



WISCONSIN LEGISLATURE

P. O. Box 7882 Madison, WI 53707-7882

Sen. Howard Marklein and Rep. Tony Kurtz

Testimony before the Assembly Committee on State Affairs on Assembly Bills 197, 198, and 199

April 23, 2025

Thank you, Chairman Swearingen and committee members, for hearing Assembly Bills (AB) 197, 198, and 199, which provide additional tools for Wisconsin's Emergency Medical Services (EMS) System. Thank you to Representatives Green, Summerfield, Moses, and Piwowarczyk for co-sponsoring some, or all, of these bipartisan bills.

EMS providers across Wisconsin are facing significant issues with staffing and funding, which is leading to problems with access or lack of coverage for many Wisconsin communities. These challenges are negatively impacting both urban and rural EMS providers alike.

Unfortunately, there isn't a one-size-fits-all solution to address these challenges. These three bills continue our multi-pronged approach to positively impact EMS providers and communities across Wisconsin.

In general, these three bills aim to increase access to training, provide tools for recruitment, allow flexibility in funding options, and support innovation.

AB 197

Under current law, there is a levy limit exemption for the amount counties levy for a countywide emergency medical system. However, county lines don't always make the most sense when providing EMS service and could make it more challenging for cooperation and coordination.

Modeled after the countywide levy limit exemption, AB 197 creates a Regional EMS Levy Limit Exemption. "Regional" is defined as consisting of at least 232 mi² (smallest county by land size – Pepin) or including at least 8 municipalities (smallest county by number of municipalities – Forest). To remain eligible for the levy limit exception, the growth in costs between years is limited to CPI + 5%.

AB 198

One barrier to entry for new EMS personnel is the cost of tuition associated with taking initial licensing classes. AB 198 creates the framework for a program to reimburse students who successfully complete EMS classes and receive a license or certification. This will ensure the cost of classes is not a barrier for new EMS personnel.

AB 198 also ensures that the Wisconsin Technical College System (WTCS) can operate its EMS programming effectively and support classes, even if they are not 100% full. Finally, AB 198 creates a Live 911 Pilot Program. Live 911 enables dispatchers to send a link via text message to a caller that would allow the dispatcher to see a live video of the scene, provide better instructions, and share information with first responders.

AB 199

Not every 911 call for an ambulance ends up with a person being transported to the emergency room. However, EMS providers still incur costs to respond to these calls, but generally cannot bill private insurance for these services. Under the state Medicaid program, EMS departments can only bill Medicaid \$69 for calls where they responded, provided treatment, but did not transport an individual. AB 199 Directs DHS to increase the “treat, non-transport” reimbursement rate to match the basic life support – emergency transport rate of \$371.51.

AB 199 also requires the Wisconsin EMS Board, in coordination with the Department of Health Services (DHS), and WTCS to provide an annual report to the legislature that summarizes the changes to the state and national scope of practice and how those changes could impact the number of training hours required for EMS personnel.

AB 197 and AB 199 also include a provision that will remove a disincentive under the Expenditure Restraint Program (ERP) for communities with Regional EMS or Joint Fire/EMS districts.

We have several EMS and Fire providers from across the state here with us today who will talk about how these bills would positively impact their departments and communities.

Thank you for your time today. We’re happy to answer any questions at this time.



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To: Assembly Committee on State Affairs
From: Toni Herkert, Government Affairs Director, and Evan Miller, Government Affairs Specialist
League of Wisconsin Municipalities
Date: April 23, 2025
RE: Assembly Bills 197, 198, and 199 - EMS Legislative Package

Chairman Swearingen, Vice-Chair Green, and Committee Members,

My name is Toni Herkert, and I am the Government Affairs Director with the League of Wisconsin Municipalities. The League is a nonpartisan, nonprofit membership organization that advocates for the interests of our over 600 member cities and villages, large and small, urban and rural, throughout the state.

Thank you for the opportunity to provide testimony today in support of Assembly Bills 197, 198, and 199, a legislative package related to improving emergency medical services (EMS) access and the availability of emergency medical practitioners around Wisconsin. These three bills address many concerns the League routinely hears from our members. We would like to thank the authors of these proposals, Representatives Kurtz, Gustafson, Novak, Zimmerman, and Summerfield and Senators Marklein and James for their continued pursuit of legislation to help address the EMS crisis in Wisconsin. Additionally, we'd like to thank the legislators that have added themselves as a co-sponsor of one or more of these bills, including Representatives Green, Moses, and Piwowarczyk from this committee.

Assembly Bill 197 creates municipal levy flexibility for regional EMS providers that serve a county-sized area. Municipalities served by a regional EMS provider are eligible to have their EMS costs removed from levy limit constraints if the regional EMS provider:

1. is the sole entity responsible for the coordination of EMS in the region,
2. is established through a district or intergovernmental agreements, and
3. is serving an area including at least 232 square miles or at least eight cities, villages, and towns.

Public safety costs are typically one-third of municipal budgets and can range up to 50% or more in some communities. Public safety is often the area of largest growth in local budgets year-over-year. They are also some of the most visible and desired services for residents. Accounting for these increasing costs, Assembly Bill 197 allows annual adjustments in the levied EMS costs equal to the change in the Consumer Price Index (CPI) plus 5%. Finally, under this legislation, these costs would be excluded from the calculation for eligibility in the Expenditure Restraint Program.

Under current law, existing joint fire and EMS districts may receive levy limit flexibility with an annual adjustment of CPI plus 2%. Additionally, county levy costs for a countywide emergency medical system are exempt from the levy with no limit on growth. This legislation sets parameters that are equal to county-sized requirements, incentivizing further consolidation while recognizing that county borders may not always be the most effective or expedient service territories. Assembly Bill 197 also recognizes that consolidation might not always look the same by including both the establishment of a district and intergovernmental agreements in its qualification conditions.

Consolidation can be the key in some areas of the state to provide a higher level of service to Wisconsinites, whether that includes a higher level of care provided by trained individuals or through a faster response due to higher levels of staffing. Throughout Wisconsin, many shining examples of efficient and expedient consolidated services already exist with many more being explored. For example, in the Innovation Planning Grants, created by 2023 Wisconsin Act 12, 26 of the 43 awards provided to date, or 60.4%, have been for exploring the consolidation of fire protection or EMS.

Organizing a joint service territory can be difficult for Wisconsin municipalities. Residents will often raise concerns regarding a loss of community identity when considering moving to a joint emergency service. Although identity is challenging, it is not as difficult to overcome as the many logistical and financial challenges to consolidation that must be addressed by municipal leaders. Assembly Bill 197 would substantially help these negotiations by making the funding of a new joint emergency service less of a concern among participating municipalities, but other challenges do still remain.

While the League is supportive of Assembly Bill 197 as proposed, due to the difficulty of organizing eight or more municipalities together, we would respectfully request that a lower number is considered for incorporation into this legislation. Alternatively, we would request that another option for qualification is added. In keeping with the authors' intent of a county-like model, this option would include at least five municipalities, a lower figure than eight but still a substantial consolidation effort, and must serve a population larger than Wisconsin's three smallest counties combined. Presently, that population is 14,935. A different figure based on county populations could also be considered.

Finally, while organizing a joint service territory is difficult, keeping it together can often be a greater challenge. To recognize the difficulty in maintaining a district, we would request that flexibility is added to the legislation for a regional EMS that previously qualified to dip below the service requirements for one year yet still qualify for the levy adjustment. This one year of flexibility would allow the regional EMS provider and the participating municipalities to either resolve the dispute with the withdrawing municipality, have time to find a new member to maintain their regional EMS provider status, or back out of the program created by Assembly Bill 197 while having the time to adjust their budget and determine how to maintain compliance with the Maintenance of Effort requirements created by Act 12.

