



TREIG E. PRONSCHINSKE

STATE REPRESENTATIVE • 92nd ASSEMBLY DISTRICT

**Testimony on Assembly Bill 654
Assembly Committee on Criminal Justice and Public Safety
November 30, 2017**

Mr. Chairman and members of the committee, thank you for the opportunity to provide testimony on Assembly Bill 654.

Senator Petrowski and I have authored this proposal in an effort to ensure that anyone in Wisconsin who dials 911 will receive dispatcher assisted CPR instructions if needed. This bill would require that a Public Service Answering Point (PSAP) either have dispatchers trained to give telephone CPR instructions, or transfer the call to another PSAP who can.

This bill provides funding for PSAPs to train their dispatchers to give telephone CPR instructions. There are already many PSAPs giving telephone CPR instructions, this bill will help to fill in the gaps and meet the expectation of Wisconsinites, that when they call 911 they will receive this life saving instruction. In rural Wisconsin, this is particularly crucial as minutes really do matter when response times are greater. As a volunteer fireman, I have arrived at scenes where CPR was already being administered before emergency medical services had arrived, and I know that it increased the chances of survival.

I also want to mention the connection to the opioid epidemic we are seeing in Wisconsin and nationwide. When a person overdoses on opioids, they are in respiratory arrest. This is different from cardiac arrest, but equally deadly. And just like with cardiac arrest, what a person overdosing on opioids needs is recitation. CPR is critical in these situations as well.

Many lives have already been saved by dispatchers who have heroically provided CPR instructions over the phone. When cardiac arrest is the leading cause of death in Wisconsin, leading to over 6,500 deaths in the state per year, let's make dispatcher assisted CPR the standard in Wisconsin!

Thank you for your time and consideration of this proposal.



Office of Government and
Community Relations

TO: | Members of the Assembly Committee on Criminal Justice and Public Safety

FROM: | E. Brooke Lerner, PhD, FAEMS
Professor of Emergency Medicine and Pediatrics
Medical College of Wisconsin

DATE: | November 30, 2017

RE: | Testimony in Support of Assembly Bill 654 / Senate Bill 549

Thank you Chairman Spiros and members of the Assembly Committee on Criminal Justice and Public Safety for holding a public hearing today on Assembly Bill 654 (AB 654). My name is Brooke Lerner. I am a Professor of Emergency Medicine and Pediatrics at the Medical College of Wisconsin (MCW). I am here today representing MCW's strong support for AB 654, which will ensure all 911 dispatchers are trained and able to coach callers through the process of performing CPR. I am also speaking from my perspective as a citizen of Wisconsin, a mother, wife, sister and daughter.

In addition to my role within MCW's Department of Emergency Medicine and Pediatrics, I am also a certified emergency medical dispatcher and a former paramedic. I also developed and led a program making dispatcher CPR instructions available to all 9-1-1 callers in Milwaukee County, and have conducted and published research on dispatcher instructions.

Prior to starting our program in Milwaukee County, when cardiac arrest occurred outside of the hospital setting, only 10% of those patients survive long enough to be discharged from a hospital. This was a dismal survival rate, but when dispatcher CPR instructions were offered, our program found that the survival rate nearly doubled. This finding has been replicated in numerous locations across the country.

I have dedicated my career to improving the emergency response system, because as a former EMS provider, I have seen lives saved when the emergency response system is at its best. I have also seen lives lost when the pieces of the system did not align well enough to provide optimal care.

Preventing heart disease and the other causes of cardiac arrest is critical, but I have also seen that these diseases still steal lives far too early. We know that in these cases, a strong and fast response can save a life. Cardiac arrest victims are more likely to survive the faster they receive CPR, but unfortunately there is no reasonable investment in EMS that will allow us to deliver emergency services quickly enough in all cases.

Seconds matter, and it is critical to begin immediately providing chest compressions to victims of cardiac arrest. AB 654 will help make this happen when friends, loved ones, or good Samaritans call 9-1-1.

In Milwaukee, our program showed that with the right tools, it is relatively straightforward to set up a dispatcher center to provide CPR instructions to callers. All that is needed are dispatchers trained in CPR and who have completed a 3-4 hour course in providing dispatcher CPR instructions, along with a part-time quality improvement person to review calls and help ensure dispatchers maintain and improve upon this lifesaving skill.

