



**Testimony in Support of Assembly Bill 151
Assembly Committee on Health**

March 22, 2017

Good morning. I appreciate the opportunity to join Rep. Loudenbeck and Sen. Moulton in testifying in support of this important bill.

As Rep. Loudenbeck mentioned, Assembly Bill 151 authorizes the creation of a Community Emergency Medical Services (CEMS) program in Wisconsin. Essentially, this bill allows paramedics and EMTs to operate in a non-emergency setting, under the medical direction of a physician, to help patients with chronic conditions and patients post-discharge for follow-up care. Community paramedics are skilled medical practitioners, and their goal is to reduce frequent fliers to the emergency room, improve patient care after hospital discharge, and assist in the mitigation of medical emergencies through education and empowering their patients.

In drafting this legislation, we worked with many stakeholders in the medical field. This bill requires that community paramedics work under a physician's license, ensuring continuity of care. This legislation also ensures that there is no duplication of services.

Assembly Bill 151 increases access to care, especially for people living in rural areas. Community paramedics have clinical skills which can help address and fill in the gaps in underserved communities, rural communities, and areas of the state with high health care demands. In February, the *Barron News-Shield* newspaper covered the story of Mike DiPasquale, a 63-year-old Rice Lake resident who is a five-time cancer survivor. Mike has benefited greatly from Mayo Clinic's community paramedic pilot program in Barron, which has allowed local paramedics to do weekly health check-ups in the comfort of Mike's own home, easing the burden of his recovery from surgery. This bill creates uniform standards so that similar programs can operate statewide.

CEMS reduces excessive health care costs by targeting frequent fliers to the emergency room and reducing hospital re-admissions. By connecting individuals with primary care physicians and preventive resources, CEMS helps mitigate costs to hospitals and insurance companies and could potentially reduce costs over time. CEMS can be used to target at-risk populations, especially those in need of chronic disease monitoring and education – like diabetes patients and people who have recently undergone surgery. These prevention and intervention efforts will improve health outcomes among at-risk patients and save health care dollars.

Wisconsin has many challenges in the health care workforce – as an aging generation of Baby Boomers is retiring, they are also in increased need of health care. The workforce shortage is real, especially in health care. Community paramedics can help bridge this gap in need. A CEMS program can improve patient-centered care by providing monitoring and education to patients, preventing frequent visits to the ER, and limiting the overuse of already limited resources.

A uniform CEMS program will allow communities to tailor the program to fit their needs, innovate, and form creative partnerships to tackle serious issues in their communities. For example, CEMS can be used to interact with those at-risk for or facing opioid addiction. A successful CEMS program could include visiting patients after discharge and work toward avoiding relapse by helping them get to rehab, implementing lifestyle changes, and keeping outpatient appointments. Community paramedicine intervention for drug and alcohol addiction could save lives.

Another successful model of deploying CEMS is in mental health care. Some communities are using community paramedics to help psychiatric patients in need of care avoid the emergency room, where they may wind up for days as they wait for care at an under-resourced inpatient facility. When a mental health crisis is called in, specially trained paramedics arrive at the scene, where they intervene and de-escalate the situation, then refer the patient to the appropriate resource after conducting an assessment.

It's clear that this program can be utilized in numerous ways to improve public health, reduce hospital re-admissions, reduce the use of the emergency room as care, and ensure patients are being referred to the proper preventive care and resources they need. This legislation standardizes the CEMS program statewide, but allows individual communities to employ the program to meet their specific needs. From rural to urban and suburban areas, this bill will serve all communities in Wisconsin and their unique health care needs.

Assembly Bill 151 is supported by the Wisconsin EMS Association, the Professional Ambulance Association of Wisconsin, the Professional Fire Fighters of Wisconsin, the Wisconsin Office of Rural Health, the City of Milwaukee, and the Wisconsin State Fire Chief's Association. Many of these stakeholders are here today, and I join them in asking for your support of this bill. Thank you.



Amy Loudenbeck

REPRESENTING WISCONSIN'S 31ST ASSEMBLY DISTRICT

**Testimony before Assembly Committee on Health
Assembly Bill 151
Rep. Amy Loudenbeck
March 22, 2017**

Thank you, Mr. Chairman and committee members for the opportunity to testify in favor of this bi-partisan legislation, Assembly Bill 151. AB 151 will advance opportunities for non-emergency health care services to be provided in Wisconsin by creating and setting parameters for community emergency medical technicians and community paramedics.