Assembly Bill 198 creates three new programs. First, this legislation creates a grant program for technical colleges that train and prepare individuals for initial certification or licensure as an emergency medical responder (EMR) or emergency medical technician (EMT). Second, this bill creates a reimbursement program for individuals or employers that pay the cost of tuition and materials necessary for initial certification or licensure as an EMR or EMT. Finally, Assembly Bill 198 creates a Live 911 Pilot Program to provide grants that enable real-time video and multimedia communications between public safety answering points and individuals who call for emergency services.

Our partners at the Wisconsin EMS Association have provided some concerning statistics regarding trends in the first responder workforce in recent years. In 2018, there were 17,821 licensed EMS providers in the state. By 2023, the number of providers dropped to 17,072, which is a loss of 4.2% and nearly 800 total providers. Meanwhile, only 14,152 of those licensed EMS providers are assigned to an EMS service, or 82.9%. While the number of paramedics has been on a steady increase, basic life service providers have been on the decline. This is at a time when, from 2019 to 2022, we've seen EMS calls increase by around 21%, with an average year seeing an increase in calls of 3% to 5% or more.



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This legislation has the potential to reverse the negative trends by encouraging more individuals to choose a career as an EMT or serve their community part time or as a volunteer EMR or EMT. Assembly Bill 198 also helps municipalities fund the increasing need to recruit and train more EMRs and EMTs as turnover including retirements increase. To ensure this legislation assists all municipalities that need help, we would respectfully request that Assembly Bill 198 is clarified, either in the legislation or through written interpretation by the Higher Educational Aids Board, to ensure that municipalities utilizing a volunteer base for their EMRs and EMTs would still qualify as an “employer” for the purposes of education reimbursement in Section 2.

Assembly Bill 199 also contains three different elements routinely heard from our members. First, it increases the Medical Assistance (MA) reimbursement for non-transport EMS calls from the current rates for “ambulance response and treatment, no transport” to the maximum allowable rate for the billing code “ambulance service, basic life support, emergency transport” beginning January 1, 2027. This will provide a much-needed increase to more adequately recognize the true cost of the increasing number of calls EMS providers receive for what’s commonly referred to as slips, trips, and falls, among other EMS calls where the person requesting an EMS response does not require transportation. Second, this legislation makes the commonsense change to exclude the adjustment in the current levy limit for joint fire and EMS districts from the calculation for eligibility in the Expenditure Restraint Program.

Third and finally, Assembly Bill 199 requires the Emergency Medical Services Board to annually submit a report to the Legislature on the scope of practice of EMR and EMT practitioners and how any changes to the scope of practice may affect training for these individuals. As recently highlighted by Senator Marklein, the Department of Health Services has approved a new EMS training curriculum that expands initial training hours for EMRs from 75 to 108 hours and for EMTs from 180 to 288 hours. Making certain that decisions like this are transparent to the Legislature, municipalities, and the public will help to ensure that Wisconsin can strike a balance between the desire to provide a high degree of care in emergency situations while not detracting otherwise qualified individuals from joining the emergency services field as a career, part-time, or volunteer practitioner.

Assembly Bills 197, 198, and 199 all contain elements aimed at supporting local governments, their first responders, and Wisconsin residents. Thank you for your consideration of this legislation and the League’s comments on this bill package. I would be happy to answer questions now or you can contact me at therkert@lwm-info.org or Evan Miller at emiller@lwm-info.org.



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Memorandum

To: Assembly Committee on State Affairs
Senate Committee on Health

From: Matthew G. Schuenke, Village Administrator 

Date: April 23, 2025

Re: EMS Legislative Package – SB 181/AB 197, SB 182/AB 198, and SB 183/AB 199

Committee Chairs, Vice Chairs, and Members,

Thank you for the ability to speak today regarding the proposed legislative package of bills that you are considering. Emergency medical services is an important core service within our communities that we struggle to continue to adequately staff and fund consistently. I am here to speak today as the Administrator for the Village of McFarland on behalf of our local Department that is tasked with providing these services. My comments are my own and do not reflect that of the Village Board that governs McFarland.

SB 181/AB 197 – Region Incentivization

McFarland is established as a combined emergency response Department providing both fire and paramedic services. We also provide contracted service to the Town of Dunn and Pleasant Springs while participating in several mutual aid calls with our neighboring Departments. While our current setup is not benefited by SB 181/AB 197, continuing to incentivize regionalization of these services can be a significant benefit. I worked previously as the Assistant Manager for the Village of Whitefish Bay in Milwaukee County which is part of the groundbreaking North Shore Fire Department. This conversion conceived in the mid-1990's continues to be the standard that other regional entities like the Western Lakes and Lake Country Fire Departments have since followed. I was tasked with studying the financial impacts of the NSFD organization about 10 years after its inception. The findings demonstrated significant cost savings and improved service delivery through a single chain of command, less duplication of capital equipment, and more specialized services within a larger Department. This has been a benefit to the communities in which it was setup to serve, and could be replicated with help in other areas.

I would caution you in two areas...1) on creating minimum size requirements on the territory served and number of municipalities to participate, and 2) limiting this to just EMS services. In our immediate vicinity, there are 3-5 different variations of service delivery models between districts, levels of service, and split departments. This makes it challenging if not impossible to align our levels of services across legacy Departments within the proposed minimum standards of this bill. There is a lot of overlap between fire service and EMS where the savings to not have to buy 8 ladder trucks, 16 engines, 16 tenders, etc. is greater than that to save on buying 8 ambulances. The ability to recruit and retain volunteers within fire service also continues to dwindle, which goes hand in hand with what is also needed to support EMS. More flexibility for local control to incentive improving service should remain the objective.

SB 182/AB 198 – Education and Certification

We simply need more people within EMS positions at all levels. Most people that are going to school for an EMT or Paramedic level certification are typically sponsored before they apply. Since our conversion to paramedic level of service three years ago we have paid for the training for two of our people while hiring additional people to go through the process. We have been able to recruit some paramedics to these positions but the availability continues to shrink within a marketplace that has a low supply. Please see the following recruitment data:

Year	Total	Medics	AEMTs	EMTs	Non-Cert.	Hired
2022	38	16	3	18	1	4 Medics
2023	18	8	2	5	3	1 Medic
2024	18	3	2	12	1	1 Medic/1 EMT
2025	14	2	1	8	3	1 EMT

I would also request this bill include reimbursement for paramedic level of service. While this is the highest level of service to attain, it is also the most competitive market for municipalities to be drawing individuals from. Paramedics make up approximately 30% of the licensed first responders with Advanced EMTs representing only 10%, Basic EMTs at 20%, and EMRs at 40%. We need to invest in the top end that makes up a significant portion of the marketplace.

We started an apprenticeship program two years ago to recruit high school Juniors to earn credit towards graduation as Seniors. They work/train within the Department, get credit for fire/EMT certification, and are paid while they do it. Last year we hired one of our first apprentices as a career basic EMT/Firefighter. This Fall they will attend paramedic school to take the next step as we invest in their future to get them to the level of service we provide. I hope you would agree investing in young people in these trades is invaluable, and would ask that you consider including paramedic reimbursement as well.