Through this relatively small investment, we found that over 50% of the callers who received instructions through our program actually provided compressions, compared with the existing bystander CPR rate of 19%.

AB 654 will bring these same resources statewide. In short, it will save lives.

To put this issue into an even greater context, I would like to highlight the school CPR bill, which Wisconsin enacted into law just last year. This new law will create a population that knows CPR and is ready to act. Many times, however, the person in need will be a friend or a family member. As a former provider, I can tell you that it is easy to wall off your emotions and act in a time of crisis for a stranger, but it becomes much more difficult when helping someone you love.

However, based on listening to hundreds of 9-1-1 calls, I can say with certainty that a voice on the phone can guide people through the fog of disbelief, terror, and sorrow to take action and perform CPR. That calm voice can move people forward to act. I have heard calls where the caller is clearly CPR trained, but has not moved to provide compressions. Yet, once the dispatcher starts to guide them, they move rapidly into action.

Regardless of prior training, even in communities with rapid response times, I have heard 9-1-1 calls where victims received hundreds of compressions before a first responder arrived at their home. Dispatcher CPR instructions work, and they are considered a standard of care by most in the industry.

I have found that when you survey the general public, most expect to have a dispatcher tell them what to do, even in communities where 9-1-1 call centers do not provide instruction. I would also bet that if you asked the average person, they would be surprised to learn that dispatcher CPR instructions are not yet available to every 9-1-1 caller in Wisconsin. Yet, by some estimates, only half of Wisconsin's dispatch centers currently provide instructions.

Under this legislation, Wisconsin has the opportunity to ensure that all dispatch centers provide these critical CPR instructions. MCW believes that requiring CPR instructions is a bare minimum level of service that all 9-1-1 call centers should provide, which can be easily accomplished with minimal investments and will result in significant, lifesaving benefits.

I am confident that, once enacted, AB 654 will save thousands of lives, year after year. Thank you for your time and attention. I am available to respond to questions from the committee.



TO: Members, Assembly Committee on Criminal Justice and Public Safety
FROM: Nicole Hudzinski, Sr. Government Relations Director, American Heart Association (AHA)
Julie Chappelle, RN, Froedtert Hospital Emergency Department & AHA WI Advocacy
Committee Member
DATE: November 30, 2017
RE: Support of Assembly Bill 654, dispatcher assisted bystander CPR

Good morning Chairman Spiros and members of the Committee. My name is Nicole Hudzinski and I am the Senior Government Relations Director here in Wisconsin for the American Heart Association. I am joined today by a member of our advocacy committee, Julie Chappelle. Julie is an RN in the Emergency Department at Froedtert Hospital, and she lives in New Berlin. We are happy to be here today to testify in support of Assembly Bill 654, which ensures all 911 dispatchers are trained and able to coach callers through how to perform CPR.

Our goal with this legislation is simple— we want to make our communities safer, and ultimately save lives. To do that, we know we need CPR initiated quickly. Dispatcher coaching has been shown to significantly increase bystander CPR rates and as a result, cardiac arrest survival.

Here in Wisconsin, more than 6,500 people die annually, or 18 per day, from cardiac arrest. And state data shows us less than a quarter of all cardiac arrests get bystander CPR, a key component of survival. This leads to a dismal survival rate. We can and must do better.

To survive a cardiac arrest, CPR must be initiated promptly to keep blood pumping to the brain, lungs and other organs. Sometimes first responders are nearby and can respond quickly; other times, especially in our more rural areas, first responders can take 5, 10 or even 15 minutes to arrive. During this time, the victim's life is in the hands of the people around them, and that of the 911 dispatcher.

Dispatcher coaching is not a new idea. It was decades ago when medical dispatch centers across the country started adopting protocols to talk callers through how to help in an array of medical emergencies— cardiac arrest, choking, bleeding control, and other time critical conditions. And over the years, many of the Public Service Answering Points (PSAPs) in Wisconsin adopted protocols and began providing pre-arrival instructions. Our goal with this legislation is to ensure all PSAPs in Wisconsin, at a bare minimum, provide CPR instructions over the phone. The public expects it, and these simple instructions can literally mean the difference between life and death.