Community Emergency Medical Services (CEMS) is part of what many people associate with Mobile Integrated Health. In its simplest definition, Mobile Integrated Health is the provision of healthcare using patient centered, mobile resources in the out-of-hospital environment. It may include services such as: working with the local hospital to provide community paramedicine care, chronic disease management, preventive care or post-discharge follow up visits.

Allowing for the development of CEMS programs in Wisconsin will allow hospitals, private ambulance companies, and municipal EMS providers to develop new strategies for delivering quality care, in the right place, and at the right time.

As more and more communities consider establishing CEMS, one of the challenges they encounter is a lack of state standards to follow, and no specific qualifications or guidance regarding services that can be provided. This bill creates training standards, sets parameters for working with a hospital, and gives the Department of Health Services (DHS) the ability to approve individuals for a credential and various training programs.

In crafting the bill with several stakeholder groups, we tried to find balance while providing flexibility for these programs to truly reflect the needs that each individual community faces. That is why you'll see less detail regarding the training programs and the services that will be allowed to be provided. We believe for these programs to be successful, they need to be built around the community's needs. We've got several of those stakeholders here today to talk to you about what they are doing in their communities, and illustrate why this is a key component to this legislation.

I would like to note that this bill will have a technical amendment to reflect the new terminology. You may recall that approximately one month ago, I testified before this committee on AB 59- the technical update to the EMT language in our state statutes. When that bill passes, the language in AB 151 will be updated to reflect the new terminology.

In closing, allowing for the development of a CEMS program will allow hospitals, private ambulance companies, and municipal EMS providers to develop new strategies for delivering quality care, in the right place, and at the right time.

Thank you for the opportunity to testify on this bill today. I would be happy to answer any questions at this time.



TERRY MOULTON



WISCONSIN STATE SENATOR

23RD SENATE DISTRICT

From: Senator Terry Moulton
To: Assembly Committee on Health
Re: Testimony on Assembly Bill 151, Community paramedics, community emergency medical technicians, community emergency medical services providers, and services provided by emergency medical technicians.
Date: March 22, 2017

Thank you Mr. Chair and members for allowing me to testify on Assembly Bill 151 this morning. I'd like to thank Representative Loudeneck and Representative Shankland for working so hard on this important legislation.

With rising healthcare costs, provider shortages and a fast-changing marketplace, more and more communities in Wisconsin are using Mobile Integrated Health to meet local needs and achieve provider-set goals outside of a clinic or hospital setting.

Community EMS is an effective delivery model for Mobile Integrated Health and allows local providers additional flexibility and room for innovation as they work to lower healthcare costs, reduce readmission rates, increase access to care, target at-risk populations and meet local healthcare goals.

We worked on this bill with medical professionals and emergency personnel from both urban and rural communities and learned very quickly that although healthcare needs across the state are diverse, community EMS can help providers achieve local healthcare goals and meet real needs in their communities. To maximize flexibility and enable providers to give the most needed care, AB 151 is not a prescriptive or one size fits all credentialing process. Instead, AB 151 would allow local communities and health care providers to submit a customized program proposal and training plan for approval by DHS. Program plans could be as narrow as safe sleeping checks for newborns or involve more comprehensive training for health risk assessments, chronic disease management or medication compliance. Each plan and the necessary training would be reviewed by DHS in consultation with the EMS board.

Only licensed EMT's or paramedics who are employed by EMS service provider, have at least two years of service and have completed a department approved training program would be eligible to receive a Community EMT or Community Paramedic credential and carry out an approved DHS Community EMS program plan.

We worked closely with the Wisconsin Department of Health on AB 151 and are proud to have the support of the Wisconsin Emergency Medical Services Association, the Professional Ambulance Association of Wisconsin, the Wisconsin Office of Rural Health, the City of Milwaukee, the Milwaukee Fire Department, the Professional Fire Fighters of Wisconsin, the Milwaukee County Association of Fire Chiefs, the Wisconsin State Fire Chiefs' Association, and the Interim Dean of UW-Milwaukee College of Nursing - the home of Wisconsin's first major Community EMS pilot program.

Please vote to recommend passage of Assembly Bill 151 and give providers an effective way to enhance care, reduce costs and take preventative medicine outside to where it's needed most.

Serving the 23rd Senate District



Fire Department

Mark Rohlfiing
Chief

Gerard Washington
Assistant Chief

Brian Smith
Assistant Chief

John Schwengel
Assistant Chief

March 22, 2017

Wisconsin Assembly Health Committee

AB 151, Community EMS

Thank you for the opportunity to speak to you today. I am Mark Rohlfiing, Chief of the Milwaukee Fire Department. I am also a member of the Wisconsin State Chiefs Executive Board, and the President of the Milwaukee County Chiefs Association.

