



PATRICK TESTIN

STATE SENATOR

DATE: April 24, 2025

RE: **Testimony on 2025 Senate Bill 156**

TO: The Senate Committee on Government Operations, Labor and Economic Development

FROM: Senator Patrick Testin

Thank you, Chairman Feyen and members of the committee, for accepting my written testimony on Senate Bill 156.

Senate Bill 156 is very simple. It requires first responders to carry and be trained to use epinephrine delivery systems, probably in the form of an epi-pen or a nasal spray. Several first responders already carry some form of an epinephrine delivery system, and the training can be covered in minutes when speaking of an epi-pen or a nasal spray.

The reasons for carrying epinephrine is to combat anaphylaxis shock, which is a life-threatening allergic reaction that needs to be treated right away. This reaction can be treated by a dose of epinephrine (which is adrenaline) as soon as possible. A.S.A.P. That is what this bill is trying to deliver. Treatment as soon as possible. We have fantastic first responders in this state, I just want to equip them better, so tragedies don't happen.

Sadly, not everybody is aware if they are allergic to something that can cause them to go into anaphylactic shock. That was the case with Andrew Mueller. A young man who never knew he was allergic to peanuts, until he unknowingly ingested some peanut butter. For more of Andrew's story, and one of the reasons I'm introducing this bill, I would like to let Mark and Cristin Mueller tell you more about their son Andrew and his story.



SCOTT KRUG

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Rep.Krug@legis.wi.gov

TO: Senate Committee on Government Operations, Labor and Economic Development

FROM: Rep. Scott Krug

RE: Senate Bill 156. Requiring first responders to be trained in epinephrine use.

DATE: April 24th, 2025

Thank you for the opportunity to testify today in support of Senate Bill 156, legislation I authored to ensure that all first responders in Wisconsin are trained and equipped to administer epinephrine during life-threatening allergic reactions.

On November 23, 2024, Andrew Mueller of Wisconsin Rapids tragically passed away at the age of 20 due to a severe allergic reaction to peanuts—an allergy he and his family were unaware of. After eating a peanut butter candy, Andrew became severely ill and had trouble breathing. His parents called 911. A police officer arrived at 9:42 p.m., performed CPR, and restored Andrew's breathing once the ambulance arrived and administered epinephrine. But by the time Andrew reached the hospital, the oxygen deprivation he suffered was too severe. He was placed in a medically induced coma and removed from life support on November 25.

Andrew's story is heartbreaking—and unfortunately, it is not unique. Had the first responding officer been equipped with an epinephrine delivery device, Andrew might still be alive today. We can't rewrite the past, but we can take clear, compassionate action to prevent similar tragedies in the future.

SB 156 would require that all first responders receive training in recognizing severe allergic reactions, properly storing and administering epinephrine, and performing emergency follow-up. It also requires that an epinephrine delivery system be available to them at all times while on duty. The Department of Health Services will identify approved training organizations and may distribute devices to trained individuals or their employers.

My office has discussed this bill with stakeholders in the EMS industry, and we are committed to hearing and working with all input that can make it work efficiently and effectively for everyone.

I urge your support of SB 156—for Andrew, for his family, and for every future life we have the chance to save.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Government Operations, Labor & Economic Development

FROM: Arielle Exner, Legislative Director

DATE: April 24, 2025

RE: Senate Bill 156, relating to: requiring first responders to be trained to administer epinephrine delivery systems

The Wisconsin Department of Health Services (DHS) appreciates the opportunity to submit written testimony for information only on SB 156. This bill introduces a significant change in the training and equipment requirements for first responders. While ambulances are currently required to carry epinephrine, there is not a requirement for certain first responders to participate in training for anaphylaxis recognition or the use of epinephrine. The proposed bill requires all first responders to participate in training for administering epinephrine and to carry an epinephrine delivery system while on duty. This proposal also mandates DHS to approve epinephrine training programs. Lastly, the proposal allows DHS to distribute epinephrine devices to first responders without the inclusion of additional funds for these devices.

Under this legislation, first responders include conservation wardens, correctional officers, emergency medical responders, emergency medical services practitioners, firefighters, and law enforcement officers. DHS acknowledges that requiring first responder training on recognizing anaphylaxis and administering epinephrine could have a significant positive impact on emergency response efforts across the state of Wisconsin. Requiring this training would increase access to treatment, improve patient outcomes, and ultimately, save lives, particularly when anaphylaxis occurs. Anaphylaxis is a life-threatening condition requiring rapid intervention. Under this proposal, a first responder would have the necessary training to administer epinephrine before paramedics or ambulances arrive; improving patient outcomes especially in rural or underserved areas.

Logistical issues, such as ensuring proper storage and access to epinephrine for volunteer or paid-on-call emergency responders, could impact the successful implementation of this legislation. These responders, who often operate personal vehicles, may not have the necessary equipment or facilities to safely store or transport epinephrine. Additionally, while EMS personnel are already trained in epinephrine administration, non-EMS first responders would require additional training, and periodic refresher courses would be needed to ensure ongoing competency. Furthermore, the bill's requirement for the use of epinephrine auto-injectors, which are costly and subject to price fluctuations, could lead to inefficiencies and higher costs. The need for different doses for adults and children could exacerbate these issues, and non-EMS responders may benefit from alternative methods of epinephrine administration that are more cost-effective and flexible.

