensure Process and Applicability to First Responder Certification

EMT Licensure

There are 15,000 – 18,000 EMT licenses. There are several steps involved in licensure and additional related tasks that require staff time. The work steps involved with licensure include:

- Approving training courses
- Recording course roster and verifying course completion by individual students.
- Processing of license application which includes verification of attached documentation, data entry and mailing the license. Additional steps which may be required as part of the application are returning incomplete applications, performing a criminal background check, and gathering information for hearings on denied or suspended licenses.

Additional related work on all licenses includes:

- Technical assistance via phone or written correspondence to individuals and providers of service (average is 5 - 30 calls to each staff per day).
- Public information and education via conferences or mailings.

All licenses expire on June 30 of even numbered years. Staggering of license renewals has been considered, but rejected for a number of reasons (e.g. confusion on when license expires, continual inflow of license application as opposed to one time where work is adjusted for a 4-6 month period).

Current processing of EMT license applications varies depending on the time of the year and renewal cycle. Applications received mid-semester on the training center calendar will be processed in the same week. Applications received at the end of a semester when all courses are completed will be processed in 1-4 weeks. Applications received during renewal may take up to 3 months to process. These timelines will be similar for First Responder Certification.

Attachment C – EMS Section Staff Responsibilities

There are 9 staff in the EMS Systems and Licensing Section. These 9 staff perform the following functions:

- Licensing of EMS providers (460) and Emergency Medical Technicians (approximately 16,000 licenses). This includes review and processing of new applications as well as all renewals of existing licenses every two years. There are 2 staff that perform this function full-time with 5 other staff having part of their job related to licensing.
- Supervise and approve EMT training statewide. This includes certifying and recording all course information and approval of training centers. Class records are verified at the time of license application and to determine eligibility for EMS-Funding Assistance Program dollars. One staff person is the primary contact for all training issues.
- Supervise and coordinate the development of advanced life support services (advanced skills for EMTs-basic and EMT-intermediate, and EMT-paramedic levels). This includes technical assistance, review and approval of plans, conducting site visits, and exam administration. There is a staff person working with each of the EMT-I and EMT-P levels.
- Supervise statewide communications for EMS services. This includes technical assistance, testing of local systems, and review and approval of communications as part of ALS plan. This is part of the EMT-I coordinator's position.
- Public information and education. This includes development and presentation of written and video materials and workshops, website development and maintenance and providing grant information to EMS personnel and services. This is a part of one person's position.
- Fiscal management and disbursement of EMS Funding Assistance Program (Act 102) funds that provide free training and continuing education for EMTs as well as financial assistance to EMS providers to supplement their budgets. The public information person also does this task.
- Quality assurance development through review of course content and review of continuing education hours submitted for license renewal. This is also addressed by investigating complaints associated with rules violations. One of the two persons associated with licensing also handles complaints. Several staff participate in complaint investigation as a part of their job.
- Coordinate EMS activities statewide with Advisory Board, Physician Committee, and other organizations. One person does this along with development, training and implementation of a statewide EMS data system.
- Implement all aspects of the caregiver background law. This has been done by one of the two licensing staff, two project positions and the bureau director.
- The EMS Section Chief supervises all of the work of the EMS section. In addition, the section chief coordinates the work of training and processing of applications for certificates and outside inquiries as well as information dissemination on Do-Not-Resuscitate issues.

Attachment D – Current Priorities and Activities, and those that cannot be met

Current priority activities that require a large time commitment:

- Implementation of new national curriculums for optimal use in Wisconsin.
- Revision of EMS rules to keep up with medical practice.
- Completion of State EMS Plan for 2000-2001.
- Complete revision of computer system to update software, make it Y2K compliant and make it more user-friendly.
- Evaluation of an Enhanced EMT-Intermediate pilot project.
- Caregiver background law.
- Technical assistance to EMTs, providers and the public (Staff average from 5 – 30 phone calls per day).

EMS activities that are currently not being done or are delayed:

- Technical assistance site visits to ambulance providers.
- Development of templates to assist providers in addressing federal and state mandates (e.g. bloodborne and airborne pathogen plans, disaster plans, operational plans, etc.).
- Timely updates to reference materials such as the EMS Provider Handbook and the section's website.
- Timely processing of applications, especially during license renewal years. Most other section activities are put on hold during the 4-6 month period license renewals are being processed and all staff devote part of their day to license renewal. Once renewal is completed, it usually takes 8-10 months to catch up on other activities that have been put aside during renewals. This is despite the fact that an LTE is hired for this time period. First Responder certification renewal will have a similar impact on a slightly smaller scale.
- Timely follow-up on complaints against ambulance services and EMTs.
- Evaluation of hospital capabilities as required by statute. This has not been done for several years based on the recommendation of our advisory committee. This will become necessary as part of the trauma system.