We will be embarking on another recruitment later this week to again fill a Paramedic/Firefighter position. Last night the Village Board approved a new wage scale for these positions to be more competitive within the marketplace to help improve our position in an area that is such a huge need in our community. This is partially due to competition with neighboring Departments but also the challenges of the position. The education and certification for these life savings positions is of the utmost importance, but it is also critical that we continue to remove the barriers for individuals to access these programs to gain that skill and knowledge needed for the position.

SB 183/AB 199 – Reimbursement and Reporting

Ambulance fees in McFarland account for 25% of the total operating cost to provide services. Our contract with the Towns amounts to 16% and there is another 7% in other funds we scrape together to offset the cost. Approximately 52% of this cost comes from the tax levy and state shared revenue to provide these essential services. Continuing to access flexibility in the ways we are able to bill for these services is especially important as we have to find balance in our fees and what is afforded to us under levy limits. Medicaid accounts for approximately 14% of our patients while Medicaid permit charges are about 35% of the scheduled fees. We do experience no transports with about 18% of our patients which still results in a response 1 out of 5 calls for service. Every little bit helps with these changes as we would again appreciate more flexibility at the local level to make decisions on these fees. Especially when this is a service that fall exclusively within the General Fund and subject to little to no flexibility in setting a levy on what is truly needed to support it.

Of importance with this bill, flexibility within the Expenditure Restrain Program would be welcomed related to this service. We evaluate our budgetary performance when making decisions in the Fall for the coming year and not having to weigh these challenges against the lose of those funds would be a benefit.

Thank you again for this opportunity. If I can be of further service on this or other issues, please do not hesitated to contact me.

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NORTH SHORE

19 FIRE RESCUE 95

April 23, 2025

State of Wisconsin
Assembly Committee on State Affairs
2 E. Main Street
Madison, WI 53702

Chairman Swearingen, Vice-Chair Green and Committee Members,

Good afternoon, my name is Robert Whitaker. I am serving my 15th year as Fire Chief of the North Shore Fire Department – I have worked in emergency medical and fire services in the State for over thirty years. The North Shore Fire Department provides fire, emergency medical and life safety services to seven municipalities, the City of Glendale and Villages of Bayside, Brown Deer, Fox Point, River Hills, Shorewood and Whitefish Bay in Milwaukee County. We serve just over 65,000 people and cover approximately 25 square miles of urban and suburban areas. Last year, the Department responded to nearly 13,000 calls for service, nearly 75% of those were for EMS services. We have 108 full-time members.

I am here today to support Assembly Bills 197, 198 and 199.

These three bills are critical to sustainment of emergency medical services in the State of Wisconsin. Each year, more and more EMS services across our State are unable to provide 24X365 service – many have simply closed their doors. The legislation included in these three bills is needed to sustain EMS services being provided across the State. They provide access to funding for operations and training and also encourage regionalization of services across the State in an effort to reduce duplication, control costs and most importantly ensure the citizens of our State are able to receive critical EMS services.

I ask for your support of all three bills, but I want to spend a few minutes talking specifically about AB199. AB199 makes three important changes to EMS in our State.

It increases the reimbursement rate to ambulance services for what is commonly called “treat, no transport” responses. These are EMS responses where an ambulance arrives on the scene, treats a patient, but doesn’t transport the patient to the hospital. Over the past two years, an average of 27% of my Department’s patient contacts have been considered “treatment, no transport” and that number is on the rise – they make up a significant call volume however the Medical Assistance reimbursement rate often does not often cover the

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cost of providing the service. The bill increases the reimbursement rate to a level that more appropriately covers the cost of providing the service.

The second component of AB199 is a requirement for the Wisconsin EMS Board in consultation with DHS and the Technical College System Board to provide a report annually to the legislature on state and national changes to the EMS provider scope of practice. The landscape for training requirements is changing regularly and I believe it is important for our elected legislators to be aware of those changes and the impacts they will have on their communities - EMS is a core service to the citizens of our State and impacts of changes to the programs should be understood by our elected officials.

The third component of AB199 solves a challenge my agency has faced for many years. As I said earlier, I have been the chief of the Department for 15 years. One of my primary responsibilities as the chief of a joint EMS and fire department is to manage and administer a budget of just over \$16 million dollars. In conjunction with my staff, I have developed fifteen operating and capital budgets as the chief and several more in prior roles I had in the organization.

Joint fire and EMS agencies have proven to be beneficial for service delivery and cost containment not only throughout the State of Wisconsin, but across the United States. Delivery of emergency service requires people – automation opportunities are limited. Calls for service can't be completely predicted thus requiring a core level of protection to be maintained. Costs to recruit and retain quality responders and purchase and maintain the capital assets to operate is expensive.

Across the State, it has been proven over and over again that regionalization of EMS and fire services not only improves service levels but helps contains cost. A study done by the Wisconsin Policy Forum of the seven communities served by the North Shore Fire Department showed that collectively, the seven municipalities served by the Department collectively save over \$2.5 million a year in operating costs by providing service in a regionalized model when compared to trying to each operate their own service.

One of the challenges of operating a joint department is finding an agreeable method to divide costs between municipalities. The calculation to determine what each of the seven municipalities pays for our services each year in the North Shore is detailed in a funding formula that is part of an intergovernmental agreement that forms the Department. From a very high level, costs are proportioned based off equalized value of improvements, population and calls for service.

NORTH SHORE

19 FIRE RESCUE 95

Developing budgets that meet service demands while being mindful of tax payers, levy limits and expenditure restraint caps is hard when serving just one municipality, but it becomes even more challenging when trying to develop a budget that meets fourteen different targets created by levy limits and expenditure restraint qualification.

Several years ago, the legislature created a levy limit exception for joint EMS and fire departments that solved the challenge of each municipality served by a joint EMS or fire department having a different levy limit. We still face the challenge however with multiple Expenditure Restraint Program targets. SB183 creates a commonsense change to exclude the levy limit exemption for joint fire and EMS districts from the calculation for eligibility in the Expenditure Restraint Program.

Allowing this exemption is another change the legislature can make to encourage additional regionalization and consolidation. Regionalization and consolidation is the path forward for sustainable provision of EMS and fire services across the State as services will continue to struggle on their own.

Thank you for your time and service to our State and I look forward to your support of these three important bills.

Respectfully submitted,



Robert Whitaker
Fire Chief
North Shore Fire Department
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Wisconsin EMS Association

Serving Those Who Serve Others



April 23rd, 2025

Assembly Committee on State Affairs
Committee Hearing

Chair Swearingen, Vice-Chair Green, and Committee Members,

RE: Support of Assembly Bill 197, Assembly Bill 198, Assembly Bill 199

My name is Alan DeYoung and I serve as the Executive Director of the Wisconsin Emergency Medical Services (EMS) Association. Our organization represents over 330 Emergency Medical Services agencies in Wisconsin (around 50% of all licensed EMS agencies and over 60% of all active EMS professionals). The majority of our membership are primarily municipal-based (public) agencies, as well as many private non-profit volunteer agencies.

Thank you for the opportunity to testify in support of Assembly Bills 197, 198, and 199. Each of these bills represents a critical step towards stabilizing and supporting EMS across our state.

