



Jeff Mursau

STATE REPRESENTATIVE • 36TH ASSEMBLY DISTRICT

AB 213 – Ambulance Staffing Requirements Assembly Committee on Health August 18, 2015

Chairmen Sanfelippo and Committee Members:

Thank you for scheduling a hearing on Assembly Bill 213, relating to Ambulance Staffing Requirements. I'm here today to offer testimony in support of this legislation.

With input from local providers, we introduced this legislation to change ambulance staffing requirements and help struggling volunteer ambulance services across Wisconsin. Many rural emergency ambulance volunteer services are in a state of crisis with few staff to cover a necessary 24/7 service to their communities.

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. This legislation would allow an Emergency Medical Responder (EMR) to act as one member of a legal ambulance crew. The bill also requires the EMT (or higher license level) to remain with the patient at all times during care and transport of the patient.

During the senate review, two amendments were added to the bill. The first was at the request of the Children's Hospital of Wisconsin and would allow a fixed-wing airplane transporting a sick, disabled, or pediatric patient from one hospital to another, to be staffed with one respiratory care practitioner plus one additional individual who is an EMT or a licensed registered nurse, physician assistant or physician.

Under the other amendment, only municipalities with a population of less than 10,000 would be allowed to have the new ambulance staffing requirements. However, it allows municipalities with a population 10,000 or more but less than 20,000 to adopt the new staffing requirements if they obtain a waiver from DHS. Finally, these exemptions do not apply to a municipality with a population of more than 20,000.

I have introduced an amendment to the bill that incorporates both the senate amendments. The bill and the amendments were passed unanimously by the senate committee and the full senate.

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 appreciate your consideration of this legislation and I'm happy to answer any questions.

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Testimony of Mahlon Mitchell, President
Professional Fire Fighters of Wisconsin
On Assembly Bill 213 Before the
Assembly Committee on Health
August 18, 2015

Thank you Chairman Sanfelippo and committee members for giving me the opportunity to testify on this bill today. The Professional Fire Fighters of Wisconsin (PFFW) supports the spirit of cooperation and appreciated the opportunity to work with the Senate, as well as the Assembly, to accomplish modifications to the initially proposed EMT Staffing legislation in Senate Bill 143.

The Professional Fire Fighters of Wisconsin is sensitive to the recruitment and retention EMT staffing concerns in certain areas of the State. However we hope to impress upon this committee that this measure constitutes a reduction to ambulance staffing at a time when other states like Tennessee are going in the opposite direction.

We hope this is the final reduction impacting the size of an emergency medical ambulance crew and the ripple effect that it could have on critical lifesaving services.

Additionally, we hope that communities will only use this legislation after all attempts at recruitment, retention, functional mergers or consolidation, creative staffing plans with neighboring services, and pleas to local officials to maximize revenues and to the public for fund-raising.

This legislation should not empower a community to reduce what it's been providing to its customers since inception, but as a warning to the community and the state that rural communities are facing growing difficulties in providing basic services.

The Professional Fire Fighters of Wisconsin encourage state and local leaders to work with the Emergency Medical Services (EMS) Board in finding solutions to this growing problem.

The Wisconsin EMS Office, the Wisconsin Office of Rural Health, and others in DHS might also want to dispatch industry experts and consultants to the areas of the State that require this legislative change to see if day-to-day operations might be improved.

In closing, I'd like to thank the authors for the opportunity to work with them on this legislation so that we helped to minimize the impact this could have on the patient and practitioner.

We also want to impress upon EMS Directors and Medical Directors that the utilization of the latitude provided by this legislation will put added stress on an already vulnerable EMS system, as well as the EMTs functioning as the lone EMT on an emergency medical event.

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

TO: All Legislators

From: NEW EMS Task Force

RE: AB-213 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, **unchanged since 1988**, has not kept pace with rising tuition expenses and training requirements. Ambulance services have limited options to provide required staffing coverage in unpredictable times of immediate need.

AB-213 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 AB-213 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 AB-213 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 AB-213 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, AB-213 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. This bill will in no way lessen or dilute patient care as thousands of Licensed First Responders (EMRs) all over the state are ready to respond daily to 911 calls for help and at a moments notice. They provide



MEMORANDUM

TO: Members of the Assembly Committee on Health
FROM: Michelle Mettner, Children's Hospital of Wisconsin
SUBJECT: Assembly Bill (AB) 213 and Assembly Amendment 1 to AB 213
DATE: 8/18/15

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 AB 213, which addresses ambulance staffing challenges for rural parts of our state. Children's Hospital of Wisconsin is grateful to Representative Sanfelippo for holding a hearing on this legislation and to Representative Mursau for offering it.

As you review AB 213, we hope you will consider adopting Assembly Amendment 1 which was introduced by Representative Mursau. This amendment 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 hospitals throughout the state to our facility. In these circumstances, we provide the emergency transportation via ground, rotator wing (Flight for Life Helicopter) 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.

Assembly Amendment 1 to AB 213 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 encouraging you to support Assembly Amendment 1 to AB 213 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.