To fulfill this proposal's requirements for the Department, DHS would need to hire one full-time equivalent (FTE) Human Services Program Coordinator. The cost for this position is estimated at \$72,800 GPR annually. This coordinator would be responsible for identifying and vetting training courses, coordinating communication with first responder agencies, and managing the distribution of epinephrine delivery systems.

The proposal does not include additional funding for the cost of providing epinephrine auto-injectors to eligible first responders, which is not absorbable within the Department's current budget. There are at least 17,450 first responders in Wisconsin who are eligible to receive these injectors, and a two-pack of injectors (required for each responder) costs approximately \$150. Given the annual expiration of these injectors and the potential for multiple doses per responder, the total cost for providing auto-injectors could reach at least \$2.6 million GPR annually.

This figure represents a lower-bound estimate, as more than one pack may be required per year, especially for transporting ambulances.

In addition to including funding so the Department could supply first responders with epinephrine devices, DHS suggests two modifications for the Committee's consideration. Given that anaphylaxis incidents are relatively rare, and likely increasingly rare for non-EMS first responders to encounter, DHS suggests requiring a reoccurring training for non-EMS first responders every two to three years. This additional requirement would help ensure they remain proficient in administering epinephrine. DHS also encourages allowing first responders to utilize alternative methods for administering epinephrine beyond auto-injectors. Providing this flexibility would support local services in managing varying medical scenarios and potential supply shortages.

The Department appreciates the Committee's consideration of including one FTE, funding for the epinephrine devices, and the other suggested modifications to ensure that Wisconsin's first responders are adequately trained and equipped to administer this life-saving treatment. DHS thanks the Committee again for the opportunity to submit testimony on SB 156.

Dear Senator Testin, Representative Krug, and esteemed members of the legislature,

The Wisconsin Association of Osteopathic Physicians and Surgeons (WAOPS) would like to be one of the first professional organizations to register in support of the outstanding legislation titled AB 128/SB156 Andrew and Dillon's Law. This legislation will ensure that epinephrine is more readily available to treat severe allergic reactions. With the increased occurrence of anaphylaxis. It has become essential to require our First Responders to have epinephrine.

There are over 500,000 adults with food allergies in Wisconsin, over 90,000 of these are children. Up to 7% of the population is allergic to bees, fire ants, or other insects.

Epinephrine is the only medication that has been proven to save life during anaphylaxis. It must be given quickly when anaphylaxis occurs. It is imperative that our first responders, the first people on the scene, have the medication they need to save the individual having anaphylaxis.

One in thirteen children have food allergies. This legislation will help protect them and every person in Wisconsin. It will set an example for the rest of the nation to follow.

In summary the WAOPS is proud to support this vital legislation.

Sincerely,

The Wisconsin Association of Osteopathic Physicians & Surgeons

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“Advocating for all Generations”

April 24, 2025

Committee on Government Operations, Labor and Economic Development: SB 156
Testimony

Good morning, Chair Feyen and members of the Committee, thank you for holding this hearing today. I'm Rob Gundermann, President and CEO of the Coalition of Wisconsin Aging and Health Groups. The Coalition strongly supports Senate Bill 156 and urges the Committee to advance this legislation.

This issue was raised in our most recent Legislative Advocacy Caucus meeting and the support from our member organizations was overwhelming. The support was so great that we are scheduling a day for our members to receive Anaphylaxis Training because so many requested it.

Wisconsin has always provided our first responders with the lifesaving equipment necessary to save lives. A firefighter's axe can be a lifesaving tool when freeing trapped people from a burning building. An epinephrine delivery system is a lifesaving tool when someone is experiencing severe allergic reactions, including anaphylaxis. No person should die because first responders are not equipped with this lifesaving medication.

When people we represent need help from first responders, we want those responding to have the tools necessary to provide the help needed. We want those who need services as well as those providing services the have greatest opportunity to achieve a positive outcome. This commonsense legislation will help to achieve this goal and save lives. Please support Senate Bill 156.


Thank you.

Recognize and Respond to Anaphylaxis

For a suspected or active food allergy reaction

FOR ANY OF
THE FOLLOWING

SEVERE SYMPTOMS

-  **LUNG:** Short of breath, wheezing, repetitive cough
-  **HEART:** Pale, blue, faint, weak pulse, dizzy
-  **THROAT:** Tight, hoarse, trouble breathing/swallowing
-  **MOUTH:** Significant swelling of the tongue, lips
-  **SKIN:** Many hives over body, widespread redness
-  **GUT:** Repetitive vomiting, severe diarrhea
-  **OTHER:** Feeling something bad is about to happen, anxiety, confusion

OR MORE
THAN ONE

MILD SYMPTOM

-  **NOSE:** Itchy/runny nose, sneezing
-  **MOUTH:** Itchy mouth
-  **SKIN:** A few hives, mild itch
-  **GUT:** Mild nausea/discomfort

**1 INJECT
EPINEPHRINE
IMMEDIATELY**

2 Call 911
Request ambulance
with epinephrine.

Consider Additional Meds

(After epinephrine):

- » Antihistamine
- » Inhaler (bronchodilator) if asthma

Positioning

Lay the person flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

Next Steps

- » If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- » Transport to and remain in ER for at least 4 hours because symptoms may return.

Do not depend on antihistamines. When in doubt, give epinephrine and call 911.



FARE

Food Allergy Research & Education

foodallergy.org