TERRY MOULTON
WISCONSIN STATE SENATOR
23RD SENATE DISTRICT

Testimony on Senate Bill 143
May 20, 2015

Thank you Madam Chairwoman and other committee members for the opportunity to testify on Senate Bill 143.

Many rural emergency ambulance services are in a state of crisis with too few staff to cover a necessary 24/7 service to their communities. With input from local providers, Representative Kulp, Mursau, and I decided to introduce legislation to change ambulance staffing requirements in order to help ambulance services across Wisconsin.

Currently, two Emergency Medical Technicians (EMTs), licensed registered nurse, registered physician assistant, physician, or a combination of these individuals are required when transporting an individual. Unfortunately, in some rural areas, finding two EMTs on short notice when there is an emergency can be quite difficult. Instead of waiting for two EMTs and potentially risking the life of the injured patient, this bill would allow ambulances to be staffed with either two EMTs or one EMT and one Emergency Medical Responder. This legislation would allow an Emergency Medical Responder to act as one member of a legal ambulance crew. The bill also requires the EMT, or higher licensed individual, to remain with the patient at all times during care and transport of the patient.

Emergency Medical Responders are required to complete a training program and pass both practical and written examinations before being licensed. The Emergency Medical Responders must also complete a refresher course every two years, just like EMTs and paramedics, in order to stay current on their knowledge and skills of medical emergencies. It does not matter whether an Emergency Medical Responder will operate as a volunteer, or a paid provider – they must undergo the same training and certification regardless of where the will perform. Emergency Medical Responders across the entire state and country are held to the same standards and must pass the same examination.

This proposal would immediately provide necessary relief for the staffing shortages caused by the difficulty of recruiting and retaining EMTs, especially in the volunteer services providing coverage in rural areas. Additionally, it would be a valuable tool to recruit new squad members as First Responders without the pressure to immediately commit to the additional education requirements of an EMT.

I hope that the committee will strongly considering the passage of Senate Bill 143 to in order assist rural ambulance services in ensuring that patients are transported in a timely manner while still being cared for by qualified emergency medical personnel. Thank you again for allowing me to testify today.

Serving the 23rd Senate District
State Capitol • Post Office Box 7882 • Madison, WI 53707-7882
(608) 266-7511 • Toll Free: (888) 437-9436 • Fax: (608) 282-3563 • Sen.Moulton@legis.wi.gov • **Website:** www.SenatorMoulton.com

Wisconsin EMS Association
Your voice for EMS

Testimony

To: Senator Leah Vukmir, Chair
Members of the Senate Health and Human Services Committee

From: Mindy Allen, Executive Director

Date: Wednesday, May 20, 2015

Re: Testimony on SB-143, Ambulance Staffing by EMTs and First Responders

Chair - Senator Vukmir; Vice-Chair - Senator Moulton; and, members of the Committee, thank you for the opportunity to speak on Senate Bill 143, relating to ambulance staffing by EMTs and first responders.

My name is Mindy Allen and I am the Executive Director for the Wisconsin EMS Association. For over 40 years, our organization has represented a large number of the volunteer EMTs and first responders in Wisconsin.

Senator Moulton. On behalf of the EMS community I want to thank you for recognizing that Wisconsin EMS is facing some very difficult issues, specifically staffing. Further, thank you for your dedication to your local communities to try and identify possible solutions.

Please keep in mind that approximately 75% of all EMS services are "volunteer" or some version of "volunteer". Finding people willing to take on the extensive education and training requirements to become an emergency medical technician (EMT) – the time, money, study and sacrifice... it's becoming too much for many of those volunteers.

And, here we are today with many areas of the state – especially rural Wisconsin – facing a staffing crisis.

We frequently collaborate with many stakeholders of the emergency response system. There is a growing consensus that Wisconsin EMS, which is made up of emergency response services for the purpose of saving lives and responding to emergency calls, is facing a crisis in both funding and staffing.