Community EMS is an opportunity to initiate programs that leverage emergency medical technicians and paramedics to reduce use, more effectively direct care, and lower utilization of emergency medical services. Programs and opportunities range from fall prevention courses / evaluations, to home safety assessments, to reducing patient re-admission, to reduce frequent callers to 9-1-1 and emergency rooms, to partnering with other health care organizations.

The Milwaukee Fire Department Community Paramedic Program was conceptualized in 2014 to address a growing need of providing a proactive model of patient care that focuses on achieving the International Health Institutes' "Triple Aim" goals of:

1. Better Health
2. Better Care
3. Lower Costs

We began our program in Milwaukee three years ago to help create a healthier Milwaukee by providing a pathway to healthcare for our most at-risk population through proactive mobile integrated health visits. The fire service has put significant emphasis into fire prevention and outreach with positive results; we are doing the same work for medical services with Community EMS.



This proposed legislation as currently written will allow fire departments to get approval from the Wisconsin Department of Health Services-EMS office to engage in developing Mobile Integrated Healthcare – Community Paramedic Programs that can partner under contract with a hospitals, clinics, or physicians. It will also allow us to establish training programs, protocols, and standards, while recognizing the community paramedic designation under the guidance and approval of the Wisconsin Department of Health Services-EMS office.

Despite being called “fire departments,” most of our member organizations deliver medical services to their communities with certification levels ranging from paramedic, to emergency medical technician, to first responder. In fact, calls for medical services generally account for nearly 75% to 80% of an organization’s call activity.

The proposed legislation offers other options for EMS responders to truly help and better serve their citizens. Pilot programs have produced great results with patients’ reliance on emergency rooms reduced, potential for readmission reduced, end-of-life patients receiving appropriate care, and simple tests/procedures done in home vs. at office visits.

The MFD and surrounding fire departments within Milwaukee County believe that this legislation will help the entire state of Wisconsin establish uniformed standards and an approval process for community paramedics in regards to training programs, protocols, and standards of care. It also establishes an approved conduit to partner under contract with a hospital, clinic, or physician which could potentially assist some of the at-risk populations while creating some sustainability for the Community Paramedic Program.

Therefore, on behalf of the Wisconsin State Fire Chiefs, the Milwaukee County Fire Chiefs Association, and the Milwaukee Fire Department, I ask you all too please support this Community EMS legislation.

Respectfully,



MARK ROHLFING
Chief

MR/cf

GUNDERSEN HEALTH SYSTEM®

March 22, 2017

The Honorable Joe Sanfelippo, Chair
Assembly Committee on Health
Wisconsin State Legislature
Room 306 North, State Capitol
PO Box 8953
Madison, WI 53708

The Honorable Kathleen Bernier, Vice-Chair
Assembly Committee on Health
Wisconsin State Legislature
Room 314 North, State Capitol
PO Box 8952
Madison, WI 53708

Re: Testimony in Support of Assembly Bill 151—relating to community medical services providers

Dear Chairman Sanfelippo, Vice-Chair Bernier, and members of the Assembly Committee on Health:

On behalf of Gundersen Health System and Gundersen Tri-State Ambulance, I am registering in support of Assembly Bill 151, which relates to community paramedics, community medical technicians and the services they may provide. Enacting this bill supports our mission and strategic plan to enrich every life through improved community health, outstanding experience of care, and decreased cost burden.

For background purposes, Gundersen Health System is an integrated health system located in nineteen counties throughout western Wisconsin, southeastern Minnesota and northeastern Iowa. Our system includes a primary hospital in La Crosse, four critical access hospitals and over 50 clinics throughout the region. With over 7,000 employees, we are the largest employer in the region. Gundersen Tri-State Ambulance is a wholly owned, not-for-profit organization providing emergency and non-emergency ambulance services spanning western Wisconsin, southeastern Minnesota and northeastern Iowa.

Assembly bill 151 accomplishes the objective of formalizing the roles of the community paramedic program, critical due to the tremendous opportunities available to better serve our patients. Our initial goal with our program is to have community paramedics work to reduce the readmission rate of high-risk heart failure patients within the 30 day post-discharge window from our healthcare system. Discharge plans for heart failure patients are often challenging for patients and their caregivers, as plans frequently require complex medication regimes, as well as lifestyle and behavioral modifications.

