



Warren Petryk

State Representative • 93rd Assembly District

Date: September 16, 2015

To: Members of the Committee on State Affairs and Government Operations

From: Representative Petryk

Re: Testimony regarding Assembly Bill 289

Good afternoon Mr. Chairman and members of the Committee. Thank you for taking the time to listen to my testimony regarding the importance of Assembly Bill 289, exempting out-of-state emergency medical services (EMS) personnel responding to mutual aid requests from licensure requirements. This legislation is good, bipartisan, public policy that will help ensure timely arrival of emergency services from licensed providers responding to a mutual aid request.

This idea was brought forth to Senator Harsdorf and myself by several constituents from both the 93rd Assembly District and the 10th Senate District. These constituents stressed the importance of legislation to facilitate mutual aid agreements between border states and Wisconsin which will ease the licensing burden of those out-of-state providers.

Mutual aid agreements are vitally important in offering the best available care as well as prompt response time from emergency medical personnel. In March, the Department of Health Services authored a memo to EMS providers clarifying that at this time, Wisconsin does require all EMT's to hold a Wisconsin license in order to provide ambulance or EMT services in Wisconsin.

Some EMS providers in our districts have mutual aid agreements with providers in Minnesota. This allows them to respond to need in Wisconsin during an emergency when the need exceeds the capacity of local responders. Because of the low number of instances where a Minnesota based provider responds to request for mutual aid, the requirement and cost to obtain dual licensing is not justifiable and seems to be a redundant and obtuse mandate.

Assembly Bill 289 was drafted to protect mutual aid agreements while also protecting the citizens of Wisconsin by exempting from Wisconsin licensure requirements out-of-state emergency medical service providers who are responding to calls of mutual aid. Out-of-state providers who hold a valid license in their home state would be able to provide necessary services in Wisconsin without the need of a Wisconsin license when responding to a call for mutual aid.

Our bill has the support of both Representative Novak and Senator Marklein who authored similar legislation early this session and their bill provided the foundation necessary for Assembly Bill 289.

I ask for your support for Assembly Bill 289 as it is common sense legislation that helps protect the good citizens of Wisconsin and helps to get government out of the way of necessary services provided by emergency medical services personnel. Thank you, Mr. Chair, and members of the committee for listening and I would be happy to answer any questions at this time.



State Senator Sheila Harsdorf

Date: September 16, 2015

To: Assembly Committee on State Affairs and Government Operations

Fr: Senator Sheila Harsdorf

Re: Assembly Bill 289- Waiver of state licensure for out-of-state EMS agencies providing mutual aid

Dear Chair Swearingen and Committee Members,

Thank you for holding a public hearing on Assembly Bill 289 (AB 289), which would provide an exemption for out-of-state providers of emergency medical services (EMS) from Wisconsin licensure when responding to calls for mutual aid that originate in Wisconsin. I appreciate the opportunity to submit testimony in support of this proposal.

In March, DHS issued a memo clarifying that all EMS responders must hold a Wisconsin license in order to provide ambulance or EMT services in our state. EMS providers in my district have mutual aid agreements with providers in Minnesota, allowing them to respond in Wisconsin if an emergency exceeds the capacity of local responders. The historically low annual run volume that Minnesota providers have had in Wisconsin does not justify the cost and time required to obtain licensure in two states. Out-of-state providers in border communities view the DHS licensure requirement as a burdensome administrative step. We are introducing this bill to eliminate a hurdle that could limit the ability of Wisconsinites living along our neighboring states' borders to receive prompt emergency medical care in crisis situations.

AB 289 exempts from Wisconsin licensure out-of-state EMS providers responding to calls for mutual aid in Wisconsin. Under the bill, out-of-state first responders who hold a valid license in their own state would be able to provide services in Wisconsin without a Wisconsin license when responding to a call for mutual aid. This bill will help ensure timely delivery of emergency services, while requiring EMS personnel to be licensed in their home state and preserves the crucial cross-border mutual aid agreements between providers. In disaster situations or times of high call volume, all available emergency responders should be able to assist without hesitation, regardless of jurisdictional boundaries.

Thank you for your consideration of Assembly Bill 289 and I urge your support and timely action on this legislation.

River Falls Emergency Medical Services

2002 Wisconsin Service of the Year

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Support Letter for AB 289

September 15, 2015

To Whom it May Concern:

I am writing in support for the current Assembly Bill 289 amending 256.01 (6), (7), (8) and (9) and 256.15 (2) (a); and to create 256.15 (2) (c) of the statutes.