I want to first highlight the critical importance of these bills and for our state to take proactive action and measures right now. The urgency of state legislative support is amplified by the proposed federal cuts in the fiscal year 2026 Department of Health and Human Services budget. These proposed cuts would eliminate the following programs that currently support EMS in Wisconsin:

- **EMS for Children** – which provides pediatric training, readiness, and collaboration for EMS agencies to be prepared for pediatric calls.
- **State Offices of Rural Health** – which provides leadership training, technical assistance, EMS research and development to rural EMS agencies in Wisconsin at no cost.
- **Crisis Response Grants, First Responder Training Grants, Mental Health Awareness Training, ADRCs**, and other community-facing programs that help EMS in Wisconsin connect patients with long-term care solutions.

All of these programs and many more not identified above are proposed to be cut. Wisconsin cannot afford to let rural EMS services collapse under the weight of inadequate funding and reduced support. The state must move forward with these three Assembly Bills to provide the necessary support before we see more EMS agencies close their doors.

Support for Assembly Bill 197: Levy Limit Exemption for Regional EMS

Assembly Bill 197 introduces a necessary exemption to the levy limits for regional EMS systems. As rural and small-town services struggle with increased demand, workforce shortages, and rising operational costs, the current levy constraints limit their ability to sustain reliable 24/7/365 services. AB197 will support local governments to fund EMS appropriately, engaging in regional collaboration enhancing efficiency and coverage across municipalities. Many of our small volunteer agencies already support multiple municipalities (typically 4 to 6 municipalities



each). This would encourage more collaboration between communities to regionalize their staff and support the proper level of funding.

Support for Assembly Bill 198: Funding for EMS Education

Assembly Bill 198 addresses our workforce crisis head-on by providing funding for EMS training and reimbursing tuition and materials for students pursuing EMS licensure.

EMS recruitment has never been more difficult. With educational costs as a significant barrier, this bill not only incentivizes getting into EMS as a profession but also strengthens the quality and readiness of our next generation of EMS providers. The EMS workforce is in crisis with every EMS agency recruiting anywhere they can, there are just not enough licensed EMS professionals to fill this gap. This investment will not only help increase the local workforce of EMS professionals but also increase the number of community members capable of responding effectively during emergencies, thereby enhancing the overall resilience and safety of Wisconsin communities.

Support for Assembly Bill 199: Medicaid Reimbursement for Non-Transport Calls

Currently, EMS agencies receive only a minimal Medicaid reimbursement of \$68.32 for non-transport calls and only when a patient assessment is performed and has not refused. This reimbursement falls significantly short of the actual costs with deploying 911 medical response, which includes staffing, vehicle readiness, equipment, and operational overhead. As a result, this financial gap is often subsidized either by the unpaid labor of dedicated volunteers, further contributing to burnout and staffing shortages or through increased tax burdens placed on the local residents to keep their EMS agencies sustained. Assembly Bill 199 is essential to address this imbalance by ensuring compensation for services already rendered.

Conclusion

Together, Assembly Bill 197, 198, and 199 all work towards stabilizing funding and strengthening our workforce. On behalf of EMS providers, directors, educators, and most importantly, on behalf of the communities that we serve, I urge this committee to support these bills and champion their swift passage before any more departments close or further cuts are made.

Respectfully submitted,

Alan DeYoung, MHA, MS

Executive Director

Wisconsin Emergency Medical Services Association (WEMSA)

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April 23, 2025

Wisconsin Assembly Committee on State Affairs
Attn: Chairperson Representative Rob Swearingen
Wisconsin State Capitol
2 E Main Street
Madison, WI 53702

Dear Chairperson Swearingen;

Thank you to the committee for working to improve Emergency Medical Services in Wisconsin.

I serve as the Rural EMS Outreach Program Manager at the Wisconsin Office of Rural Health (WORH). The Rural EMS Outreach program works with municipalities and their Emergency Medical Services (EMS) providers to develop reliable and sustainable emergency response systems. WORH conducts research related to EMS response in Wisconsin.

EMS in Wisconsin is a function of local municipal government. This is a complex service, and many communities struggle to provide EMS in a consistent and sustainable way. I would like to share some data on Wisconsin's EMS system:

WORH Ambulance Reliability Study

In March 2023, WORH released a study of Wisconsin's ambulance reliability (<https://worh.org/project/ems-reliability-report-march-2023/>). This demonstrated 41% of Wisconsin's ambulance services were not continuously staffed as required. The study identified significant challenges with staffing, finances, and access to training which created significant deficiencies including long response times and even identified at least 10 communities where ambulances never arrived. These issues were present in all regions of Wisconsin.

Recommendations from the study included:

- 1. Implementation of sustainable recurring funding sources for municipalities to fund their ambulance providers.**

Many ambulance providers are transitioning from volunteer to paid services, and this requires a significant increase in funding. Billing for services pays a portion of these costs with the municipalities covering the remainder.

- 2. Implementation of sustainable recurring funding for workforce development.**



Funding is needed to ensure training centers can offer licensing and certification training in smaller class sizes and in remote locations.

Source: Wisconsin Office of Rural Health Ambulance Reliability Study (2023)

Studying EMS Workforce

Last year, WORH collaborated on a study of Wisconsin EMS agencies conducted by organizational behavior researchers Dr. Katie Badera of the Georgia Institute of Technology and Dr. Danielle Tussing of the University at Buffalo. Data was provided by 887 EMS responders in 82 Wisconsin agencies.

Key findings include:

- 1. EMS responders experience a significant decrease in their well-being over time. Well-being includes measures of emotional exhaustion, stress, and work/life conflict. Responders with 10 or more years of service reported well-being measures nearly 30% worse than responders with less than three years in EMS.**
- 2. A troubling number of responders are reporting very high levels of emotional exhaustion (13.5%), stress (17.2%), and work-life conflict (9.4%). Between 1 in 6 and 1 in 10 of responders reported troubling measures related to their well-being.**
- 3. Managers have significantly worse well-being measures than non-managers. Measures related to emotional exhaustion (27.6%), stress (32.1%), and work-life conflict were all significantly higher than those reported by non-managers.**
- 4. EMS Responders reported very low intention to leave the industry. A very low number (3.7%) had high measures of turnover intention**

Source: Wisconsin EMS Leadership Study (2025)

Overall, this study tells us our EMS providers are extremely dedicated to their vocation, yet they have a dire need of both mental health support and organizational improvement on which to build their careers.

Examination of Wisconsin EMS Licensing Data

WORH recently studied retention in the EMS field. We compared lists of EMS licenses that are representative of the 2014, 2016, 2018, 2020, and 2023 re-licensure periods. We looked at how many licenses were retained during the periods, and how many new licenses entered the



workforce. This did not consider if the licensee was working for a service. It was observed that over 3,000 license holders are not currently working with an EMS agency.

Key findings include:

1. **53% (10,030) of those licensed in 2014 were no longer licensed in 2023.**
2. **13,700 individuals left licensure during this period. This number is representative of 76% of the total workforce (Est. 18,000 licensees).**
3. **Approximately 12,400 new responders received licenses during this period. This is representative of 69% of the workforce.**
4. **The most significant periods of nonrenewal were 2016 (4,915) and 2020 (3,566).**

Source: Wisconsin Department of Health Services EMS Licensing data

Conclusion

In conclusion, to deliver reliable and sustainable EMS response, we need to ensure ongoing sustainable funding sources for operations, capital purchasing, and workforce development.

Working in EMS negatively impacts the well-being of emergency responders, and this stress accumulates over time. While responders report low turnover intention, maintaining a sustainable workforce for the future requires training large numbers of people. It is possible that although EMS providers enjoy working in EMS, ultimately the stressors inherent to the field lead them to leave the industry. Achieving reliable EMS response throughout Wisconsin requires significant investment in workforce development and improving funding sources that support community response systems.

