### 2019 DRAFTING REQUEST

В	i	

For:

Amy Loudenbeck (608) 266-9967

Drafter:

tdodge

By:

Danielle

Secondary Drafters:

Date:

9/10/2019

May Conta

Same as LRB:

-4316

Constitution of the Consti

YES

Submit via email: Requester's email:

Rep.Loudenbeck@legis.wisconsin.gov

Carbon copy (CC) to:

tamara.dodge@legis.wisconsin.gov

Please send physical Copy to Rep. Sanfelippo

Pre Topic:

No specific pre topic given

(Computer File will remain unchanged.

Please jacket for Assembly

Topic:

Allow emergency medical service programs to transport to facilities other than hospitals; delegation

**Instructions:** 

See attached

**Drafting History:** 

Vers. Drafted

Reviewed Submitted

Jacketed

Required

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9/12/2019

9/12/2019

FE Sent For:

Not Needed

<END>

#### Dodge, Tamara

From: Zimmerman, Danielle

Sent: Wednesday, August 07, 2019 2:14 PM

To: Dodge, Tamara

Subject: More information on ET3

Hi Tami-

Here is some more information on the ET3 discussion we had the other day here in my office- hopefully these answer will help provide a little more context as to what I'm asking for. I know you're out this week but wanted to send this so you have when you return. Let me know if there's anything further I can provide for the draft.

Thanks!

in this language you sent me: "...for the delivery of emergency medical care to sick, disabled, or injured individuals at the scene of an emergency and (1) during transport to a hospital or other facility or institution providing health services, as approved by the online Medical Control, (2) while in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, (3) during transfer of a patient between health care facilities, and (4) in cases where communication with the online Medical Control determines that sufficient on-scene treatment of the patient does not warrant the transportation of the patient to a hospital or other facility or institution providing health services. What do you mean by "online medical control"? Up to this point in time, that was defined as the Physician that was in the Emergency Department (or their designee) to where the ambulance was transporting the patient. That would still be true...but with the ET3 pilot program, the definition could easily be expanded to included whomever was designated to be in charge of getting contacted, for when a patient would be treated in the ET3 modality. (It could still be the ED doctor...or it could be whomever was chosen to oversee the Medical Direction of the ET3 program.)

Would you guys be able to provide me with some examples of facilities you'd be looking to transport to or maybe what other states are using as a list? I have not seen what others are submitting to be considered for the program. I think that we should look at all the possibilities of what would be the best for that patient at that moment in time? Would it be better to take them to their personal doctor's office, or to a clinic? How about a rehab center? Maybe to a family member's house that can provide care and observation to the patient? To Hospice? I think that it would be a decision reached by the patient, the EMT's / Paramedics on scene, and the 'On-line' Medical Control--in which they all were in agreement...and to which it would meet the parameters of the ET3 pilot project.

I would add one more that may be a bit more specific in population centers where there are a lot of mental health and substance abuse problems coupled with a lot of treatment centers. I would propose adding Mental Health facilities. At this point in time, the EMS providers must take a person that is experiencing a mental health crisis to the local Hospital, instead of to a Mental Health facility that would be better suited to care for their condition.

#### Dodge, Tamara

From:

Olson, Lisa A - DHS

Sent:

Tuesday, September 10, 2019 12:52 PM

To:

Hoisington, Joshua

Cc:

Dodge, Tamara; Zimmerman, Danielle; Kolodziejczyk, Dominik; McCarthy, Steven; Schuh, Dennis C - DHS; Warzecha, Charles J - DHS; Lockhart, Jonathan M - DHS (Mark); Phillips,

Jeffrey J - DHS

Subject:

RE: Requested ET3 changes

Josh,

Thank you for your willingness to help expedite the changes needed. We are grateful for your support in helping us find a path forward. When we spoke last week, we had identified the definition of hospital & the concept of delegation as our two sticking points. After our conversation, we believe the hospital definition is no longer a barrier. We do have a few requests as it relates to health care provider delegation:



As Attorney McCarthy notes, 2017 WI Act 66 introduces delegation from a "health care provider", however no definition is given. A definition of the term does exist in <u>Wis. Stat. § 252.14(1)(ar)</u> however, this list is likely too broad for this delegation function (ex: #9 – an employee of a perfusionist, or employee of a chiropractor would qualify). We request narrowing this definition to include Physician, Advance Practice Nurse Practitioner, and Physician Assistant for the purposes of Chapter 256.



