Wisconsin EMS Association Legislative Goals – 2015-2016

About the Wisconsin Emergency Medical Services Association (WEMSA)

Established in 1974, WEMSA is the largest EMS organization in Wisconsin and represents nearly 7,000 emergency medical professionals in Wisconsin. WEMSA represents the views and interests of its membership by promoting education, sharing information and facilitating legislative action.

The following goals have been identified as the Association's legislative priorities:

1. DOA Proposal to Eliminate the Wisconsin Emergency Medical Services Board

In a recent Legislative Fiscal Bureau memo, the Wisconsin Department of Administration (DOA) proposed the elimination of several boards, councils and commissions. According to the memo, the list of proposed cuts includes any board that has not met since September 2013, unless the council, board, or commission is required to exist under federal law.

Among the lengthy list are the Emergency Medical Services board and the Service Award program board (formerly LOSA). While the Service Award board has not met since that time-frame, the EMS board meets six times per year. Both the EMS board and the SAP board were created by state statute.

While we believe that the inclusion of the board may be in error, WEMSA plans to follow this closely and will seek legislative support to advocate for retaining this board. The EMS Board is an active entity that provides value to the profession, meeting every other month, six times per year. A similar schedule has been established for 2015 and 2016 meetings. Many of the duties required by state statutes and rules are accomplished through the work of the individuals who are governor-appointed to the EMS board.

WEMSA also seeks legislative support to retain the Service Award board. The Service Award Program Board is another entity that is of vital importance to volunteer fire and EMS providers. The fact that this board has not met is true. However, when the Service Award board was first created (formerly called Length of Service Awards (LOSA) program) and for several years thereafter, DOA provided administrative support to the board, organize meetings and recordings of meetings, develop and manage the RFP process, and provide oversight of the program. That communication and support no longer exists and no communication to the members of the board has come from DOA for several years. The reason this board has not met is due to the fact that support staff to the board is lacking and no communication has been disseminated to the SAP board regarding the status of reappointments and future meetings.

2. EMS as an Essential Service

WEMSA supports making emergency medical services an essential service that would require all levels of local government (village, city, and county) to provide; similar to police and fire protection. Currently, contracting for ambulance service is only required at the Town level. This would be the first step towards creating legislation to increase Medicaid funding and allow reimbursement for Community EMS programs.

(Towns) s. 60.565 - Ambulance service. The town board **shall** contract for or operate and maintain ambulance services unless such services are provided by another person. If the town board contracts for ambulance services, it may contract with one or more providers. The town board may determine and

charge a reasonable fee for ambulance service provided under this section. The town board may purchase equipment for medical and other emergency calls.

(Villages) s. 61.64 - Ambulance service. The village board **may** purchase, equip, operate and maintain ambulances and contract for ambulance service with one or more providers for conveyance of the sick or injured. The village board may determine and charge a reasonable fee for ambulance service provided under this section.

(Cities) s. 62.133 - Ambulance service. The common council **may** purchase, equip, operate and maintain ambulances and contract for ambulance service with one or more providers for conveyance of the sick or injured. The common council may determine and charge a reasonable fee for ambulance service provided under this section.

(Counties) 59.54 Public protection and safety. (1) Ambulances. The board **may** purchase, equip, operate and maintain ambulances and contract for ambulance service with one or more providers for conveyance of the sick or injured and make reasonable charges for the use thereof.

3. Affordable Care Act (ACA)

Under the ACA, hospitals receive a financial penalty if they discharge a patient and that patient is re-admitted within 30 days. As a result, medical facilities have begun to employ EMS units as Mobile Integrated Healthcare and Community Medicine teams. These programs can effectively fill gaps in the healthcare system. However, these EMS units are not reimbursed for their services unless they transport a patient back to a medical center.

WEMSA seeks legislative changes that would allow Community EMS programs to be reimbursed for the services they provide. Implementing a Mobile Integrated Healthcare (Community EMS) program in Wisconsin is a top priority for both the Wisconsin EMS Association and the state EMS board. An adhoc committee under the EMS board has been appointed to develop standards and an implementation plan.

Minnesota: A bill was passed last year in the Minnesota legislature that established reimbursement through the state's Medicaid program for a range of common CP-style activities. With approval from the federal Centers for Medicare & Medicaid Services (CMS), those community medics programs can now get paid by the state for the care they're providing. Covered activities include health assessments, immunizations and vaccinations, chronic disease monitoring and education, collection of lab specimens, medication compliance checks, hospital discharge follow-up care and minor medical procedures approved by a medical director. Community medics must work under the supervision of an ambulance service medical director, who, with an order from a patient's primary-care provider, then bills Medicaid for the services delivered. The bill followed 2011 legislation that defined community paramedics in law and directed the state to identify services to be covered by Medicaid.

4. EMS-Funding Assistance Program

Wisconsin passed the FAP law in 1989 (Act 102), which provided funding to certain ambulance services that provide first-in 9-1-1 patient transport ambulance response to a particular geographic area. The current annual allocation is authorized by State Statute 256.12(4). FAP was funded at a high of $2.2 million, which has been cut in the last three budgets. This funding is the only funding source that ambulance services receive from the state.