Thank you for the time and attention that the Wisconsin Legislature is giving to solving the challenges to safe, reliable, and valued EMS service delivery in our state.

Sincerely,

James Small

Rural EMS Outreach Program Manager

Wisconsin Office of Rural Health

University of Wisconsin School of Medicine and Public Health

The Reliability of Wisconsin's 911 Ambulance Response



March 2023



WISCONSIN OFFICE OF
Rural Health

The Reliability of Wisconsin's 911 Ambulance Response

Executive Summary

In the fall of 2022, the Wisconsin Office of Rural Health conducted an assessment of the reliability¹ of the state's 911 ambulance response. A survey was sent to all EMS agencies that provide emergency ambulance services and 216 EMS Service Directors responded (60% of those invited to participate). Responses revealed that the ambulance response system in many communities is under severe strain and in critical need of immediate intervention. The primary issues affecting reliability were identified as inadequate staffing and a lack of financial resources to address staffing and other operational needs.

KEY FINDINGS:

- **The strain on reliability is a state-wide issue.** Staffing and funding challenges are being experienced by agencies in every region, by agencies in rural and urban areas, and by agencies utilizing both volunteer and paid staff.
 - EMS agencies in rural areas and those that utilize a volunteer staffing model have the greatest risk of reliability issues.
- **Many EMS agencies lack adequate numbers of personnel to staff their ambulances,** increasing the risk of being unable to respond to 911 calls. In the past 12 months:
 - 41% of EMS agencies reported that they had periods in their schedule where they did not have adequate staffing to respond to a request for an ambulance response.
 - 78% had responded to another agency's request for mutual aid due to a lack of staffing at the first EMS agency.
 - 41% are operating with six or fewer staff members providing 80% of staffing hours.
- **Many EMS agencies lack financial resources to meet their operational needs.**
 - 29% lack funding to pay their projected expenses in 2023.
 - 38% of services anticipate seeking additional funding in the next year such as with a referendum.
 - The most frequently cited funding challenges included insufficient reimbursement from CMS, limits on municipal funding, lack of sustainable funding, and increased costs due to increasing call volume and inflation.

¹ EMS system reliability is the ability to provide an ambulance response to a 911 request for service 24 hours per day.

Introduction

Emergency Medical Services (EMS) are a critical component of healthcare that provide immediate medical attention to people in emergency situations. Wisconsin's EMS ambulance service providers respond to 911 requests for emergency healthcare outside of healthcare facilities and are tasked with providing high-quality patient treatment and transport.

Recently, there have been anecdotal reports of local EMS agencies being unable to respond to requests for service 24/7/365 (24 hours per day, seven days per week, 365 days per year). Additionally, there have been reports of agencies in significant financial and operational distress, leading to concerns for their future ability to respond to calls. To get a better understanding of what is happening and why, the Wisconsin Office of Rural Health sent a survey to all EMS agencies in the state that provide 911 transport as their primary service.

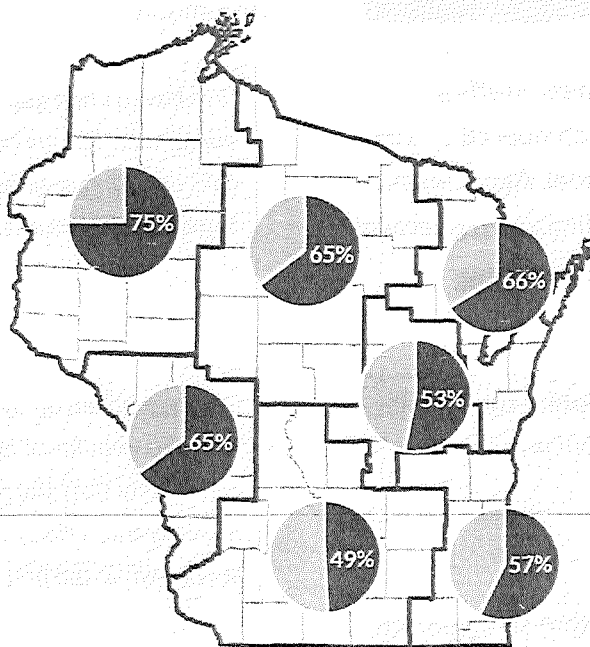
The survey sought to assess the ability of EMS agencies to respond to calls for service and gave Service Directors the opportunity to share their experience and expertise.

The survey was sent to 361 EMS agencies in Fall 2022 and 216 Service Directors submitted responses (60%). Responses were received from a majority of agencies in all regions of the state, except one. See Appendix for more information about survey methods, representativeness of responses, and respondent characteristics.

A NOTE ABOUT THE REPORT

Many quotes from responding Service Directors are included in the report. Efforts were made to utilize comments that reflected sentiments from numerous respondents, not just one. Efforts were also made to remove all potentially identifying information from the quotes.

Response by WARDS Elite Region*



*Wisconsin Ambulance Run Data System

Ambulance Availability

EMS system reliability is the ability to provide an ambulance response to a 911 request for service 24 hours per day. This requires ensuring a crew of at least two emergency medical responders 24/7/365, which requires 17,520 hours of annual staffing coverage. Ambulance service providers are at risk of being unable to respond to 911 calls when they don't have enough providers to staff an ambulance, when they rely on a small number of providers to cover most of their calls, and/or when their assistance to nearby EMS agencies removes them from their community.

STAFFING THE FIRST AMBULANCE

When there are not enough providers to cover the staffing of an ambulance, the ambulance is considered unavailable, and the agency cannot respond to 911 calls. An agency could have many scheduling gaps throughout a year without missing a call, however, the risk of being unable to respond to a call is one most communities would rather not take. While 59% of agencies reported no gaps in availability of ambulance service, **41%** reported they experienced periods when a legal crew was not available on one or more days in the past 12 months.

41% of EMS agencies reported gaps in ambulance availability on one or more days in the past 12 months

Among EMS agencies using a volunteer staffing model, **63%** reported service gaps, compared to 15% of agencies using a paid staffing model. Agencies that rely on volunteers reported struggling with coverage due to the lack of staff on site and competing priorities, i.e., paid jobs.

"We are in crisis mode trying to protect the people of our town. We are doing our best, but my crew members work during the day."

But it's not just volunteer agencies that struggle with coverage. Agencies with paid staff pointed out that

they are only able to provide coverage by paying large amounts of overtime.

"Though our service strives (successfully) to maintain 24/7/365 coverage, it doesn't come without conflict or exorbitant costs...we have had to pay extreme overtime costs and bonuses to compensate our personnel for maintaining adequate coverage."

STAFFING ADDITIONAL AMBULANCES

48% of agencies have more than one ambulance and some are struggling to staff those additional ambulances. Many Service Directors expressed their concerns about being able to respond to calls that come in while the first ambulance is out in the community.

"We haven't had gaps in coverage of the first ambulance, but we have come close. However, second calls are difficult to cover and the second emergency is just as important as the first."

"We have given up over 40 calls this year because the first ambulance is busy and we are not able to completely staff the second. We would be hard pressed Monday thru Friday to staff a serious call for EMS service while the first unit is out."

SMALL ACTIVE ROSTER

Staffing an ambulance 100% of the time requires approximately seven full-time equivalent employees using traditional 24-hour shifts. Although most EMS agencies have staff rosters with seemingly more than enough staff to cover shifts, a large proportion of agencies are only utilizing a few of those roster members to cover the majority of their calls. This puts the agency at risk of ambulance service outages if one of those “core staff” gets sick, sustains an injury, goes on vacation, etc.

