



JESSE KREMER

STATE REPRESENTATIVE • 59TH ASSEMBLY DISTRICT

*Testimony before the Assembly Committee on Health
State Representative Jesse Kremer
August 2, 2017*

Good morning,

Thank you committee members, and especially you, Chairman Sanfelippo, for holding a hearing on this bill within our "Rural Fire & EMS Reforms" package.

Although the 2016 Legislative Council Study Committee on Volunteer Firefighter and Emergency Medical Technician Shortages convened for a variety of legislator concerns, the primary reason that I requested the study was for the issue that we are discussing this morning, addressed by Assembly Bill 311.

In rural Wisconsin, there have been distinct challenges to providing the highest level of Emergency Medical Services (EMS) possible – especially with the increased demands on skills, training and recruitment/retention of these highly trained volunteers. One of these rural challenges is the desire to upgrade EMS responders to a higher level for the benefit of the communities that they serve.

For instance, a rural department that wants to provide IVs, additional medications via IV, etc. would train EMT Basics at the EMT Advanced level. The benefit is that a higher level of service is available in less time than calling in a nearby paramedic agency, however, this poses a unique challenge.

Many rural EMS agencies have split provider levels because many lower level volunteer EMTs do not have the time to spend hundreds of hours upgrading to a higher level EMT. Once an EMS service is licensed at a higher level, they are required to provide at least one EMT on the first ambulance out the door who is trained to that level. Unfortunately, the good intentions of service providers are inadvertently sending some illegal ambulances out the door, because of a lack of staffing.

This bill is a simple reform that no longer ties the EMT license and scope of training to a rural EMS provider's license level, but rather the rural EMS provider's highest level of service to the license level of the EMT on board the ambulance. Please note that the flexibility provided in this bill is only allowed in coverage areas where the largest single municipality has a population of less than 10,000.

Our neighbors to the south, Illinois, had a similar model that was signed into law in 2013, Public Act 098-0608. This rural EMS bill is also modeled after other rural EMS initiatives that were signed into law in the 2015-2016 session of the Wisconsin Legislature.

Thank you again for the opportunity to testify today and I encourage you to support Assembly Bill 311.



State Senator Sheila Harsdorf

Date: August 2, 2017

To: Assembly Committee on Health

From: Senator Sheila Harsdorf

RE: Assembly Bill 311 relating to upgrading service levels for ambulances in rural areas

Dear Chair Sanfelippo and Committee Members:

Thank you for holding a public hearing on Assembly Bill 311 (AB 311) which allows a rural ambulance service provider to upgrade its service levels to the highest level of license of any emergency medical technician staffing the ambulance.

Under current law, ambulances are licensed at either an EMT Basic or EMT Intermediate/Advanced level. If an ambulance is licensed at the EMT Intermediate/Advanced level, every ambulance leaving the station must have a least one EMT Intermediate/Advanced technician on board. Rural departments have difficulty upgrading to the advanced level due to not every EMT having the time or interest in attending training to obtain the advance license.

Additionally under current law, ambulance services can only provide services up to the level of their issued license irregardless of the license level of the individual EMT. This means, that if a volunteer EMT has advanced training, but is on a basic ambulance service, that EMT cannot use their training above the basic license of the ambulance service. AB 311 would allow the ambulance service to operate at the level of the highest trained EMT on board the ambulance without having to upgrade their service to 24/7. The service however can only advertise the level they are allowed to offer the public on a 24/7 basis.

I urge your support and prompt action for this legislation. Thank you and I would welcome the opportunity to answer questions.



Warren Petryk

State Representative • 93rd Assembly District

Date: August 2nd, 2017

To: Members of the Assembly Committee on Health

From: Representative Petryk

Re: Testimony regarding Senate Bill 311

As a Representative of the people of Western Wisconsin, I am acutely aware of the stress put on EMS providers, particularly in the rural areas of our state. Increased demands on skills, training, recruitment, and most importantly, retention of these highly trained volunteers have become a nearly critical situation which must be addressed...NOW.