WEMSA would like to the see FAP funding increased, and the formula changed to include Emergency Medical Responders (EMR). EMRs are, under current state law, unable to bill for any of the services they provide. EMRs are largely volunteers, and funding that is provided for EMRs is used for training, operating expenses and equipment. It costs nearly $1,000 to train an EMR.

The FAP funds are dispersed to ambulance services (who apply for the funding) using a formula. The core formula is a base price plus three cents ($0.03) per capita. The remaining funds are only

applicable to EMT-Basic training costs, as identified in s. 256.12(5). WEMSA would like to see this changed to include training reimbursement eligibility for all levels of EMS, including EMRs and ALS providers.

5. Stable Funding for Wisconsin's EMS System

WEMSA supports a stable source of funding and human resources support for the EMS system to improve data collection and analysis, statewide technical assistance, recruitment and retention, medical direction and priority medical dispatch. Many of the federal funding sources allocated to the states and earmarked for EMS purposes are not being used to support the aforementioned functions.

6. Funding for 12-Lead EKGs

WEMSA supports the efforts of the American Heart Association to include funding for 12-lead electrocardiogram (EKG) devices for every ambulance in the state. Heart monitors with 12-lead capability are highly effective portable devices that can tell when a victim is having a serious (STEMI) heart attack. A STEMI (ST segment elevation myocardial infarction) is a deadly type of heart attack that is caused by a prolonged blockage of blood supply in the heart. Every year, nearly 250,000 people experience STEMI heart attacks. These types of heart attacks carry a substantial risk of death and disability and require a quick response from all members of the medical team, from first responders in the community to cardiologists in the hospital. Most advanced life support (ALS) systems currently have 12-lead equipped monitors. However, there is currently no comprehensive list of how many EMS units in the state have 12-lead EKGs.

7. Tax Incentives for Retention

Recruiting and retaining volunteers are two of the toughest challenges facing the EMS industry. Nearly 70 percent of EMS responders in the U.S. are volunteers, responding to emergencies of all kinds. Nationally, these volunteers save communities over one billion dollars a year. However, the number of volunteers has declined by about 12 percent in the past three decades while call volume has nearly tripled. At the same time, the average age of the volunteer EMS responder is increasing. It is critical for the safety of our communities and our nation that we continue to have a strong volunteer EMS service now and in the future.

WEMSA supports state tax incentives in order to promote retention of volunteer EMS personnel.

This includes:

- Volunteer fire fighter and EMS Personnel Tax Credit
- Volunteer public safety public tax credit
- Sales tax exemption for emergency equipment purchased by volunteers and other providers
- Gas tax exemption for private volunteer EMS providers
- Real property tax exemption for volunteer EMS personnel.

8. Emergency Medical Dispatch

WEMSA supports the efforts of the American Heart Association to require EMDs to provide pre-arrival instructions for CPR (hands-only), choking, and bleeding control. These are simple instructions

that can be given by a dispatcher prior to the arrival of emergency medical services. These simple instructions can make the difference between whether someone lives or dies.

9. CPR in Schools

WEMSA supports the efforts of the American Heart Association to make CPR (hands-only) training a requirement for High School graduation.

10. DNR Bracelets

Under Subchapter III of Wis. Stat. Chapter 154, an attending physician may issue a do-not-resuscitate order for a "qualified patient," as defined in Wis. Stat. s. 154.17 (4). There are two types of Do Not Resuscitate (DNR) bracelets available to identify a person with a valid DNR order. One is a plastic ID bracelet which looks like a hospital identification band and is free and does not require the patient to obtain from a specific vendor. The other is a metal bracelet which is only available from MedicAlert© for a fee. Both have been used in Wisconsin since 1995 and require a completed Do Not Resuscitate form to be completed by the physician. The company, MedicAlert, initially charged a flat fee to the patient. However, that fee is increasing and is now required annually. WEMSA supports removing the requirement for purchase of the metal bracelet from a sole vendor.

WEMSA feels that someone who is dying should not have to worry about paying an annual fee on a bracelet identifying their end of life decision. Allowing other vendors to provide this product (as long as they follow the required specifications) will help keep costs to a minimum for these patients.

11. Phone Fees

Currently, phone lines are assessed a "Police & Fire Fee". WEMSA feels this wording on phone bills is misleading to the public. The fees are not allocated for Police and Fire purposes or to the county or municipal Public Safety Answering Point (PSAP/dispatch center). Currently these fees go to Shared Revenue. If this were eliminated, municipalities more than likely would want this amount replaced by another source of revenue. However, the fund should be labeled so as not to mislead the public. WEMSA supports a Public Safety fee on phone lines to be allocated to the PSAPs for the purpose of maintaining 911 services.

12. Wisconsin Chapter 256

Chapter 256 is the chapter of the Wisconsin State Statutes which deals with Emergency Medical Services. WEMSA is encouraging the legislature to clean up some of its provisions. A comprehensive list will be available mid-February.

For questions or additional information, please contact:

Mindy Allen
Wisconsin EMS Association
Executive Director
Email: mindya@wisconsinems.com
Phone: 414.431.8193