We request additional language that limits the ability to delegate tasks to those within the scope of the delegator's license and personal competency. These are emergency situations and not all physicians have a skill level in emergency medicine.



The delegation should be limited to persons who are adequately knowledgeable and trained to perform the delegated task.

a. We are looking for something consistent with what the legislature recently passed regarding prescriptions for and delivery of opioid antagonists – specifically <u>441.18(2)(b)</u> which calls out that the medical professional is responsible for ensuring that the person delivering the service has sufficient knowledge and training.

Please let me know if you'd like to talk through further, we'd be happy to connect.

Thank you,

Lisa

From: Hoisington, Joshua [mailto:Joshua.Hoisington@legis.wisconsin.gov]

Sent: Tuesday, September 10, 2019 9:58 AM

To: Olson, Lisa A - DHS

Cc: Dodge, Tami - LEGIS; Zimmerman, Danielle - LEGIS; Kolodziejczyk, Dominik - LEGIS; McCarthy, Steven - LEGIS

Subject: Requested ET3 changes

Importance: High

Good morning, Lisa. Would you please send us the statutory *and* admin. code changes that DHS would like to see? Rep. Loudenbeck has been working on this issue as well. We would like to introduce a bill tomorrow that includes DHS's requested changes to get the bill moving through the process before the Sept. 19<sup>th</sup> deadline. Thank you for your help, Lisa.

Best regards,

Josh Hoisington Office of Representative Joe Sanfelippo 15th Assembly District 608.266.0620

Follow Rep. Sanfelippo on <u>Facebook</u> and <u>Twitter</u>.

NOTE: Emails sent to and from this account may be subject to open records requests and should not be considered private.



State of Misconsin 2019 - 2020 LEGISLATURE

LRB-4284/P1

TJD:.4.

In. 9/10

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

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1 AN ACT ...; relating to: emergency medical services programs.

### Analysis by the Legislative Reference Bureau

This bill allows an approved emergency medical services program to provide emergency medical care in circumstances other than at the scene of an emergency, during transport to a hospital, while in the hospital emergency department until regular hospital staff assume responsibility for care, and during transfer of a patient between health care facilities. The bill allows the emergency medical services program to provide emergency medical care during transport to another facility or institution in which health care is provided and under a delegation from a health care provider. Under current law, an emergency medical services practitioner may act upon a delegation by a health care provider without violating the scope of the emergency medical services practitioner's license. The bill adds conditions that the actions delegated to the emergency medical services practitioner must be all of the following: 1) within the scope of the health care provider's license and competency and 2) delegated to an emergency medical services practitioner whom the health care provider ensures is adequately knowledgeable and trained to perform the delegated action.

# The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

and amended to read:

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#### SECTION 1

256.12 (2) (a) (intro.) Any county, city, town, village, hospital, ambulance
service provider, or combination thereof may, after submission of a plan approved by
the department, conduct an emergency medical services program using emergency
medical services practitioners for the delivery of emergency medical care to sick,
disabled, or injured individuals at the scene of an emergency and during under any
of the following circumstances:

- 1. During transport to a hospital, while or facility or institution in which health care is provided.
- 2. While in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, and during.
  - 3. During transfer of a patient between health care facilities.
- (ad) An ambulance service provider may, after submission of a plan approved by the department under par. (a), conduct an emergency medical services program using emergency medical services practitioners for the delivery of emergency medical care to sick, disabled, or injured individuals during transfer of the individuals between health care facilities.
- (ah) Nothing in this section prohibits an emergency medical services program from using community paramedics and community emergency medical services practitioners for services described in ss. 256.205 (6) and 256.21 (6) or from providing nonemergency services in accordance with s. 256.15 (6p).
- (am) Nothing in this section shall be construed to prohibit the operation of fire department, police department, for-profit ambulance service provider, or other emergency vehicles using the services of emergency medical services practitioners in conjunction with a program approved by the department.