This bill, as part of the "Rural Fire & EMS Reforms" package, is quite simple in its intent. Assembly Bill 311 would allow a rural ambulance service provider to upgrade its service level to the highest level of license of any emergency medical technician who is staffing that ambulance if the Department Medical Director approves a proposal submitted to him or her by the rural ambulance service provider. The fiscal estimate released by the Wisconsin Department of Health Services does not expect any fiscal impact on the state or local level.

I respectfully ask for your support today for Senate Bill 311, as it is common-sense, logical public safety legislation.

My kindest personal regards to you,

Warren Petryk
State Representative
93rd Assembly District

Wisconsin EMS Association

Your voice for EMS



To: Representative Joe Sanfelippo, Chair
Members of the Assembly Committee on Health

From: Forbes McIntosh, Lobbyist

Date: Wednesday, August 2, 2017

**Re: Testimony in Support AB-310 and AB-311
Requesting Amendment to AB-311: EMS Upgrade of Service**

Good morning and thank you Chairman Sanfelippo and members of the Assembly Committee on Health for the opportunity to testify before you today. I am Forbes McIntosh, and as the lobbyist for the Wisconsin EMS Association (WEMSA), and on behalf of our Board of Directors, and the members we represent throughout the State of Wisconsin, we are here today to urge your support for Assembly Bills 310 and 311, authored by Representative Jesse Kremer.

First, I would like to take a moment to extend our appreciation to Representative Kremer and his leadership and work on issues affecting Wisconsin EMS.

Over the past two sessions there has been a noticeable increase in legislative focus on Wisconsin's emergency medical services (EMS) and first responder system. The increased legislative activity is a symptom of the issues facing EMS – the increased challenge of funding EMS and finding willing and qualified EMTs and first responders. And, when you consider that approximately seventy-five (75) percent of all Wisconsin EMS services are volunteer based – you can understand why the situation is only exacerbated.

Please keep these statistics in mind as you consider EMS issues. Seventy-five percent of Wisconsin's EMS services and the municipalities they serve rely on volunteers. That is significant. Think about it. EMS is the only area of healthcare where on a continual basis there is an expectation that majority of the healthcare professionals are to commit hours of education, training, requirements to undertake continuing education and training programs for re-licensure (refreshers) and then volunteer their time to cover a shift(s) on a reoccurring and regular schedule. This has tremendous benefit to the lives directly impacted, tremendous benefit to the local taxpayers and to the state as a whole. However, with the funding challenges and staffing shortages facing EMS we need state and local government to invest more money and resources to maintain high quality emergency healthcare services that not only saves lives – but provides a significant tax savings for Wisconsin residents.

The Wisconsin EMS Association, as the "Voice of EMS in Wisconsin," and which represents over 7,000 members and 450 services who provide tens of thousands of life saving calls throughout our state. According to Department of Health Services – Wisconsin EMS System Statistics, annual calls for all services statewide totaled more than 640,000 in 2015.

AB-310 EMT Training Funding. Funding for first responder and emergency medical technician training and certification and making an appropriation.

The Wisconsin EMS Association urges your support for this proposal. As the summary analysis states, "this bill allows the Department of Health Services to pay for aid for first responder training and examinations." As discussed, Wisconsin's EMS and first responder system is largely based on volunteers. And while this system provides high quality emergency care and significant tax savings for Wisconsin residents, EMS is faced with challenges of adequate funding and shortages of qualified professionals. Investments like these are necessary to help maintain a functioning quality system.

AB-311 Rural Ambulance Service Upgrades. Upgrading service levels for ambulances in rural areas.

The Wisconsin EMS Association along with other emergency service organizations have been working with the author, Representative Kremer, on an amendment. Based on those discussions WEMSA can support Assembly Bill 311 with an amendment to restrict the staffing limit at the Advanced Emergency Medical Technician (AEMT) and not extend it to IV-99 or Paramedic levels.