As system leaders, we see this legislation as a temporary fix... a band-aid solution to help throw the first proverbial bucket of water on a crisis situation. In essence, SB-143 may help to provide a little more time to delay for what we fear is the inevitable. While the Wisconsin EMS Association will offer recommended changes to the bill, there needs to be

26422 Oakridge Drive, Wind Lake, WI 53185-1402
1-800-793-6820 • www.WisconsinEMS.com

an entire system shift in the way we deliver EMS services. This bill may offer some temporary, short-term relief for our rural services, which is greatly needed. However, we believe this is not a permanent solution and more system-wide reform and restructuring needs to occur, which will require a multi-faceted solution.

We struggled with the proper way to present recommendations for an amendment without sounding unsupportive or too complex. But the reality is that the staffing challenges in the rural areas of Wisconsin are complex and at a point of crisis. As the lead representative of Wisconsin EMS, we are grateful for this opportunity to educate the committee so you understand how severe the problem is and this legislation is an attempt at taking an important first step. However, there are subsequent steps that are needed.

Limited state-wide data and research in EMS prevents us from knowing the prevalence, causes, and impacts of such problems. But we believe, prior to undertaking wide-scale initiatives to address these challenges, additional research focused on further defining the problems is needed.

There are some important questions that need to be answered during this process that include:

1. What happens when volunteer agencies no longer have enough personnel to respond to calls?
2. What supportive measures need to be in place to ensure the continuity of emergency care?
3. How can EMS agencies integrate or partner with other organizations and other rural health care providers for support and to facilitate this change?
4. Can communities work with neighboring services to find areas where they can eliminate duplication of services and share resources?
5. What aspects of affiliating with other organizations would impede or enhance the recruitment and retention of EMTs?
6. What is the adequacy of the existing supply and distribution of the EMS workforce?
7. How can we improve the delivery of EMS education in rural areas to accommodate geographical barriers?

The Wisconsin EMS Association wants to encourage collaboration by the various stakeholders and the legislature to develop a long-term, sustainable solution and help produce answers to these many questions.

We support our rural EMS services and will support this bill with an amendment.

The challenge for all of us here today is the important question - what is the permanent solution? Staffing shortages are a symptom. We need to diagnose the real problems and then identify how to implement changes to cure those problems. We believe the long-term solutions will require more study and collaboration of the various stakeholders and

legislators – a "study committee" of some sort.

This is a possible multi-level solution that we are recommending:

Step 1: If this bill progresses, we would recommend it include an amendment that allows first responder staffing of an ambulance only for "rural" services (which may be defined as call volume at approximately 500 ambulance calls per year.) Earlier this week, I had our lobbyist suggest to the author that 1,000 calls per year may help to define "rural". However, upon further reflection, if an ambulance service has staffing issues when they are running nearly three calls per day, they typically have much larger issues and the SB-143 fix might not be an appropriate solution. We may also want to allow this option as a pilot for one year, and then provide a review\study of data and outcomes.

Step 2: Create a legislative study committee to "study" the problems surrounding EMS staffing shortages (similar to Iowa's study) and provide a report based on facts and research.

Step 3: Provide recommendations to include the following:

- Assist stakeholders to develop and fund a state-wide sustainable staffing model
- Encourage communities to work with neighboring services and find areas where they can eliminate duplication of services and share resources
- Create legislation that would deem EMS as an essential service (similar to other essential services)
- If the report confirms that staffing with first responders is necessary, then develop a process that would require services to submit a hardship waiver to DHS that includes a community feasibility study indicating that a staffing change is the only solution after other recommendations have been completed.

Thank you for your consideration of our ideas. We look forward to the opportunity to collaborate further.

I'd be happy to answer any questions you may have.

Sincerely,

Mindy Allen

Mindy Allen
Executive Director

PROFESSIONAL FIRE FIGHTERS OF WISCONSIN, INC.
7 NORTH PINCKNEY STREET, SUITE 200, MADISON, WI 53703-2840
PHONE: (608) 251-5832/ EMAIL: PFFWOFFICE@PFFW.ORG
MEMBER OF INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS
MEMBER OF WISCONSIN STATE AFL-CIO

MAHLON MITCHELL STATE PRESIDENT
MICHAEL WOODZICKA STATE VICE-PRESIDENT
STEVE WILDING STATE SEC. / TREAS.