Dispatcher coaching can turn an untrained bystander into a lifesaver, all while first responders are en route. It is also important, however, when the caller is CPR trained. Witnessing cardiac arrest is extremely stressful, especially if it's a loved one experiencing the arrest. Your blood pressure will surely rise, and it may be hard to think straight. Dispatchers are trained to provide instructions in a calm voice, helping to keep the bystander focused on how to help, and thus increasing the victim's chance of survival.

This coaching also allows the dispatcher to be more connected to the emergency response. We've heard from dispatchers about how helpless they feel on calls when they're not able to provide instructions. One dispatcher, who works for a PSAP in Ozaukee County which recently started providing pre-arrival instructions said, "for the first time I feel connected to the emergency response system like I never have before, and can offer lifesaving measures before the first person arrives on scene".

Assembly Bill 654 requires all PSAPs in Wisconsin to do one of two things: train their dispatchers to provide CPR coaching or partner with another PSAP willing to provide CPR coaching for them. Both systems— providing instruction in-house and transferring calls— are already in place in various regions across the state; others are here to speak to those examples. This bill also creates a grant program, to help PSAPs with training costs.

Assembly Bill 654 has the potential to substantially increase the bystander CPR rate in Wisconsin, making our communities safer and ultimately saving lives. On behalf of the American Heart Association, we ask for your support of Assembly Bill 654, and we are happy to answer any questions you have.



Wisconsin CHAPTER



American Red Cross



Project ADAM® SAVES LIVES



UWHealth

UWHealth American Family Children's Hospital

SSM-Health

Marshfield Clinic HEALTH SYSTEM

RWCH

TO: Assembly Committee on Criminal Justice and Public Safety

DATE: November 30, 2017

RE: 911 Dispatcher-assisted CPR (AB 654)

Throughout Wisconsin, 911 dispatchers are the gateway to our emergency response system. Dispatchers are the first point of contact in an emergency, and they have the unique opportunity to help callers while they wait for first responders to arrive. **Please support AB 654, authored by Representative Pronschinske and Senator Petrowski, ensuring all dispatchers are trained and able to coach bystanders in performing CPR.**

Dispatchers should be trained to provide CPR instructions to bystanders awaiting EMS arrival. Dispatchers can coach callers with real-time, step-by-step instructions, enabling callers to become lifesavers, all while first responders are en route. This is known as dispatcher-assisted CPR or Telephone-CPR.

Wisconsin has over 105 Public Service Answering Points (PSAPs), the place your call gets routed to when you dial 9-1-1. Some PSAPs are county-based and some are municipal-based. Training varies from PSAP to PSAP, as does their ability to coach callers through how to perform CPR. Some PSAPs provide this instruction, others do not. Our goal is to ensure all callers are provided with this important instruction, either through the local PSAP where the call is routed or through a neighboring PSAP willing to provide the instruction.

Cardiac arrest is a leading cause of death, with nearly 326,200 out-of-hospital cardiac arrests occurring each year in the United States. It strikes suddenly and without warning, and what happens in the first few minutes can mean the difference between life and death. For every minute without CPR, survival from a witnessed cardiac arrest decreases 7-10 percent. With EMS response times exceeding 10 minutes in many areas in Wisconsin, the need for CPR to be initiated prior to EMS arrival is even greater.

Dispatcher instructions/coaching has been shown to significantly increase bystander CPR rates and cardiac arrest survival. Real experiences also show that even trained bystanders may need coaching during this difficult and often frantic time. Additionally, those without previous CPR knowledge can quickly be instructed.

Dispatcher assisted CPR is an effective and low-cost strategy to improve cardiac arrest survival, yet it is underutilized in Wisconsin. More comprehensive implementation of CPR prearrival instructions has the potential to save dozens of lives in Wisconsin each year. We ask you to please support AB 654, ensuring all dispatchers are trained and able to provide this lifesaving instruction.

If you have questions, or would like additional information, please contact Nicole Hudzinski at Nicole.hudzinski@heart.org or 608-225-4042.

FACTS

Telephone CPR (T-CPR)

A Race Against the Clock

OVERVIEW

911 is a number we all know, a number we teach our children at a very young age. It's the gateway to our emergency response system, a system we rely on when our loved ones are in danger. Calls to 911 vary in purpose, from car accidents to house fires to possible heart attack or cardiac arrest.