BLAINE WERNER, EMS DIRECTOR

RANDOM LAKE FIRE DEPARTMENT

I AM HERE TO SUPPORT THE 3 BILLS PENDING REGARDING EMS CARE IN WISCONSIN.

THE FIRST BILL, RELATING TO UPGRADING OF SERVICES TO THE HIGHEST LEVEL OF LICENSURE OF ANY EMT STAFFING.

I AM BLAINE WERNER, AND AM THE EMS DIRECTOR FOR THE RANDOM LAKE FIRE DEPARTMENT. THE RANDOM LAKE FIRE DEPARTMENT AMBULANCE SERVICE SERVES A POPULATION OF 5374 IN THE SOUTHWEST PART OF SHEBOYGAN COUNTY. RANDOM LAKE IS THE LARGEST COMMUNITY WITH A POPULATION OF 1500. I JOINED THE RANDOM LAKE FIRE DEPARTMENT IN 1977 AND WAS HIRED BY THE CITY OF SHEBOYGAN FIRE DEPARTMENT IN 1989. I BECAME AN EMT-BASIC IN 1977, EMT IMMEDIATE IN THE 1980'S AND AN EMT PARAMEDIC IN 1997. I HAVE ALSO BEEN AN EMS INSTRUCTOR FOR LAKESHORE TECHNICAL COLLEGE FOR LAST 25 YEARS.

THE FOUNDER OF THE RANDOM LAKE AMBULANCE WAS AN EMPLOYER IN OUR COMMUNITY. UP UNTIL 5 YEARS AGO, THIS COMPANY EMPLOYED 13 MEMBERS OF SERVICE, INCLUDING 6 OF HIS OWN FAMILY MEMBERS. HE ALLOWED ALL OF THE EMTs TO LEAVE WORK FOR EMS AND FIRE CALLS. HIS PRINTING BUSINESS LOST BUSINESS DUE TO INDUSTRY MOVE TO NON-PRINT MATERIALS AND 2 YEARS AGO WAS PURCHASED BY ANOTHER COMPANY. THE COMPANY HAS NOT CLOSED, HOWEVER ONLY ONE OF THOSE 13 MEMBERS IS STILL EMPLOYED BY THE COMPANY. THIS HAS LEFT A HUGE HOLE IN OUR DAY TIME STAFFING.

ALTHOUGH AT THIS POINT IN TIME WE HAVE NEVER HAD A CALL THAT WE COULD NOT PROVIDE AN AEMT LEVEL OF SERVICE, THE DAY WILL BE COMING SOON THAT WE WILL ONLY HAVE EMT-BASICS AVAILABLE FOR A CALL. MANY OF OUR AEMTS ARE NEARING RETIREMENT AND THE YOUNGER CREW ARE EMPLOYED OUTSIDE OF THE COMMUNITY.

I KNOW THAT SOME CONCERNS HAVE BEEN RAISED THAT SOME SERVICES HAVE PARAMEDICS ON THEIR SQUADS WHO COULD PRACTICE AT A HIGHER LEVEL. I SUPPOSE THAT THIS COULD BE POSSIBLE. HOWEVER, WITH THE DEPARTMENT OF HEALTH'S STRINGENT REQUIREMENTS TO ACT AS AN EMT-P ON A SQUAD, AND THE FEDERAL REQUIREMENTS FOR CONTROLLED SUBSTANCES ACCOUNTABILITY, I THINK THAT ANY MEDICAL DIRECTOR WOULD BE HESITANT TO ALLOW ANY INDIVIDUAL TO PERFORM AT THE EMT-P LEVEL. THE MEDICAL DIRECTOR IS RESPONSIBLE FOR QUALITY CONTROL OF THE NARCOTICS ON THAT AMBULANCE.