Testimony of Mahlon Mitchell, President Professional Fire Fighters of Wisconsin On Senate Bill 143 Before the Senate Committee on Health and Human Services May 20, 2015

Thank you Madam Chair and committee members for giving me the opportunity to testify on this bill today. The Professional Fire Fighters of Wisconsin (PFFW) opposes SB 143 and finds it a threat to the basic safety and wellbeing of those we serve. Chapter 256 of the Statutes has required a minimum of two EMT-Basics as the standard for Emergency Medical Ambulance Staffing since the inception of Emergency Medical Services in Wisconsin. Since the 1970's this standard has been tested as the appropriate staffing level necessary to serve the citizens and visitors of this great state on the worst day of their life.

Since the inception of EMTs in Wisconsin, and since this staffing requirement existed, the scope of practice of an EMT has increased substantially. The expectations of an EMT includes many procedures such as defibrillation, insertion of breathing tubes, multiple medications to manage life threatening breathing emergencies, cardiac emergencies, diabetic emergencies, and severe allergic reactions while a patient's airway is closing and cardiovascular system is collapsing. At the same time, patients have become much more difficult to manage and stabilize due to severe illness and trauma.

This is the practice of medicine during a patient and their loved ones' worst day, and while every bit of their wellbeing and quality of life is at play they deserve a functional ambulance crew that includes the industry standard of two EMTs. Emergency Medical Service in Wisconsin is practiced with tremendous trust and minimal oversight. Anything less than a standard response of two EMTs is a race to the bottom of an essential service.

I've spoken with the Chair of the Wisconsin Emergency Medical Services Board who is appointed by Governor Walker and he confirmed that not one of the communities requesting this exemption has made any attempt to talk to anyone on this Board of EMS experts about this proposal. The Governor appoints this Board to ensure that ALL stakeholders are represented in any recommendations they may have to the Department of Health Services (DHS). The EMS Board has overwhelmingly formally opposed this legislation. Additionally, each member of the EMS Board confirmed that none of the EMS representation groups were consulted or notified of this desire to change state law, nor asked for help or consultation in developing this proposal.

The two EMT standard stretches far beyond one EMT in the back and one EMT driving. The two EMTs work together on-scene to do their best to stabilize a sick or injured patient. In the event that the

patient has a critical airway problem, is pulseless, is combative, etc., these two EMTs work together to manage the patient in back while summonsing a fire fighter or Emergency Medical Responder to drive.

The workload of an EMT is being seriously downplayed with this bill and it is unconscionable to think that this request would come from people who practice emergency medicine – they are doing a disservice to their profession. This is a prime example of treating the symptoms and not the disease. This will eventually cripple an area of the State because the time will come when the one EMT no longer exists. Then what?! Relying on an ambulance crew with one EMT and one EMR who has one third the training of an EMT – none of which is training in the transport of the sick or injured – is seriously compromising the safety those we serve. The underlying issue has been defined and we need to call attention to it before there is complete failure. Allowing one EMT ambulances is the beginning of that slippery slope.

Clearly, there are areas of the State that are not having success finding volunteers for their EMS crews. This is not unique to Wisconsin. It is not time to throw in the towel on a law that's been in place as long as EMS has. It's time to work together and pool resources in a collaborative effort to find a meaningful solution to EMS system distress. This bill is premature because identified industry experts have not had an opportunity to work with rural municipalities who are having difficulty complying with the law.

The EMS Board, DHS, the Office of Rural Health, the State's Medical Director, the Professional Fire Fighters of Wisconsin, the Professional Ambulance Association of Wisconsin, the Wisconsin EMS Association, all have immense resources and experts to help EMS services around the state with problem solving, critical thinking, and other cognitive aspects to a sustainable service model. Prior to the introduction of this bill, not one of the resources that I just listed had been consulted by any of the service areas involved in the request to change Chapter 256 of the Statutes.