The person who answers the phone when you call 9-1-1 is called a telecommunicator or dispatcher. Their job is to confirm location, assess the situation and dispatch the appropriate response. Some dispatchers are trained in emergency medical dispatch, allowing them to better assess the situation and provide medical instructions, like CPR, to the caller over the phone while they wait for EMS to arrive.

SUDDEN CARDIAC ARREST (SCA)

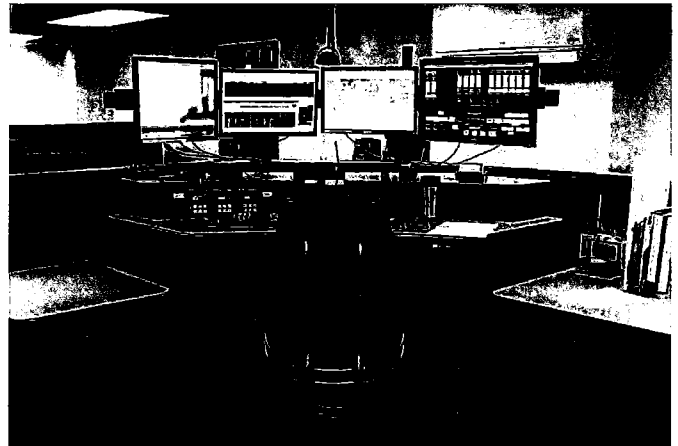
SCA is the sudden, unexpected loss of heart function, breathing and consciousness, and is commonly the result of an electrical disturbance in the heart. Each year an estimated 350,000 cardiac arrest events occur in the United States in an out-of-hospital environment. Almost all of these events result in a call for help to 911. Without quick intervention in the form of cardiopulmonary resuscitation (CPR) and defibrillation, death from SCA is certain.

TELEPHONE CPR (T-CPR)

Telecommunicators are the true, first responders and a critical link in the cardiac arrest chain of survival. It is the telecommunicator, in partnership with the caller, who has the opportunity to identify a patient in cardiac arrest, providing the initial level of care by delivering telephone CPR (T-

CPR) instructions to the caller, and quickly dispatching the appropriate level of help. It is through these actions that the telecommunicator can make the difference between life and death.

It is important to emphasize that the telecommunicator and the caller form a unique team in which the expertise of the telecommunicator and the willingness of the caller to provide T-CPR represents the best opportunity to improve survival from sudden cardiac arrest.



T-CPR IN WISCONSIN

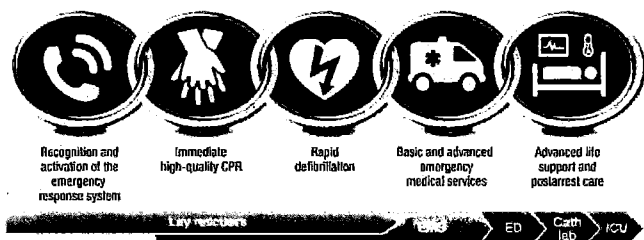
Wisconsin has over 105 Public Service Answering Points (PSAPs), the place your call gets routed when you dial 9-1-1. Some are county-based and others are municipal-based.

Training varies from PSAP to PSAP, as Wisconsin currently does not have minimum training standards for dispatchers. Some PSAPs train their dispatchers to provide pre-arrival instructions and others do not. As such, the information dispatchers are able to provide callers, including pre-arrival instructions like CPR, varies from community to community.

A 2014 report card from the American College of Emergency Physicians gave Wisconsin a C minus, citing no uniform system for providing pre-arrival instructions as one reason for the low grade. The report suggested putting policies in place would help ensure patients receive time sensitive and evidence-based care needed for better prognosis¹.

WAITING FOR EMS

Emergency Medical Services (EMS) response times vary greatly depending on many factors, including geography, weather, and accurate location information. Even in ideal circumstances, patients can wait 5-10 minutes, sometimes longer, for help to arrive. For acute conditions like cardiac arrest, treatment is a race against the clock and CPR must be initiated within minutes. Immediate bystander CPR can double, even triple a victim's chance of survival.



PUBLIC EXPECTATIONS

Studies show the general public expects pre-arrival instructions when calling 9-1-1. In one study, 524 people were surveyed regarding their expectations for telephone instructions from the dispatcher if a close relative is choking, not breathing, bleeding or giving birth. The study found 88% of respondents believed they would receive instructions for choking, 87% for not breathing, 89% for bleeding and 88% for childbirth².