EIGHT MEMBERS OF THE RANDOM LAKE SQUAD ARE LICENSED EMT-PARAMEDICS AND I DON'T KNOW OF ANY MEDICAL DIRECTOR IN OUR AREA THAT WOULD GIVE HIS OR HER APPROVAL TO ALLOW ONE OF US TO ACT AS A PARAMEDIC ON THE AEMT AMBULANCE.

WHEN I REVIEWED OUR AMBULANCE CALLS OVER THE LAST 2 YEARS, I FOUND THAT NEARLY 2/3 OF OUR REQUESTS FOR A PARAMEDIC LEVEL INTERCEPT WAS FOR PAIN CONTROL ONLY.

IN THE LATE 1990-2000'S ALMOST ALL OF THE MEMBERS THAT BECAME AN EMT-B CONTINUED ON THROUGH THE EMT-I CLASS WITH A NEARLY 100% PASS RATE AND LICENSURE. NOW, WITH AN

ADDITIONAL 100 PLUS HOURS OF REQUIRED EDUCATION AND A HIGH NATIONAL REGISTRY FAIL RATE, WE HAVE HAD ONLY 2 MEMBERS TAKE THE AEMT CLASS IN THE LAST 5 YEARS. VOLUNTEERISM IS CHANGING. MORE AND MORE YOUNG MEN AND WOMEN ARE SPENDING TIME WITH THEIR FAMILIES (RIGHTFULLY SO), AND CAN'T SPEND AS MANY HOURS IN TAKING THE COURSE, REFRESHER COURSE, AND CONTINUAL TRAINING TO BE AN AEMT.

THE SECOND BILL THAT I SUPPORT IS REGARDING THE FUNDING FOR ADDITIONAL MEMBERS OF MEDICAL FIRE RESPONDERS UNDER THE FUNDING ASSISTANCE PROGRAM. MOST SERVICES THAT RUN AS A FIRST RESPONDERS, ARE NON-TRANSPORTING SERVICES AND THUS THEY ARE UNABLE TO BILL FOR SERVICES. THESE SERVICES FUND THEIR UNIT MAINLY THROUGH FUND RAISING EVENTS. THE EMT BASIC OR HIGHER AMBULANCE SERVICE RECEIVE AN ALLOWANCE FOR TRAINING THROUGH THE FAP PROGRAM AND ADDITIONAL DOLLARS ARE AVAILABLE THROUGH THE INCOME FOR AMBULANCE TRANSPORTS. PROVIDING FUNDS FOR FIRST RESPONDER EDUCATION IS KEY IN RURAL AREAS. FIRST RESPONDERS MAY BE FIRST ON SCENE AND CARING FOR PATIENTS FOR A LONG TIME BEFORE THE AMBULANCE ARRIVES.

I ALSO SUPPORT CHANGING THE REQUIREMENTS FOR RE LICENSURE FROM EVERY 2 YEARS TO 3 YEARS AS LONG AS THE SERVICE MEDICAL DIRECTOR SIGNS OFF ON LICENSURE. I BELIEVE THAT THIS WILL HELP US TO RETAIN OUR VOLUNTEER MEMBERS.

I ATTENDED ONE OF THE AD HOC SESSIONS WHERE A NUMBER OF PEOPLE TESTIFIED ON THE STATE OF WISCONSIN EMS. TWENTY YEARS AGO, THE SAME PEOPLE TESTIFIED AND STATED THE SAME THINGS THAT ARE BEING SAID TODAY. WHAT HAS CHANGED ARE OUTCOMES FOR THE OVERDOSE PATIENTS WITH THE UTILIZATION OF NARCAN BY ALL LEVELS OF LICENSURE. I ALSO AM CONCERNED ABOUT THE QUALITY OF MEDICAL DIRECTORS/ MEDICAL CONTROL AVAILABLE FOR OUR RURAL SERVICES. THIS TOO NEEDS TO BE ADDRESSED IN THE FUTURE.

I WOULD LIKE TO THANK YOU FOR TAKING THIS NEXT STEP TO KEEP THE STATE OF WISCONSIN PRE HOSPITAL CARE AT A HIGH LEVEL OF SERVICE.