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(ar) Hospitals that offer approved training courses for emergency medical

2	services practitioners should, if feasible, serve as the base of operation for approved
3	programs <u>under this section</u> using emergency medical services practitioners.
4	$\checkmark$ <b>Section 2.</b> 256.12 (2) (a) 4. of the statutes is created to read:
5	256.12 (2) (a) 4. Under a delegation from a health care provider in accordance
6	with s. 256.15 (6p).
7	SECTION 3. 256.15 (6p) of the statutes is renumbered 256.15 (6p) (intro.) and
8	amended to read:
9	256.15 (6p) Delegation from a health care provider. (intro.) An emergency
10	medical services practitioner who is acting upon a delegation by a health care
11	provider does not violate the actions authorized for emergency services under sub.
12	(6n) for actions taken in accordance with that delegation. delegation if all of the
13	following criteria are satisfied:
	History: 1973 c. 321; 1975 c. 39 ss. 645 to 647d, 732 (2); 1975 c. 224; 1977 c. 29, 167; 1979 c. 321; 1981 c. 73, 380; 1981 c. 391 s. 211; 1983 a. 189; 1985 a. 120, 135; 1987 a. 70, 399; 1989 a. 31; 1989 a. 102 ss. 20, 21, 36 to 59; 1991 a. 39, 238; 1993 a. 27, 29, 105, 183, 251, 399; 1997 a. 79, 191, 237; 1999 a. 7, 56; 2001 a. 109; 2005 a. 25, 486; 2007 a. 104; 2007 a. 130 ss. 50 to 52, 55 to 57, 63 to 66, 69, 71 to 104; Stats. 2007 s. 256.15; 2009 a. 28, 42; 2009 a. 180 s. 123; 2009 a. 209; 2011 a. 120, 209; 2013 a. 200; 2015 a. 26, 55, 83, 113; 2017 a. 12, 66, 97, 350; s. 35.17 correction in (8) (cm).
14	Cross-reference: See also chs. DHS 110, Wis. adm. code.  V SECTION 4. 256.15 (6p) (a) and (b) of the statutes are created to read:
15	256.15 (6p) (a) The health care provider delegates to the emergency medical
16	services practitioner only actions that are within the scope of the health care
17	provider's credential and competency.
18	(b) The health care provider ensures that the action is delegated to an
19	emergency medical services practitioner who is adequately knowledgeable and
20	trained to perform the delegated action.
21	(END)

#### Dodge, Tamara

From:

Hoisington, Joshua

Sent:

Thursday, September 12, 2019 12:27 PM Dodge, Tamara; Zimmerman, Danielle

To: Cc:

Lonergan, Sandy

Subject:

RE: Draft review: LRB -4284/P1

Good afternoon, Tami. Please jacket this for introduction in the Senate and Assembly and send it over with a rush delivery. Thank you.

Best regards,

Josh Hoisington
Office of Representative Joe Sanfelippo
15th Assembly District
608,266,0620

#### Follow Rep. Sanfelippo on <u>Facebook</u> and <u>Twitter</u>.

NOTE: Emails sent to and from this account may be subject to open records requests and should not be considered private.

From: Dodge, Tamara < Tamara. Dodge@legis.wisconsin.gov>

Sent: Wednesday, September 11, 2019 8:52 AM

To: Zimmerman, Danielle < Danielle. Zimmerman@legis.wisconsin.gov>

Cc: Hoisington, Joshua < Joshua. Hoisington@legis.wisconsin.gov>; Lonergan, Sandy

<Sandy.Lonergan@legis.wisconsin.gov>
Subject: FW: Draft review: LRB -4284/P1

Danielle,

You may want to give me a call on this so I can better explain it.

Tami

#### Tamara J. Dodge

Senior Legislative Attorney Wisconsin Legislative Reference Bureau P.O. Box 2037 Madison, WI 53701-2037 (608) 504 - 5808 tamara.dodge@legis.wisconsin.gov

Please note my new direct phone number (as of June 13, 2018).