THE AHA ADVOCATES

Dispatchers have the opportunity to provide life-saving instructions to callers while they wait for EMS to arrive. The American Heart Association (AHA) recognizes T-CPR as a critical component of the chain of survival.

AHA supports public policy initiatives that promote increased quality and appropriate use of 911 systems, including formal training to

appropriately assess the needs of patient and provide life-saving telephone CPR instructions.

JOHN AND SUE SIEBERT (NEW BERLIN, WI)

On Saturday, March 5, 2016, John Siebert collapsed in his kitchen. His wife, Sue, was upstairs at the time but decided to go downstairs to hear what the loud noise was. She found her husband unconscious, in a pool of blood, and wedged up against the stove. Sue quickly opened the garage door, picked up her cell phone, dialed 9-1-1, and put the phone on speaker.

The Waukesha County 911 dispatcher who answered her call was the first person in a line of many to help save her husband's life. The dispatcher kept Sue focused, and first coached her on how to get John flat on his back. He then talked her through how to perform CPR. Sue was trained in CPR twenty years prior, but in the stress of the moment, it was the dispatcher who helped keep her focused and doing what needed to be done. The dispatcher stayed on the line, continuing to coach her until first responders arrived.



John survived his cardiac arrest with no damage and is back to work full-time. The entire Siebert family are thankful for many things, including a well-trained dispatcher who helped save John's life.

References

1. America's Emergency Care Environment, A State-by-State Report Card, 2014 Edition: 115-116. American College of Emergency Physicians: <http://www.emreportcard.org/uploadedFiles/EMReportCard2014.pdf>
2. Billittier AJ, Lerner EB, Tucker W, Lee J. The Lay Public's Expectations of Prearrival Instructions When Dialing 9-1-1. Prehospital Emergency Care. 2000 Jul-Sept; 4(3):234-7. Available at <http://www.ncbi.nlm.nih.gov/pubmed/10895918>. Accessed 12/28/14.



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MEMORANDUM

TO: Honorable Members of the Assembly Committee on Criminal Justice and Public Safety

FROM: Marcie Rainbolt, Government Affairs Associate

DATE: November 30, 2017

SUBJECT: Opposition to Assembly Bill 654; Dispatcher assisted bystander CPR

Assembly Bill 654 (AB 654) requires that emergency dispatchers be trained to provide telephonic assistance in the administration of cardiopulmonary resuscitation (CPR). We commend the bill authors for their work on this well-intentioned bill, but are concerned that costs may ultimately be borne by local governments.

In consultation with the sheriff and deputy sheriff associations, the Wisconsin Counties Association (WCA) has concerns with the funding mechanism provided in this bill. Though \$250,000 is allocated to the grant program for initial training, there is concern the amount will be inadequate to train dispatchers initially and ongoing in future years. The bill also provides the option for the Joint Committee on Finance to provide funds through a 13.10 hearing, but there is no guarantee funding will be available or allocated by the committee.

County Public Safety Answering Points (PSAPs) would not be the only grant eligible 911 call centers. Municipal PSAPs would be in competition with counties for limited funds. Without appropriate funding, mandated training requirements become an unfunded mandate, placing additional burden on our already limited county resources. WCA is committed to assisting with this legislation by working with our membership to help determine a more accurate cost for the training outlined in the legislation. However, due to the vast numbers of PSAPs—72 county PSAPs and additional municipal PSAPs—it will take time to secure accurate information.

In lieu of the training mandate, the legislation does provide an option for PSAPs to transfer 911 calls to an outside PSAP with dispatchers trained in CPR. However, this is potentially not a viable option. At this time, not all PSAPs have the equipment to transfer a call without being disconnected from the caller. As a result, if a call is transferred the PSAP of origin may be unable to relay accurate information such as the estimated time of

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arrival of emergency personnel or have the ability to relay to emergency personnel the status of the individual in crisis.

We respectfully request the authors consider amending the bill to include either a sum sufficient appropriation or elimination of the training mandate if funding is not sufficient to provide training for all county personnel. Further, we request the opportunity to work with the bill authors to determine more accurate costs associated with AB 654 before the bill moves forward.