In 2012, the Centers for Medicare and Medicaid Services (CMS) implemented the Medicare Readmissions Reduction Program. For each hospital, the program calculates an “excess readmission ratio”—predicted readmission rate and expected readmission rate for various diagnoses. Ratios exceeding expected readmissions across similar hospitals are applied a payment reduction. Though Gundersen Health System has performed well and avoided any readmission penalties since the inception of the program, hospitals can be penalized up to 3% of Medicare reimbursement this year. Medical costs associated for treatment for readmitted patients is likely much higher than the assessment of the penalty.

To be proactive, Gundersen Health System has been diligently researching the community paramedic program. Serving patients throughout our tri-state region, we envisioned the positive potential a comprehensive community paramedic program could provide to our patients and communities. Therefore, we aim to integrate the community paramedic program into the transitional care program as a “transition care coach.” The objective of our project will be to reduce readmission rates for heart failure patients to less than 10% and enroll at least eight patients per month.

Our plans for a comprehensive community paramedic program will require our community provider to be trained in patient assessment, diagnostic testing (electrocardiogram, sodium, potassium), and patient education. We will have all patients receive a physical assessment, review of medications, review of appointments and continued strategies to reinforce compliance to discharge plan of care and/or disease management. All of this work will be done under the direction and guidance of the medical director.

Enacting Assembly Bill 151 would help our transition care program expand into a community paramedic program. This proposal establishes legal parameters, training protocols, and necessary criteria and approval procedures for community paramedic programs. We believe community paramedicine best serves patients and community health. The extension of care beyond our walls is in line with the specific goal of reducing readmissions is in the best interest of the patient and their families.

On behalf of Gundersen Health System and Tri-State Ambulance, we thank Representatives Loudenberg and Shankland as well as Senators Moulton and Bewley for authoring this legislation. We thank the committee for holding this hearing, and ask for your support of Assembly Bill 151 that will advance improved patient care and community health.

Sincerely,

Michael Richards
Executive Director of Government Relations and External Affairs



Wisconsin State Fire Chiefs' Association

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DATE: March 22, 2017
TO: WI Assembly Health Committee
FROM: Wisconsin State Fire Chiefs Association
RE: Support AB 151

The Wisconsin State Fire Chiefs Association is asking that the Assembly Health Committee support AB 151. AB 151 will provide both pre hospital and post hospital health care services for the residents of our communities. This care will reduce the health care costs to residents that are unable or unaware of how to access the treatment and care that can be provided without a trip to the emergency room.

The fire service over the past 40 years has taken on additional services in response to the needs of our communities such as HazMat, Technical Emergency Response Teams and both ALS and BLS ambulance transport services. More recently Fire and Emergency Medical Services have been looking for a solution to the excess use or abuse of emergency medical services. The transport of patients to emergency rooms for routine care or for issues as simple as not knowing what and/or when medications should be taken. AB 151 will help with this situation by recognizing Community Paramedics or Community Emergency Medical Technicians (EMT) who will be trained to provide managed care for patients at home following discharge from the hospital making sure medications are taken when scheduled, by doing wound care or even hooking the patient up to social services all while the patient is comfortably in their own home. The same managed care can be provided to patients who abuse the emergency medical system by calling 911 for non-emergency problems. These 911 calls can be reduced or even eliminated with the Community Paramedic or EMT.

The National Conference of State Legislatures estimates that up to 27% of all emergency room visits are non-emergencies. With an average ambulance transport in the \$900 - \$1,000 range and an emergency room visit well over \$1,000 for each non-emergency response you can see that the cost savings can be significant when the community paramedic and community EMT's are evaluating these patients and at times providing minor care without the costly transport to the emergency room.

Please consider supporting AB 151.

If you have questions please contact:
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Legislative Hearing on AB 151 Community EMS

Good Morning. My name is Timothy Bantes, and I am the Fire Chief for the Town of Grand Chute Fire Department. I am also a member of the Wisconsin State Fire Chiefs Association Executive Board, and President of the Outagamie County Fire Chiefs Association. I am thankful to have this opportunity to speak to you here today on the subject of the Community EMS legislation, a topic that I am extremely passionate about and supportive of. It is our shared belief that the passing of this critical piece of legislation will have a positive impact on our EMS and fire service agencies in the State of Wisconsin for years to come.