41% of EMS agencies rely on 6 or fewer staff to respond to 80% or more of calls

Of those who responded to the survey, **41%** of EMS agencies rely on six or fewer staff to cover the 80% or more of their calls, including **21%** that rely on 2-3 staff to cover the majority of scheduled shifts. Over half (**55%**) of rural agencies rely on six or fewer staff (compared to only 17% of urban agencies) and **62%** of volunteer agencies rely on six or fewer staff (compared to 16% of paid agencies).

“One agency in our county has the same person running every single ambulance call they get. The minute she quits, that agency will fold up; a neighboring provider will have to come in and pick up the slack. Nobody can take on any more calls, and we are all operating at max capacity.”

“I try to fill in as many shifts as I can and my average on call time is over 200 hours every 2 weeks. I also have a 75 year old woman putting in an average of 120-150 hours every 2 weeks which is a lot for her but we are trying to keep our ambulance a float and doing what we can.”

RESPONDING TO OTHER'S CALLS

When an ambulance is unavailable, 911 calls are rerouted to neighboring communities. Other EMS agencies are then tasked with responding, making that ambulance unavailable in its home community, where a 911 call may come in while it is away on the call.

78% of EMS agencies provided an ambulance response for a neighboring agency in the past 12 months due to the neighboring agency being unable to staff their primary ambulance

Service Directors from all over the state expressed concerns about their increasing dependence on other agencies to respond to their calls. On top of the staffing issues mentioned above, agencies are seeing increased call volumes, which puts added strain on their already-thin resources.

“We are providing mutual aid multiple times each day. We will exceed 1,300 mutual aid calls where we responded to our neighboring services this year. Our team is tired, and our own volumes continue to go up and it is getting tougher to maintain this level because it has been nonstop since 2020.”

Reliability Challenges

Simply put, the reliability of ambulance service response depends on people and funding. Service Directors identified the issues below as the top challenges they experience when it comes to reliability.

STAFFING ISSUES

Reliance on non-obligated staff, i.e. volunteers – EMS agencies have trouble covering the schedule with staff that can choose when they work, and can't be required to cover certain shifts. These staff often have full-time jobs and are not available for large portions of each day.

"The volunteer commitment is no longer a sustainable solution to EMS staffing. We have more volunteers than before but have less hours committed by each volunteer annually. We beg our volunteers to cover more hours, but many get frustrated and quit if we push them too hard."

51% of EMS agencies have crew rosters with 75% or more volunteers

Dwindling provider pool – Service Directors throughout the state reported challenges with recruiting new volunteers into the agency. The most often-cited reasons were an economy that requires people to maintain full-time (paid) jobs and the large burden of responsibility placed on emergency medical providers who receive no or very little compensation.

"Despite the numbers above, we are finding it more and more difficult to staff our ambulances. Without our full-time paid staff, it would be impossible. Volunteers are nearly impossible to find and even finding paid staff is difficult at best. At least 1 of our staff is at or above retirement age. The next 5 years are not looking good."

Aging provider pool – A common theme among comments from Service Directors was the age, and aging, of their crew members and the concern that there are not enough providers to replace them as they retire.

"We are able to provide coverage at this time but staff are all aging and no new staff want to join the service. In the coming future I don't know if we will be able to staff our ambulance as staff gets older and leave the service."

Training challenges – The most frequently-mentioned challenges associated with obtaining the training required for licensure were:

- **Distance** – **73%** of rural agencies reported having to drive over 30 minutes to the nearest training center and several agencies mentioned having to drive 50-75 miles, each way.
- **Availability of classes** – Rural agencies frequently cited frustrations with cancelled classes when the class size is too small and volunteer agencies struggle with classes that are only available during the day (which are normal working hours).

Reliability Challenges, continued

"We need better access to quality in-person training resources. Our closest regional training center is 50 miles from our station. That is a hurdle we can overcome but if the course does not meet minimum class size and is cancelled, we often struggle to find alternatives. Not all students are capable of online learning coursework – some lack reliable internet access at home and others don't thrive in the online learning environment."

FUNDING ISSUES

While EMS is a critical component of the healthcare system, Wisconsin's EMS providers are distinguished from the general healthcare system in that EMS is a function of local government (municipal or county). EMS is provided to the public directly by government-employed medical providers or by government-contracted medical providers. In contrast, the remaining healthcare system is a function of privately-owned entities.

This impacts their funding – of the agencies that responded to our survey, **90%** are receiving at least some, if not all, funding from their municipality. This makes revenue for EMS agencies dependent on the ability of local government to carve money out of already-stressed budgets serving a multitude of needs. One of the few tools for municipal leaders to find more revenue is to levy taxes on local properties. However, the ability to levy taxes is presently limited to annual increases of 2% absent a local referendum.

Other funding comes from billing for medical services, grant programs such as the EMS Funding Assistance Program, administered by the Wisconsin

Department of Health Services, and local community fundraisers.

In recent years, reimbursements from Medicare and Medicaid have increased and Wisconsin has increased funding to the Funding Assistance Program and implemented a one-time EMS Flex Grant program. All of these increases occurred prior to this survey being conducted and the responses collected reflect these additional funds.

Similar to the identified staffing issues, the funding issues Service Directors discussed are complex and interdependent. The most frequently cited issues were:

- Insufficient reimbursement from Medicare and Medicaid
- Levy limits on municipal funding
- Lack of sustainable funding (e.g., one-time grants, fundraisers)
- Increased costs due to increasing call volume and inflation

Nearly 30% of EMS agencies report that their current financial resources are not sufficient to cover next year's projected costs and **38%** said they anticipate seeking new sources of funding, such as referendums, in the next twelve months. The implications of inadequate funding directly impact Wisconsin's communities.

"We continue to have to cut replacement equipment and training out of our budget to keep up with increased ongoing staff costs, and this is just current staff, there is no way to get more staff in our restricted budget."

Reliability Challenges, continued

"Unfortunately, the current funding mechanisms do not allow raising wages to meet the cost of inflation. Also, we are noting the incredible difficulty in maintaining funding to maintain our equipment. Without changes to our funding mechanisms, we will be forced to reduce services."

"We will go out of service if things don't change."

Service Directors are Asking for Help

EMS providers care about the communities they serve and many are looking for ways to overcome the challenges they are experiencing. **Almost 90%** of the Service Directors that responded to the survey provided contact information and asked for help in addressing a specific reliability challenge. Consistent with the findings above, these requests centered around staff recruitment, training, and funding strategies.

Future Reliability

Wisconsin's EMS' current reliability is exhibiting major strains and the future is looking tenuous. Unreliable EMS response can ultimately lead to failure to respond to an emergency at all, putting patient lives at risk. In the past year, ten (10) EMS agencies reported that the communities they serve requested an ambulance and an ambulance never arrived due to lack of availability of a staffed ambulance. This may just be the beginning of calls that go unanswered, as **69%** of agencies are worried that they will be unable to adequately staff their primary ambulances sometime in the next year.

"We cannot continue as we are with casual staff that do not get full time pay and benefits-all of our staff need to maintain other full time employment-our run volume has increased to what will be near 1,000 runs in 2022 which has significantly risen over the past several years-a large burden on casual staff that only gets minimal call time and a set amount for an hourly wage on actual calls. They are amazing, however there is a breaking point that will come."

"EMS is heading into an era of unsustainability."