30-November-2017

RE: Support for State of Wisconsin 2017 Assembly Bill 654 – Dispatcher Assisted CPR

Chairman Spiros and members of the committee, thank you for this opportunity to tell you why I whole-heartedly support Assembly Bill 654, dispatcher assisted CPR.

My name is Mary Jo Gordon, and I am a resident of Seymour, Wisconsin.

My testimony today comes from my unique perspective as an emergency medical professional, a 9-1-1 dispatcher, a cardiac arrest survivor, and the sister of a cardiac arrest victim.

Prior to moving back to my home state of Wisconsin, I lived in the state of Washington where I worked as an EMT for a large, rural fire department and also as a dispatcher for a major Seattle area 9-1-1 center. In my own fire district, response times could be as much as 15 minutes or more. I can tell you that the most challenging calls we were dispatched to were for cardiac arrest. We prayed that someone on scene was doing adequate CPR while we were in route because we knew that as each minute passed, the chances for a successful save were diminished by 10% if no CPR was given. Arriving on scene to see bystander CPR in progress was a huge relief even for the most experienced medics.

King County, Washington, where I worked, is known as the best place in the world to have cardiac arrest because, 1) ALL emergency dispatchers are trained to give CPR instructions over the phone, 2) more than 75% of residents have CPR training, and 3) there are thousands of Automatic External Defibrillators installed or carried by first responders. As a result, the county's survival rate for bystander-witnessed cardiac arrest is an unparalleled 62% compared with single digit results elsewhere in the U.S.

Our dispatch center handled many high-risk situations for the 14 fire departments and 3 police departments we dispatched, but few were as critical or stressful as a cardiac arrest where time is the true enemy of a successful outcome. Even though many of our citizens had CPR training, for those who didn't or couldn't remember the skills, the ability to talk a caller through the steps to providing effective CPR meant the difference between life or certain death. Because the majority of cardiac arrests happen at home, we were often helping a spouse or child to save the life of a loved one. We were the difference between a caller being able to help versus that person feeling completely hopeless and possibly having to live with the guilt of not doing more. For a dispatcher, there was no greater satisfaction than knowing we were part of the chain that saved the life of a cardiac arrest victim.

And finally, my own personal experience is what motivated me to become involved in the chain of survival as a medic and a dispatcher. My family has an inherited heart disorder that can cause cardiac arrest, particularly in children and young adults. Fortunately, when I had my cardiac arrest, trained responders began CPR quickly and saved me without complications. However, when my youngest sister suffered cardiac arrest due to the same heart condition, her

friends and other bystanders didn't know CPR and the 9-1-1 dispatcher wasn't able to provide instruction over the phone. As a result, my sister was left profoundly brain damaged, and now requires 24/7 nursing care. She has no quality of life and the cost of her care is staggering.

We can do better:

- We KNOW that when given early and effectively, CPR works;
- All 9-1-1 dispatchers in Wisconsin should all have the training to provide life-saving instructions over the phone;
- emergency medical responders should be able to arrive on scene with effective CPR in progress to increase their patient's chance at survival;
- family, friends, and bystanders should expect that when their 9-1-1 call is answered, they will get the coaching necessary to save a life, and;
- cardiac arrest victims should expect the same immediate life-saving care I got when my heart stopped.

Thank you again for the opportunity to speak in favor of AB 654. I ask that you please support this bill to save lives in Wisconsin.



TO: Chairman Spiros and Members of the Committee on Criminal Justice and Public Safety
FROM: Children's Hospital of Wisconsin, Project ADAM, Herma Heart Institute
DATE: Thursday, November 30, 2017
RE: Support for AB 654 – Dispatcher assisted bystander CPR

Thank you for allowing Children's Hospital of Wisconsin this opportunity to submit testimony in support of AB 654 which relates to ensuring that emergency dispatchers are able to assist callers in performing cardiopulmonary resuscitation (CPR).

Children's Hospital of Wisconsin serves children from every county in the state. We care for every part of a child's health from routine checkups to critical care in the hospital. Children's Hospital focuses on all elements of pediatric well-being by providing school health nurses, dental care, foster care services, adoption services, family resource centers, child health advocacy, health education, pediatric medical research and the statewide poison hotline.