My diverse background in emergency service delivery spans over thirty years, starting out like many others in our state serving as an EMT on a volunteer rescue squad. I joined the fire Service and progressed through the ranks as a Firefighter/ Paramedic, Company Officer, and Training Division Chief. As my fire service career developed, I simultaneously served as a Paramedic Manager of a hospital-based advanced life support ambulance service in Marinette for more than two decades. In addition to those responsibilities, I acted as the Medical Control Liaison for the surrounding volunteer-based first responder and basic life support ambulance agencies that served Northeast Wisconsin via the Bay Area Medical Center. Most recently, I have had the pleasure of serving as the Fire Chief for the Town of Grand Chute in Outagamie County, a position that I have proudly held for the past Ten years.

Grand Chute is the largest town in the State Wisconsin with a population of over 22,000 residents. Our diverse community boasts a blend of robust commercial business and industry, while maintaining pockets of the rural “roots” it emerged from in the form of country homesteads as well as active dairy and crop production farms in the northern portion of the Township.

Tasked with protecting this unique blend of land use, the Grand Chute Fire Department provides all-hazard emergency response and risk reduction services to the estimated daytime population of 70,000 residents, shoppers, students, and visitors occupying the twenty-three square-mile area encompassing our community. It is served by two stations staffed 24 hours a day by a total combination of 21 career, 5 part-time, and 34 paid-on premise/ POC fire personnel who answered more than 2,000 emergency calls for service in 2016.

Community EMS legislation and its history

Community-Based EMT and Paramedic programs were pioneered as a result of healthcare needs in rural areas. Two of the first of these types of programs originated in Orange County, N.C., and the state of Idaho where alternative approaches to meeting the needs of low-acuity patients in rural areas with limited access to emergency services / healthcare were being met with Community Paramedics. Initiated in 1996 and 1997, respectively, these programs continue today. The Orange County program enables paramedics with additional training to choose alternative disposition for patients based on their assessment of the patient's needs. Low-acuity patients can be treated and referred to a primary care provider for follow-up. Alternatively, the patient can be transported by ambulance or other appropriate means (e.g., from personal vehicle, wheelchair vans), to a physician's office or some form of primary care clinic. These rural EMT and Paramedic programs continue to expand and evolve across the country to meet local needs and help address the increased run volumes that can have a negative impact on our local fire and EMS organizations abilities to respond to high priority emergencies, especially in our volunteer and POC agencies.

Why is a Community EMS Program and legislation important to the State EMS and Fire Departments?

Successful programs in other States have shown that Community EMS can expand the reach of certain primary care services and programs by using EMT's and paramedic's to perform procedures already in their skill set, such as: assessment (vital signs, blood pressure, labs: glucose levels, medication compliance), treatment (wound care, medication reconciliation), prevention (immunizations, fall assessment), and referrals (medical and social services) allowing for us to be proactive and reach out to our citizenship with a safe physician supervised and DHS programs.

This current community EMS legislation allows for several options to provide Community EMS programs, transport services and non-transport services, EMT and Paramedics level services! These program delivery options are very important when looking at Wisconsin diverse rural communities and their Fire and EMS coverage agencies. By allowing our rural community EMS and Fire agencies to reach out to their respected communities and develop specific approved programs that can assist with their community health care coverage needs and also help reduce emergency response usage of their services is a win - win scenario.

Right now in Grand Chute we are concentrating on fall prevention in one of our many Independent Senior Living apartment complexes. After reviewing incident response data we determined that more than 10 percent of our responses in the prior year were attributed to the complex that I am speaking of. More than 1/3 of those responses were attributed to falls. Recognizing that many of these calls for service could be prevented, our organization decided to take a proactive approach to addressing the needs of this emerging threat to not only our citizens, but the resources we have to serve them. We developed a program aligned with the conceptual pillars of community paramedicine to increase awareness, educate, and assist these residents to prevent these types of incidents from occurring before they happen. In essence, we are applying the same principles that we use to educate our area school children on fire prevention and safety issues to address a different risk in our community.

While our pilot program is still in its infancy, we are seeing some very successful results in reducing emergency demands. In the first quarter of operation we saw a 17 percent decrease in requests for service from this area when compared to the same three month period from the prior year. While it may be too early to correlate that data to our program, we feel that this reduction is more than coincidence.

Based on the promising early results of our program and others in the state, I hope you will not only approve this legislation, but support the concept of community paramedicine and EMT programs moving forward as we strive to make improvements in the manner in which we deliver efficient and effective healthcare services to the residents of Wisconsin we are sworn to serve.