Honorable Members of the Wisconsin Assembly,

Thank you so much for considering Assembly Bill 311. Assembly Bill 311 has been crafted to greatly assist the EMS care for rural Wisconsin communities like Durand. While it is cost prohibitive to pay for full-time Advanced Life Support staffing in rural areas, there are often members on the ambulance that have more advanced training, and currently work elsewhere at a more advanced level than the service is licensed at. Durand currently has three providers licensed above the level of the Durand Municipal Ambulance Service. Assembly Bill 311 will allow these providers to practice at their level of skill to provide the best care to the patient.

I also believe Assembly Bill 311 will provide another small piece to assist with staffing rural ambulance services. It is a helpless feeling when you know how to help the patient, but are legally not allowed to save their life. I know of several medics who feel so constrained by the current law, that they don't even want to work on a Basic-level service, as they know they would be put in situations where if they were at their full-time employment they could save the life of the patient, but with the licensing restrictions, they are unable to perform those same life-saving actions in their home community. The ethical and legal dilemma this creates is enough to deter skilled workers from assisting in rural communities. Assembly Bill 311 will assist with clearing up some of these dilemmas.

I would like to thank you again for your time in considering and pressing forward with passing this important legislation. Thank you!

Sincerely,

Peter Pillman, Director

Durand Municipal Ambulance Service

Thank you Chairman Sanfelippo and the Committee on Health for the opportunity to testify today on Assembly Bill 311.

I am here testifying before you about a continuing trend that has been seen by many in the field of rural EMS in Wisconsin. I have been a member of the Edgerton Fire Protection District since 2002 and a full-time employee since 2013. Our department faces many of the same hardships departments all over the state face in trying to provide the best care possible for the communities they represent.

Many of the smaller communities can not provide the high level of care that their citizens could so greatly benefit from, some of that is due to less people volunteering their time compared to generations in the past. Some of it is financial, smaller communities can not afford to pay for full-time highly licensed staff on a 24/7 basis. Also the amount of training required by the state to maintain an EMS license also makes it tough for smaller departments. No matter what the reason is the people that suffer the most is our community members.

Most departments including our own have been able to band-aid this problem for the time being by calling in mutual-aid higher level departments to help our patients when they require care above what we are legally allowed to by Wisconsin DHS 110. This is only a temporary fix, as the bigger departments get busier it is tougher for them to assist the smaller communities when they need help.

This is why I am here today testifying on behalf of Assembly Bill 311. Within our department we have members that are licensed with the state at the highest EMS levels (ex. paramedic or critical care paramedic) but they are unable to help out our citizens because our department can not guarantee that high level of coverage 24/7. So we can only be licensed to the highest level we can guarantee 24/7, that means our citizens like many others around the state suffer.

These members go through the same refresher and training as their large city department counterparts. Many of them work for the larger cities around us full-time, these are the same departments we call when we need higher levels of care. Yet because they are on a different ambulance they can no longer provide that high level of care.

The State of Illinois has passed a law (Public Act 098-0608) that allows services to operate at the highest level of care that the person on the ambulance possesses. That in-turn gets better care to people where they need it, in outlying communities that have long transport times to hospitals and that may not have the financial backing to staff it 24/7 but have members that volunteer their time to help the communities they live in.

The state recently changed laws to allow a First Responder to operate on an ambulance as a crew member to help with staffing of smaller communities that may have a limited pool to staff their ambulance's from. This Bill would allow many of those same small communities to increase their operational levels to Basic, AEMT, Paramedic when those members are available. This not only allows them to provide better care to their citizens but with a higher billing or collection rate may allow them to increase pay and staffing to move to those higher levels permanently.

Thank you for giving me this opportunity to share with you all just some of the benefits Assembly Bill 311 would give to the citizens of our state and those traveling through it on it's many roadway's.

Joshua Finn
Edgerton Fire Protection District