The Herma Heart Institute at Children's Hospital of Wisconsin is the largest pediatric cardiac center in the state and ranked by U.S. News & World Report as the number five (#5) pediatric cardiology and heart surgery program in the nation. One of our community programs of excellence is Project ADAM. Project ADAM began in 1999 after a series of sudden deaths among previously healthy, high school athletes in southeastern Wisconsin. A previously undetected heart condition is often the cause of death in these situations. Prompt CPR and use of an automated external defibrillator (AED) can save most lives in these situations. Project ADAM helps schools in Wisconsin and across the nation by supporting implementation of coordinated CPR/AED programs to improve response systems in a cardiac emergency.

Cardiac arrest strikes suddenly and without warning, and what happens in the first few minutes can mean the difference between life and death. For every minute without CPR, survival from a witnessed cardiac arrest decreases by 7-10 percent. With emergency medical services (EMS) arrival times exceeding ten minutes in some areas in Wisconsin, the need for CPR to be initiated prior to EMS arrival is even greater. Nationwide, only 46% of bystanders have some sort of CPR training. With the help of AB 654, we can greatly increase the survival rate for cardiac arrests in Wisconsin.

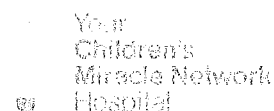
This legislation will make our communities safer by providing grants to ensure that all dispatchers are trained and able to talk bystanders through performing CPR or are able to transfer callers to a qualified dispatcher who can assist them.

Chairman Spiros and committee members, thank you for consideration of this testimony in support of AB 654. If you have any questions, you may contact any of us below.

Anoop Singh, Director of Cardiac Electrophysiology, Project ADAM Medical Director, Herma Heart Institute at Children's Hospital of Wisconsin (asingh@chw.org)

Allison Thompson, Project ADAM Administrator, Herma Heart Institute at Children's Hospital of Wisconsin (ajthompson@chw.org)

Aaron Kinney, Executive Director, Herma Heart Institute at Children's Hospital of Wisconsin (akinney@chw.org)





November 30, 2017

To: Chairman John Spiros and members of the Assembly Criminal Justice and Public Safety Committee

From: Wisconsin Chiefs of Police Association

Re: Opposition to AB 654/SB 549

The Wisconsin Chiefs of Police Association (WCPA) represents over 700 law enforcement leaders within municipal police agencies from communities across our state. The WCPA supports the goals of this legislation, but remains opposed to it, in its current form. We have shared our concerns with the main authors of this legislation and with representatives of the American Heart Association. During the course of meetings, repeated concerns were raised about the need to adequately fund new mandatory training requirements for all dispatchers and the ongoing quality assurance requirements. While well intentioned the bill fails to provide the resources necessary to adequately accomplish the proposed mission.

Wisconsin has more than 105 public safety answering points (PSAP's), the place your call gets routed when you dial 9-1-1. Some are county-based and others are municipal-based.

Training varies from PSAP to PSAP, as Wisconsin currently does not have minimum training standards for dispatchers. Some PSAPs train their dispatchers to provide pre-arrival instructions and others do not. As such, the information dispatchers are able to provide callers, including pre-arrival instructions like CPR, varies from community to community. Implementing a state wide training standard is no small task and mandating such without the proper resources and support is short sighted and will only lead to cuts in service in unattended areas related to the services provided.

We believe the merits of the bill should be considered as a part of a larger discussion under the newly created 911 Council from the budget bill that established a statewide Emergency Services IP Network (ESInet) to support Next Generation 911. A 19-member 911 subcommittee, attached to the DMA to oversee the implementation of a Next Generation emergency services IP network will be looking to include recommendations on future funding for grants for basic training and service standards for PSAPs. This would likely include a comprehensive look at all the training needs dispatchers face in the course of doing their jobs responding to calls that include – heart attacks, mental health, domestic violence, car accidents, active shooter, hostage situations, etc. Comprehensive training requires adequately funded training opportunities.

We urge the committee to avoid passage of this legislation now and return next session when the 911 Council has time to bring forth a package of recommendations. Thank you for your consideration.

If you have any questions, please contact either of the Wisconsin Chiefs of Police Association Legislative Co Chairs: Police Chief Greg Leck or Police Chief Bernie Coughlin or our legislative advisor, Alice O'Connor.