There are rural communities in this State that invest in the wellbeing of their emergency medical services such as Waushara County. We should be moving EMS forward in this State and not prematurely changing laws that exist for many very good reasons. We need to rally around those rural areas that do this right and work together to bring up those that feel they are struggling to comply with current requirements into compliance. We can do this together with the many resources that these services have not begun to utilize. There is much work to do and plenty of talent to assist in these initiatives.

Because none of the experts that the state depends on for recommendations in this area have been part of any of these discussions it's virtually impossible for anyone testifying to validate and verify any of the findings of fact produced by these individual service agencies. Again, this law change is putting the cart before the horse and Chapter 256 should remain intact as it is currently constructed.

The Professional Fire Fighters of Wisconsin is opposed to this law change for the wellbeing of the sick and injured people who rely on the services we and other EMS personnel provide throughout this State.

I am happy to answer any questions committee members may have.

TO: All Legislators

From: NEW EMS Task Force

RE: SB-143 Changing Minimum Ambulance Staffing Requirements

Over 60% of the EMS agencies in the State of WI are volunteer based. 70 % of those agencies face difficulties with recruitment, daily staffing, and retention of personnel. Some would suggest the problem can be fixed with money, or that it is primarily a rural issue. That is a short sighted view that does not appreciate the looming issue of current and future staffing shortages for volunteer EMS agencies in Wisconsin and across the nation.

A lack of available resources, people resources for essential services, in areas not only rural, but in smaller communities across this State has reached a turning point. Many ambulance providers are struggling with few staff to cover a necessary 24/7 service to their communities. An increased time requirement for EMT training has become prohibitive and detrimental to recruiting efforts. State funding assistance has not kept pace with rising tuition expenses. Ambulance services have limited options to provide required staffing coverage in unpredictable times of immediate need.

SB-143 provides a staffing option for local ambulance services to tap into a pool of trained, readily available, skilled resources. In its 2012 EMS assessment report, the National Highway Traffic Safety Administration (NHTSA) recommended it as a staffing model that the WI EMS Unit and EMS Board should consider. Many areas in the nation already embrace this staffing model, including the surrounding States of Minnesota, Michigan, and Illinois.

Some will suggest the recommendations in SB-143 are only "Band-Aid" and will not fix the longer term problem. Some would suggest it dilutes the quality of the WI EMS system. Others will attempt to amend the language of SB-143 to protect their special interests. There are those who suggest that small communities, already struggling financially in many areas, must just "step up and pay" for EMS coverage, despite levy limits and other hardships on taxpayers.

We consider SB-143 as another option. The Wisconsin EMS Association surveyed its membership in April and found the measure was supported by the majority of its members. While it is not a cure all for the larger problem of shrinking "people" resources, it is another tool that other States have successfully made available to their respective EMS providers. **This proposal would immediately provide necessary relief for the staffing shortages caused by the difficulty of recruiting and retaining EMTs.** Additionally, it would be a valuable tool to recruit new squad members as First Responders without the pressure to immediately commit to the additional education requirements of an EMT.

In an attempt to alleviate resistance from urban EMS systems and place a legislative fix right where it is needed, SB-143 intentionally stops short of affecting Paramedic staffing requirements. This bill is targeted directly at those ambulance providers licensed at EMT, AEMT (EMT Intermediate Technician), and Intermediate levels ONLY. Thousands of Licensed First Responders (EMRs) all over the state respond daily to 911 calls for help. Helping integrate them through SB-143 will only help strengthen ambulance providers across Wisconsin.

Our Task Force was well aware early on that there would be push-back against this staffing bill. But we also know what other states are doing, we know what the NHTSA reports recommend and much to our dismay, we know what this bill's opposition thinks of "Volunteer EMS". This is precisely why we are here today asking for your help. We ask our legislators to support our efforts to continue to provide high quality, cost effective, emergency medical services in the small communities across our great State.

Please support SB-143.

