



Legislative Fiscal Bureau

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TO: Members
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Assembly Bill 654: Dispatcher Assisted Bystander Cardiopulmonary Resuscitation

Assembly Bill 654 (AB 654), requiring dispatcher assisted bystander cardiopulmonary resuscitation (CPR) and creating a grant program in the Department of Military Affairs, was introduced on November 14, 2017, and referred to the Assembly Committee on Criminal Justice and Public Safety. Subsequent to a public hearing on November 30, 2017, Assembly Amendment 1 to AB 654 was introduced on January 10, 2018. On January 11, 2018, the Assembly Committee took executive action on the bill, adopting Assembly Amendment 1 and AB 654, as amended, on a vote of 11-0. The bill was referred to the Joint Committee on Finance on January 25, 2018. On January 26, 2018, Assembly Amendment 2 to AB 654 was introduced.

A companion bill, SB 549, was introduced on November 20, 2017, and referred to the Senate Committee on Judiciary and Public Safety. That Committee has scheduled a public hearing for the bill on February 6, 2018.

SUMMARY OF BILL

Assembly Bill 654 requires that, beginning two years after the effective date of the bill, every public safety answering point ("facility to which a call on a basic or sophisticated system is initially routed for response, and on which a public agency directly dispatches the appropriate emergency service provider, relays a message to the appropriate emergency service provider or transfers the call to the appropriate emergency services provider") must provide telephonic assistance on administering CPR by doing any of the following:

1. Providing each dispatcher with training in CPR that includes all of the following: (a) certification in CPR; (b) use of an evidence-based protocol or script for providing CPR instruction recommended by an academic institution or a nationally recognized organization specializing in medical dispatch; and (c) appropriate continuing education, as determined by the Department of Military Affairs (DMA).

2. Transferring callers to a dedicated telephone line, telephone center, or another public safety answering point to provide the caller with assistance on administering CPR. If a public safety answering point transfers callers, the transferring public service answering point must do all of the following:

1. Use an evidence-based protocol for the identification of a person in need of CPR.
2. Provide appropriate training and continuing education, as determined by DMA, on the protocol for identification of a person in need of CPR.
3. Ensure that any dedicated telephone line, telephone center, or public safety answering point to which calls are transferred uses dispatchers that meet the training requirements to provide assistance on administering CPR.

Further, beginning two years after the effective date of the bill, every public safety answering point must conduct ongoing quality assurance of its dispatcher assisted bystander CPR program.

The bill creates a biennial GPR appropriation in DMA to distribute grants to public safety answering points for dispatcher training on telephonic assistance on administering CPR. The bill specifies that a public safety answering point is eligible to receive a grant if it employs one or more dispatchers that have not completed dispatcher assisted bystander CPR training. A grant recipient would be required to use grant moneys to provide dispatchers with training. The Department would be required to establish criteria for approving and distributing grants. The bill appropriates \$250,000 GPR in 2017-18.

The bill further specifies that, during the 2017-19 biennium, DMA may submit one or more requests to the Joint Committee on Finance under s. 13.10 to supplement the grant appropriation. A finding by the Committee that an emergency exists would not be required before making a supplementation. The Department of Military Affairs would be required to include in its 2019-21 biennial budget request a proposal for funding grants to public safety answering points for dispatcher training on telephonic assistance on administering CPR.

AMENDMENTS

Assembly Amendment 1. Assembly Amendment 1 would transfer all of the requirements under the bill from DMA to the Department of Health Services (DHS). The amendment would provide 0.5 GPR position in the DHS general program operations appropriation for public health services planning, regulation and delivery to administer the grant program. No additional funding is provided.

Further, AA 1 provides that any public safety answering point or dispatcher who provides telephonic assistance on administering CPR is immune from civil liability for any outcomes resulting from the administration of CPR or failure to administer CPR if all of the following conditions exist:

1. The dispatcher who provides telephonic assistance on administering CPR has been trained in accordance with the standards established under the bill.