The wages are unable to compete even hardly with Culver's as the reimbursement for EMS is so terrible for Medicare which is a huge chunk of our patients. Our agency needs funding (which is impossible to find), employees (also impossible to find) and improvement in training and resources. As a rural ambulance service, we are highly relied upon by our community and the thought of losing our ambulance service in the next 2-4 years is frightening."

69% of EMS agencies are worried they will be unable to adequately staff their primary ambulances in the next year

RECOMMENDATIONS

In order to improve ambulance response reliability, the State of Wisconsin should consider the following recommendations:

1. Implement sustainable, recurring funding for EMS support

- a. Implement sustainable recurring funding sources for municipalities to fund EMS – There is a demonstrated need to develop sustainable recurring funding to ensure that communities can adequately fund their EMS agencies, including funding sufficient for the addition of paid staff. Services using paid staff are significantly more likely to maintain 24/7 availability.
- b. Implement sustainable recurring funding for Workforce Development – Create sufficient recurring funding to ensure that training centers can offer licensing and certification training in smaller class sizes and remote locations to serve the needs of all communities. Employer-funded training is needed to remove a barrier to entry into EMS occupations.
- c. Ensure sustainable recurring funding to the Department of Health Services' EMS Section in their efforts to assist EMS agencies throughout the state. This regulatory body provides oversight to the agencies and training centers, but at current staffing levels they can only address the most serious infractions – not smaller ones, nor proactively provide assistance to avoid infractions. Adding staffing here creates positions that can help struggling services, and build pathways to better operations and higher quality care.

2. Make statutory changes to create accountability

- a. Remove inconsistency in the Wisconsin statutory requirements for local government where Towns “shall” provide ambulance coverage, as opposed to Villages and Cities that “may” provide for ambulance services. This currently produces a lack of consistent accountability for ensuring service in communities.
- b. Develop a system of accountability where municipalities are required to ensure reliable ambulance service in order to receive funding related to providing those services.

Appendix - Methods

ASSESSMENT TOOL

The survey was designed by the Office of Rural Health with feedback from subject-matter experts from Wisconsin Department of Health Services, Wisconsin EMS Association, Wisconsin State Fire Chiefs Association, and Wisconsin Regional Trauma Advisory Council.

PARTICIPANT ELIGIBILITY

A list of all licensed EMS agencies was obtained from the Department of Health Services via a public data request in July 2022. Services from that list were invited to participate in the study if their primary type of service was listed as 911 transport. The final number of services that were invited to participate was 361. This included six agencies that are located out of state but provide 911 response in Wisconsin.

SURVEY DISTRIBUTION

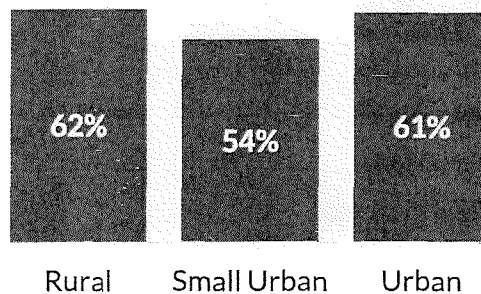
The survey was distributed electronically in Fall 2022. Two electronic reminders were sent as well as a postcard sent via US Post. In addition, regional coordinators from the Healthcare Emergency Readiness Coalitions were given lists of non-responding agencies and asked to encourage agencies in their regions to complete the survey.

RURAL DEFINITION

EMS agencies were designated as “rural”, “small urban”, or “urban” using the [Municipal-level Urban-Rural Classification](#) system developed by the Wisconsin Office of Rural Health.

- **Rural** – Agencies in municipalities (cities, towns, or villages) with populations smaller than 9,999 and located more than 25 miles from a population center (defined as a municipality with a population over 50,000) were designated as “rural”.
- **Small Urban** – Agencies in municipalities with populations smaller than 9,999 and located within 25 miles of a population center or in municipalities with populations larger than 10,000 and located more than 25 miles from a population center were designated as “small urban”.
- **Urban** – All other agencies were designated as “urban”.

Survey response by rurality:

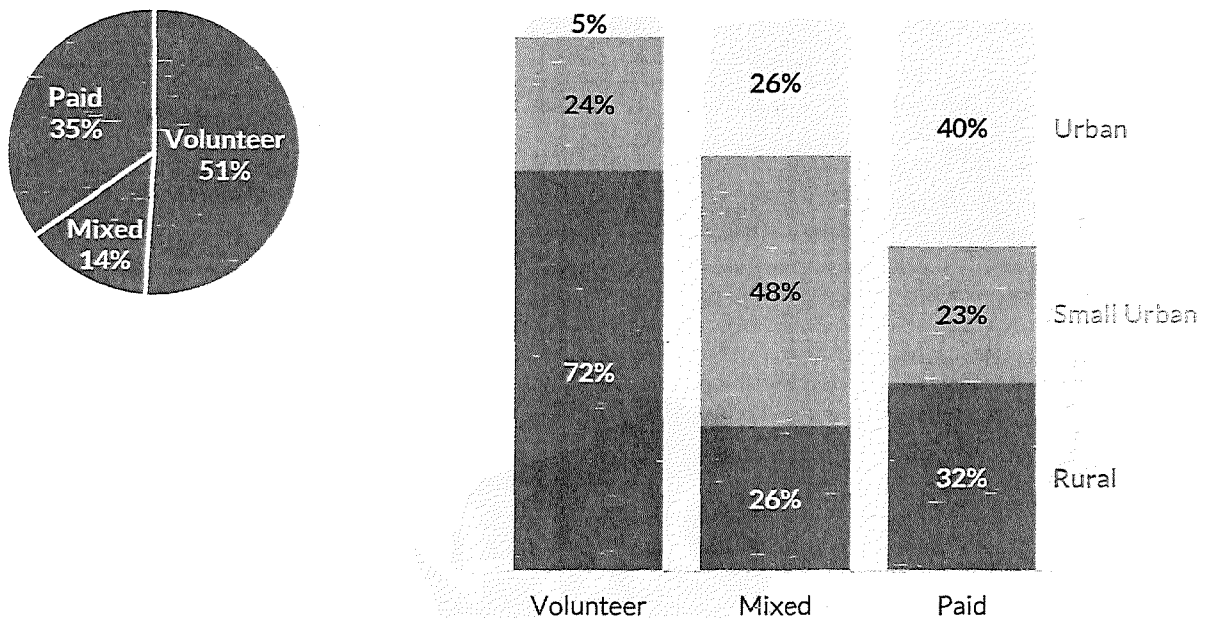


EMS STAFFING MODELS

EMS agencies in Wisconsin use three general staffing models. These staffing models were used to interpret and understand responses to the survey.

- **Volunteer Model** – A volunteer is generally considered a medical provider that receives no monetary compensation or a minimal stipend per call. For the purpose of this report, services that reported that 75% or more of their roster is volunteer or paid-on-call were considered as operating under a “Volunteer” model.
- **Mixed Model** – EMS agencies using this model utilize a combination of volunteer and paid staff (part-time and full-time) to fill their rosters. In this report, services in this category reported rosters with 26%-74% volunteer staff.
- **Paid Model** – This staffing model includes paid part-time and paid full-time staff. Services in this category reported 75% or more paid part-time or paid full-time roster members.

Wisconsin’s EMS system has a long history of relying on volunteers to provide medical care to its residents. Currently, over 50% of agencies use a volunteer staffing model and the majority of those services (72%) are rural:



Acknowledgement

This study was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$878,356 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Contact Information

Please direct question regarding this report to James Small, Rural EMS Outreach Program Manager at small5@wisc.edu.