Respectfully,

NEW EMS Task Force

Emergency Medical Services
in the State of Wisconsin

Recruitment and Retention: "Talking Points"

Introduction:

- Pre-hospital emergency medical services (EMS) for medical and trauma emergencies is an essential and integral component of a comprehensive health care system.
- Residents in the rural communities of northeast Wisconsin, in addition to the stream of tourists that visit the regions of northern Wisconsin, are dependent on EMS treatment and transport in the event of a medical or trauma emergency.
- Due to an insufficient number of ambulance calls to support a full-time ambulance service, communities all around Wisconsin are dependent on volunteer EMTs to provide treatment and transport in the pre-hospital environment.

History: *EMS in Wisconsin*

Prior to 1966:

- Minimal pre-hospital patient care provided by fire departments, law enforcement
- Patient transport provided by local funeral directors

1966:

- Federal Department of Transport "White Paper" identifies death/disability due to lack of proper pre-hospital care labeled "the neglected epidemic of modern society".
- Congress enacted National Highway Safety Act to provide funding to establish EMS systems with mandated minimum standards of patient care

1968 to 1969:

- Wisconsin initiates efforts to establish EMS curriculum for education
  - *EMS legislation via WI administrative rule*
  - *creation of WI EMS Office in the Department of Health and Family Services*
- First 81-hour EMT curriculum delivered in Wausau, Wisconsin

1974:

- EMS training mandated in the state of Wisconsin
- Provision of 24/7 pre-hospital emergency care mandated in all WI cities/townships
- Approval required for operation of a municipal-based ambulance service

Mid-1970s to 1980s:

- National growth in EMS systems - $500 million in federal funding provided to states

1989:

- WI Act 102 – Funding Assistance Program (FAP) provides for $2.2 million for EMS education and EMS operations to ambulance services in Wisconsin
- No increase in FAP funding since 1989

History: *EMS in Wisconsin* (continued)

1990:

- Federal Department of Transportation National Highway Transportation and Safety Administration (NHTSA) implements EMS technical assessment program to evaluate EMS systems in each state
- NHTSA Technical Survey Team evaluates EMS in the state of Wisconsin
- Due to NHTSA Survey Team evaluation, WI legislation created the WI EMS Advisory Board, the WI EMS Medical Director and the WI Physicians Advisory Committee (PAC)

2001 and 2012:

- NHTSA Technical Survey Team re-evaluates EMS in the state of Wisconsin
- Recurrent theme in re-evaluation process in the absence of suitable funding for EMS

Overview: *EMS in Wisconsin*

Certified or licensed EMS agencies in the state of Wisconsin (792 total statewide):

- 341 Emergency Medical Responder groups
- 147 EMT-licensed ambulance services
- 144 AEMT-licensed ambulance services
- 136 Paramedic-licensed ambulance services
- 9 licensed air medical services

Certified or licensed EMS personnel (20410 total statewide):

- 4021 Emergency Medical Responders
- 9275 licensed EMTs
- 3027 licensed AEMTs
- 3865 licensed Paramedics

Miscellaneous Information:

- Annual ambulance calls by all statewide EMS agencies: 598416
- 64% of all EMS agencies are volunteer
- 36% of all EMS agencies are career/full-time
- 54% of all ambulance services are municipally-operated or privately-owned
- 46% of ambulance services are fire-based

EMS Recruitment and Retention: *General Information**

- 70% of volunteer ambulance services face difficulties with recruitment (and retention)
- Municipal-based (volunteer) ambulances experience more difficulties with recruitment than career/full-time ambulance service or fire-based ambulance services.
- Nationally, recruitment is more of a problem than retention (due to the commitment and loyalty of EMS providers serving on volunteer ambulance services
- Nationally, ambulance service directors report the following as leading barriers to recruiting members of the community to serve onboard local ambulance services:
  - *lack of funding available to sufficiently pay $ or benefits to volunteers*
  - *lack of time available (for EMS training and for on-call EMS) to commit*

* identifies data reflected in "*Rural Volunteer EMS: Reports From the Field*" – a 2010 study project from the federal Office of Rural Health Policy, US Department of Health and Human Services