River Falls EMS is a Critical Care Paramedic level service providing EMS to approximately 50,000 people in western Wisconsin. Our service area borders the state of Minnesota along the St. Croix and Mississippi rivers beginning just south of Hudson, travelling south through Prescott to the Diamond Bluff area. Our department serves the Cities of River Falls and Prescott as well as seven rural towns for a total service area of 234 square miles.

The recent amendments allowing non-Wisconsin EMS services to respond into Wisconsin for a mutual aid request was a necessary change, but the amendment only allowed for ten (10) mutual aids per out of state EMS service.

Covering the border communities of River Falls and Prescott, we have potential to frequently need mutual aid from neighboring Minnesota EMS departments. To be honest, having to track and limit EMS responses for out of state mutual aids would be very difficult to manage. Our department constantly strives to provide quality patient care. For those times our EMS system gets overwhelmed, we call the closest EMS services to help and reach further out as needed. To us in EMS, it doesn't matter what state or community the resources are coming from, as long as they get there quickly and can help care for our residents.

Using our department as an example, our Prescott station is staffed with one ambulance. There are four more ambulances housed at our River Falls station that rotate and/or back fill into Prescott as needed. Our department occasionally has all five of our ambulances on calls, leaving mutual aid to cover additional EMS calls in our area. Hastings EMS (MN) is 8 miles from our Prescott district and is by far the closest to assist us in that area. We have smaller Wisconsin communities (Ellsworth, Spring Valley, Elmwood, Maiden Rock) to the east of River Falls and Prescott that also provide mutual aid, but those EMS departments may not always be reliable due to their small size. The smaller communities struggle staffing their own areas and many are unable to send their limited resources for mutual aid coverage when they need to focus on their areas. These smaller communities are also farther away (14-30 miles), so it would take them a lot longer to arrive on a scene than our out of state (Hastings) EMS, which again is only 8 miles away.

Going back to the recent amendment allowing ten (10) out of state mutual aid calls into Wisconsin and referencing the scenario noted above, what happens when those ten mutual aids are used up? Who will monitor and police that? If all ten are used up and we need an 11th mutual aid as that out of state EMS agency is the closest to the scene, what would happen if we went over 10 to provide quality patient care? Or, if we couldn't use the out of state mutual aid due to the limitations, but they were the closest and we had to call a smaller community farther away and patient suffers further injury or dies, now what happens? Quality patient care is the ultimate goal for all EMS, and limiting the closest mutual aid for these border EMS departments when the EMS system gets overwhelmed does not make any sense. The simple fix is to remove the limitations and allow the border Wisconsin EMS services to call for the closest mutual aid when needed. This truly puts patient care first.

River Falls EMS supports the changes by eliminating the limited number of out of state mutual aid calls to be able to use them freely as needed. It would be very difficult for us to limit the calls from out of state mutual aid. Even if this doesn't pass and all 10 of the allowable out of state mutual aids were used up, I don't know many EMS agencies that wouldn't put patient care first and call the closest EMS department anyways. Saving a life or preventing further harm to a person is far more important than un-necessary response regulations or limitations.

I personally have been in EMS in Wisconsin for 21 years. I have seen and been through several changes in those years. Wisconsin is known for its progressive EMS and this small change will ensure we are putting our patients first. Limiting the number of times we can use our "limited" mutual aid resources around us does not help to provide quality patient care to our residents in Wisconsin.

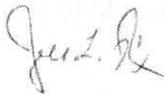
I thank you for your consideration for these further amendments.

If you wish to speak to me further, I can be reached by the following ways:

Office: 715-426-3476

Email: jrixmann@rfaas.org

Sincerely,



Jeff Rixmann
EMS Director, CC-Paramedic
River Falls EMS

Letter in support of AB 289:

To whom it may concern.

We all want to provide the best care for our patients. If the patient(s) is our/your family member you would want the best care as quickly as possible. In situations that require more resources that are available, assistance from other EMS providers is a necessity. One way to provide this is with assistance from neighboring providers.

To have someone monitor the number of times mutual aid is provided is misuse of time.

Please no limit on the number of times mutual aid can be provided, any patient deserves the best cares possible and to limit this is a disservice to our communities and patient population.

Sincerely

Heidi Hoschka RN CEN
Emergency Center CRN
Trauma Coordinator
Hudson Hospital & Clinic
Sent from my iPad