2. The dispatcher provides telephonic assistance on administering CPR by doing any of the following: (a) using an evidence-based protocol or script; or (b) transferring the caller to a dedicated telephone line, telephone center, or another public safety answering point.

3. The injury claimed is not the result of an act or omission that constitutes gross negligence or willful or wanton misconduct by the dispatcher or public safety answering point.

Assembly Amendment 2. Assembly Amendment 2 changes the word "grants" to "moneys", and specifies that the administering department may distribute moneys through grants, by establishing an application process for persons to submit proposals and establishing a contract with the department to provide training, or through a combination of these methods. Further, AA 2 specifies that a recipient of moneys must use the moneys to provide dispatchers with training in accordance with the standards established under the bill.

FISCAL EFFECT

The bill appropriates \$250,000 GPR in 2017-18 in a biennial appropriation to allow DMA (under the bill) or DHS (under AA 1) to make grants to public safety answering points for dispatcher training on telephonic assistance on administering CPR. Under a biennial appropriation, an agency may expend the appropriated amount of funding over the two-year period of a biennium. As a result, during the 2017-19 biennium, funding appropriated in 2017-18 may be expended in that year or in 2018-19.

A non-statutory provision in the bill allows the administering agency (DMA or DHS) to request supplemental funding for the grant program from the Joint Committee on Finance's GPR supplemental appropriation during the 2017-19 biennium. Note that the Committee's biennial supplemental appropriation has an unreserved balance of \$133,600 GPR annually. To date, no funding has been released from unreserved portion of the appropriation.

Fiscal estimates for AB 654 were prepared by DMA and DHS. The estimates were prepared before the introduction and adoption of AA 1 which requires DHS, rather than DMA, to administer the program.

Military Affairs. The DMA fiscal note indicates that costs of the bill are indeterminate. However, while the exact number of dispatchers in Wisconsin is unknown, it is estimated that the approximately 109 public safety answering points each have an average of 10 dispatchers for a total of 1,090 dispatchers. The fiscal note further indicates that in some smaller communities some dispatch stations may be staffed by non-dispatchers, such as deputies. The Department does not, therefore, know whether training would be extended to all individuals in a dispatching role, or only dispatchers.

The following cost factors were identified:

- The Department indicates that only one training program with evidence-based protocols has been identified, and that program (a week long program in Emergency Medical Dispatching) addresses more than just CPR. This course costs \$365 per person.
- In addition to training in telephonic assistance on administering CPR, dispatchers would also be required to be certified in CPR. The Department identifies a cost of \$20 per person.
- In order to train all dispatchers, staggered time away from the job would be required, thus necessitating that overtime costs be incurred to staff the dispatch stations during training.
- Subsequent to training, each dispatcher work station would be required to have instruction cards using the protocols. The Department indicates that each set of cards would cost \$500, and "it is unknown how often they are modified and require a new purchase or updated section."
- The Department indicates that, as turnover in dispatchers occurs, training for new dispatchers would be required.
- In order to develop and administer the grant program, DMA estimates that the following staff and costs would be necessary: (a) 1.0 nurse, paramedic or emergency medical technician to be a CPR subject matter expert and to manage the program (\$125,900); (b) 1.0 grants manager to develop the grant program, review and approved grant applications, and coordinate training courses (\$86,200); (c) 1.0 financial specialist to process grants and staff travel payments (\$57,000); (d) 2.0 compliance officers to monitor program compliance (\$197,900), in addition to assistance from two limited-term employees (\$65,000); (e) 1.0 information technology specialist to administer the program computer system; (f) administrative overhead (\$30,000); and (g) an IT system to track participants, certifications and compliance efforts (\$150,000 in the first year, and \$30,000 annually).

Health Services. The Department of Health Services indicates that since, under the bill, DHS "has no role in coordinating, evaluating, or documenting" the training and certification requirements created by the bill "no fiscal effect is expected for the Department of Health Services or on county human service agencies or local health departments."

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