EMS Recruitment and Retention: *Barriers to Recruitment*

- "Community economics" determines the ability to recruit members of the community
- Rural population bases are small – target audience for recruitment is limited
- Rural population base is aging due to "baby boomer" demographics
- *Recruiting in high schools:* graduating high school students seek college education or gainful employment outside the community
- *Recruiting in the community:* residents of the community maintain employment outside of the community and are unavailable for on-call status
- *Recruiting in the community:* residents that maintain employment within the community are not authorized by employers to respond to emergency calls during hours of work
- Rigors of work onboard an ambulance – combative/unmanageable patients, heavy lifting, hazardous/unsafe emergency scenes, inclement weather, long hours of work
- Potential for exposures to communicable diseases, blood/other body fluids
- Potential for medico-legal liabilities in the delivery of emergency medical care

EMS Recruitment and Retention: *Barriers to Recruitment – EMS Training Requirements*

- Significant enhancements in the EMS scopes of practices at all levels of EMS certification and licensure have caused substantial increases in the # of EMS curricula hours
- Substantial increases in the # of hours of EMS curricula hours have required WI EMS training centers to purse alternate technologies (online training) to deliver training
- Extensive hours of EMS training and new computer technologies cause candidates for recruitment to reconsider commitment to volunteering as EMS provider
- 1969: EMT curriculum was 81 hours of lecture, practical skills
- 2012 – all EMS curricula revised and upgraded based on mandates by the federal DOT NHTSA and the National Registry of EMTs:
  - *Emergency Medical Responder Basic Course: from 72 hours to 80 hours*
  - *Emergency Medical Technician Basic Course: from 144 hours to 212 hours (including 4 hrs orientation + 16 hrs clinical experience in the hospital ER + 8 hrs NREMT practical skills lab). Approximately 40 hours of online EMS training.*
  - *Advanced EMT: from 92 hours to 168 hours (including 40 hours of clinical experience in the hospital ER). Approximately 40 hours of online EMS training.*
  - *AEMT students are required to pass NREMT AEMT written examination and practical skills examinations (practical test increases from 3 stations to 10 stations).*

EMS Recruitment and Retention: *Strategies**

- *Annual volunteer recognition*: recognizes publicly the contributions of volunteer EMTs.
- *Availability of non-operational opportunities:* administrative or maintenance work required by ambulance services (clerical support, community relations, coordination of business and social functions, EMS training, public education, recruitment) by "retired" EMTs or community members that are senior citizens or disabled.
- *"Buddy System":* each member of the ambulance service recruits new EMTs from personal associations with family members or friends (with annual recruitment goals).
- *Clearly defined job descriptions:* candidates for recruitment fully understands the job title, a summary of job duties/responsibilities, minimum time requirements, minimum training requirements, pay or other benefits available from the ambulance service.
- *Encouragement of family participation:* family-oriented approach to EMS staff.

EMS Recruitment and Retention: *Strategies** (continued)

- *Formal recognition system:* regular practice of an ambulance service to publicly acknowledge the achievements and contributions of volunteer members.
- *Free meals during/after long-distance or time-consuming ambulance runs*
- *Free EMS training opportunities:* ambulance service will reimburse or sponsor payment for EMS certification/recertification training for all active members.
- *Informal recognition system:* expressing "thank you" to members for specific activities, involving members in the decision-making process of the ambulance service, recognizing the anniversary date (employment with the ambulance service) or birthday of each member
- *Injury prevention:* public education programs for businesses, nursing homes, professional business organizations, public schools regarding injury prevention, business/home safety.
- *Length of Service Awards Program:* (inclusive with formal recognition system).
- *Maintenance of quality EMS apparatus/equipment/supplies:* candidates for recruitment are assured that their practice of pre-hospital care on a respective ambulance service is enhanced by the availability of dependable and operable EMS equipment.
- *Mentoring program for new EMTs:* a new EMT is assigned to an experienced/veteran EMT to receive guidance and support through a probationary period of acclamation to EMS.
- *Open house at the ambulance station:* provides public education to the community regarding the value of the services provided by the ambulance service including display of EMS apparatus, demonstration of pre-hospital patient care skills.
- *Pay or participation-based compensation:* support from taxpayer $s through the auspices of local public officials understanding the concept that advancements in EMS have moved pre-hospital patient care from "community volunteerism" to an "occupational profession".
- *Physical activities for members and families:* physical, social or recreational activities (bowling, softball, volleyball) to promote camaraderie and teamwork among the members of the ambulance service and their families.
- *"Piggybacking" of recruitment activities:* recruitment techniques used in non-recruitment activities – ie: insertion of recruitment "messages" in regular mailings or newsletters, recruitment messages in radio or TV PSAs, recruitment messages with products sold by local businesses (in a pizza box).
- *Print advertisements in newspapers:*
- *Recruiter incentives:* gifts or monetary rewards for recruiting new EMTs
- *Stipend or service account for volunteers:* EMTs that meet a minimum # of hours of participation in the activities of the ambulance service (ie: on-call hours, meetings, training) earn stipends placed in an account for EMS-related expenses (shoes, uniforms) with the incentive to save out-of-pocket expenditures.
- *Volunteer EMT Week:* a focused, 7-day campaign using several recruitment strategies.
- *Youth programs:* "cadet" programs for ages 14-18. Members received basic first aid and AHA HCP CPR training and respond on ambulance runs performing non-technical tasks. Participating youth are assigned to a volunteer EMT "adviser". The youth program serves to provide meaningful extracurricular activities and potential for future recruitment.