From: LRB.Legal < <a href="mailto:lrblegal@legis.wisconsin.gov">lrblegal@legis.wisconsin.gov</a> Sent: Wednesday, September 11, 2019 8:08 AM

To: Dodge, Tamara < Tamara. Dodge@legis.wisconsin.gov>

Subject: Draft review: LRB -4284/P1

Draft Requester: Rep. Amy Loudenbeck

Following is the PDF version of draft LRB -4284/P1.



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# State of Misconsin 2019 - 2020 LEGISLATURE

LRB-4284/P1
TJD:ahe

# PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

AN ACT to renumber and amend 256.12 (2) (a) and 256.15 (6p); and to create 256.12 (2) (a) 4. and 256.15 (6p) (a) and (b) of the statutes; relating to: emergency medical services programs.

### Analysis by the Legislative Reference Bureau

This bill allows an approved emergency medical services program to provide emergency medical care in circumstances other than at the scene of an emergency, during transport to a hospital, while in the hospital emergency department until regular hospital staff assume responsibility for care, and during transfer of a patient between health care facilities. The bill allows the emergency medical services program to provide emergency medical care during transport to another facility or institution in which health care is provided and under a delegation from a health care provider. Under current law, an emergency medical services practitioner may act upon a delegation by a health care provider without violating the scope of the emergency medical services practitioner's license. The bill adds conditions that the actions delegated to the emergency medical services practitioner must be all of the following: 1) within the scope of the health care provider's license and competency and 2) delegated to an emergency medical services practitioner whom the health care provider ensures is adequately knowledgeable and trained to perform the delegated action.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1	emergency vehicles using the services of emergency medical services practitioners
2	in conjunction with a program approved by the department.
3	(ar) Hospitals that offer approved training courses for emergency medical
4	services practitioners should, if feasible, serve as the base of operation for approved
5	programs <u>under this section</u> using emergency medical services practitioners.
6	Section 2. 256.12 (2) (a) 4. of the statutes is created to read:
7	256.12 (2) (a) 4. Under a delegation from a health care provider in accordance
8	with s. 256.15 (6p).
9	SECTION 3. 256.15 (6p) of the statutes is renumbered 256.15 (6p) (intro.) and
10	amended to read:
11	256.15 (6p) Delegation from a health care provider. (intro.) An emergency
12	medical services practitioner who is acting upon a delegation by a health care
13	provider does not violate the actions authorized for emergency services under sub.
14	(6n) for actions taken in accordance with that delegation. delegation if all of the
15	following criteria are satisfied:
16	Section 4. 256.15 (6p) (a) and (b) of the statutes are created to read:
17	256.15 (6p) (a) The health care provider delegates to the emergency medical
18	services practitioner only actions that are within the scope of the health care
19	provider's credential and competency.
20	(b) The health care provider ensures that the action is delegated to an
21	emergency medical services practitioner who is adequately knowledgeable and
22	trained to perform the delegated action.
23	(END)

#### Barman, Mike

From:

LRB.Legal

To:

Rep.Loudenbeck@legis.wisconsin.gov

Subject:

Draft review: LRB -4284/1

Attachments:

19-4284/1

# State of Wisconsin - Legislative Reference Bureau

One East Main Street - Suite 200 - Madison

## We will jacket this draft for introduction in the Assembly.

If the last paragraph of the analysis states that a fiscal estimate will be prepared, the LRB will submit a request to DOA when the draft is introduced. You may obtain a fiscal estimate on the draft prior to introduction by contacting our program assistants at <a href="mailto:LRB.Legal@legis.wisconsin.gov">LRB.Legal@legis.wisconsin.gov</a> or at (608) 266-3561. If you requested a fiscal estimate on an earlier version of this draft and would like to obtain a fiscal estimate on the current version before it is introduced, you will need to request a revised fiscal estimate from our program assistants.

Please call our program assistants at (608) 266-3561 if you have any questions regarding this email.