* references information reflected in "*Emergency Medical Services (EMS) Recruitment and Retention Manual*" from the US Fire Administration in the Federal Emergency Management Agency (FEMA)

Children's Hospital of Wisconsin

MEMORANDUM

TO:	Senate Committee on Health and Human Services
FROM:	Michelle Mettner, Children's Hospital of Wisconsin
SUBJECT:	Proposed Amendment to Senate Bill 143
DATE:	5/20/15

On behalf of Children's Hospital of Wisconsin, thank you for the opportunity to provide you this written testimony. I apologize for being unable to testify in person today on Senate Bill 143, which addresses ambulance staffing challenges rural parts of our state are dealing with and provides common sense solution. Children's Hospital of Wisconsin is grateful to Senator Vukmir for holding a hearing on this legislation and to Senator Moulton for offering it.

As you review SB 143, we hope you will consider adding a related amendment that addresses a very narrow emergency transport staffing issue we deal with at Children's Hospital of Wisconsin. At Children's Hospital of Wisconsin, we are called to transport children from hospital throughout the State. In these circumstances, we provide the emergency transportation via ground, rotator wing (Flight for Life Helicopeter) and fixed wing (airplane).

As you know, current Wisconsin law requires medical transports via ambulance (both air and ground) to be staffed by at least two medical professionals. The statute limits those who qualify to meet the requirement to emergency medical technicians, licensed registered nurses, physician assistants or physicians.

The amendment we are proposing to SB 143 would allow a certified respiratory care practitioner (RCP) to fulfill one of the ambulance staffing requirements only for a pediatric patient being transferred from one hospital to another in a fixed-wing (airplane) ambulance. For perspective, Children's Hospital of Wisconsin handles about 30 of these kinds of transports per year.

RCP's are especially important in the transport of medically-fragile infants and children who often require oxygen support. As you can imagine, a child in need of transport via an airplane is likely in a very fragile state. RCPs have the expertise to care clinically for patients in these situations. They also are required to maintain annual competencies that are very similar in many respects to EMTs. During an emergency transport using an airplane, our team replicates the ICU environment in the cabin which always includes a nurse and an RCP.

In these narrow circumstances, it simply makes more sense to allow a RCP to serve as one of the required medical professionals who are involved in the transport. Current law forces providers who use RCPs in emergency transports to either require its RCPs to seek an EMT license (with course and time off for course) – when the RCP certification is either duplicative or in some clinical areas, offers more training – or include additional personnel in the transport team. Both options needlessly add to the costs of health care.

To reiterate, we are seeking an amendment to SB 143 that would allow a RCP to fulfill one of the ambulance staffing requirements for an emergency transport when a pediatric patient is being moved from one medical facility to another via a fixed-wing ambulance (airplane).

Thank you for your consideration of this request.