WISCONSIN OFFICE OF
Rural Health



VILLAGE OF WINNECONNE

The Community of Opportunity

30 South First Street - P.O. Box 488 - Winneconne, Wisconsin 54986-0488 - 920-582-4381

www.winneconnewi.gov

To: Senate Health and Assembly State Affairs Committees

From: Logan Fuller, Village of Winneconne Administrator

RE: EMS Legislative Package - SB 181/AB 197, SB 182/AB 198, and SB 183/AB 199

Committee Chairs, Vice Chairs & Members,

Thank you for the opportunity to provide my testimony and express my strong support for the proposed EMS legislative package under review today.

My name is Logan Fuller, and I serve as the Village Administrator for the Village of Winneconne, just a ten-minute drive west of the larger municipalities of Oshkosh and Neenah. Like many communities throughout the Fox Valley, Winneconne is home to small and mid-sized manufacturers, local businesses, scenic waterways, and excellent schools.

These unique features have made our village increasingly attractive to residents from nearby urban centers, driving significant growth in recent years. Demand for new housing is at an all-time high, investors are eager to begin development, and land acquisition remains a key focus of our economic development strategy.

Despite this momentum, the pace of growth is not fast enough to offset rising variable costs, particularly those associated with emergency medical services (EMS). As my colleagues have noted, Winneconne partners with the City of Oshkosh for ambulance service. The level of care provided by Oshkosh firefighters and paramedics has been exceptional. However, since 2023, our EMS costs have increased by roughly 1,000%, placing an unsustainable burden on our general operating budget.

This kind of cost volatility makes it extremely difficult to build accurate, data-driven forecasts. Every dollar in our budget must be accounted for based on community needs, and such unpredictable spikes undermine our ability to plan responsibly and transparently.

We are not asking for a free ride; our community fully expects to pay its fair share. However, these current cost-recovery models force us to consider reducing or eliminating essential



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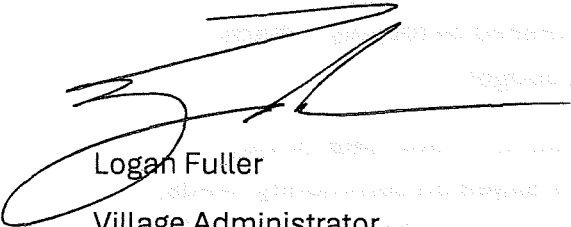
services such as police, public works, and parks due to state-imposed levy limits. Our operating budget can only grow through net new construction or by taking on additional debt. Even if EMS costs were to stabilize, we still have to find creative ways to keep pace with inflation.

Roughly 75% of a municipal operating budget is tied to personnel. As competition for talent intensifies, especially in the public sector, our ability to attract and retain skilled professionals is further challenged by these financial pressures. The right people in key roles are critical to ensuring effective-service delivery and responsible stewardship of taxpayer dollars.

When I assumed this role, the Village was operating with a structural & fiscal deficit, limited accountability, and declining public trust. In just 18 months, we've achieved a balanced budget, built a strong general fund reserve, lowered debt obligations to under 50%, and reinvested in infrastructure through sound capital planning. This progress underscores how impactful the right leadership and professionals can be. Conversely, poor leadership can quickly set a community back as we've seen across all levels of government.

Passing this bill would provide communities like ours with greater cost predictability for vital EMS services. It would promote accountability in service partnerships, prevent price gouging, ensure fair compensation for providers, and enhance our ability to attract and retain top talent, ultimately strengthening both the capacity and quality of the services we offer. It is a necessary step toward protecting essential local services while respecting the fiscal limitations we all face.

Very Respectfully,



Logan Fuller

Village Administrator

Village of Winneconne

920.312.4281



P.O. BOX 399
205 S. Webster Avenue
Omro, WI 54963
(920) 685-7000

To: Senate Health and Assembly State Affairs Committees
From: Brandon Hennes, MBA, City of Omro Administrator
RE: EMS Legislative Package - SB 181/AB 197, SB 182/AB 198, and SB 183/AB 199

Committee Chairs, Vice Chairs, and Members,

Thank you for the opportunity to speak with you today. My name is Brandon Hennes, and I serve as the City Administrator for the City of Omro, a small but proud community in Winnebago County. I am here to testify in strong support of Senate Bills 181, 182, and 183 and their companion Assembly Bills 197, 198, and 199. Together, these bills represent a meaningful response to the growing crisis in emergency medical services (EMS) delivery across Wisconsin.

Omro, like many small municipalities throughout the state, faces the mounting challenge of delivering essential EMS under increasing financial pressure. Since 2023, our cost to provide EMS services has risen by 767%. We have gone from a per capita cost of just \$3.60—totaling a budget of \$13,250—to a current 2025 per capita cost of \$31.20 and a total EMS budget of \$113,225. The projected 2026 per capita provided by the City of Oshkosh is \$37.77 totaling \$137,067, just under a 1,000% increase. These increases, while shocking, reflect a trend we are seeing across Wisconsin: EMS services are becoming more expensive, more complex, and harder to sustain under the current system.

Currently, Omro is part of a ten-municipality service agreement with the City of Oshkosh. This partnership exemplifies the kind of regional collaboration that the legislative package before you seek to encourage. It's a clear, local example of how intergovernmental cooperation can lead to more efficient service delivery, stronger staffing models, and better outcomes for residents. But even with this partnership in place, the financial burden continues to grow—and levy limits leave us with few options.

That's why **SB 181 / AB 197** is so critical. By creating a levy limit exemption for EMS districts that serve a large geographic area or multiple municipalities, the bill provides a realistic path forward for communities like Omro. Under current law, municipalities are allowed to increase their levy based on net new construction. In Omro's case for 2025, that amounted to 0.878% this year, an increase of only \$13,110. Meanwhile, our EMS costs alone jumped by nearly \$100,000. With these constraints, we began building our 2025 budget not by planning for growth or investment, but by identifying what we might have to cut—despite needing to maintain, and even expand, core services like EMS.

This bill mirrors the intent and spirit of the Wisconsin Innovation Grant Program, which incentivizes shared service models and intergovernmental partnerships to drive efficiency and manage costs. It recognizes that cooperation—rather than duplication—is the future of sustainable local government.

The second bill, **SB 182 / AB 198**, addresses the human side of this crisis: the need for more trained EMS personnel. By funding grants to technical colleges and creating a tuition reimbursement program for individuals seeking certification, this bill removes key barriers that prevent people from entering or advancing in the EMS profession. The Live 911 pilot program included in this bill is an exciting technological innovation that could vastly improve response times and coordination in emergencies, especially in rural areas.

Finally, **SB 183 / AB 199** deals with fairness and long-term sustainability. By increasing Medicaid reimbursement for non-transport EMS calls, it acknowledges that our responders provide valuable and often lifesaving services even when transport isn't required. It also creates a framework for continuously evaluating the EMS scope of practice and its training implications and ensures that shared-service districts are not penalized under the Expenditure Restraint Program for working together to save lives.

Collectively, these bills recognize the urgent challenges we face, while providing the tools, flexibility, and resources local governments need to meet them. They reward innovation, support regional cooperation, and strengthen the EMS workforce, which are essential for safeguarding the health and safety of Wisconsin residents. Most importantly, they acknowledge what those of us in local government have known for years: that municipalities can do more when they are allowed to work together, plan, and adapt to local realities.

On behalf of the City of Omro and small communities across Wisconsin, I respectfully urge you to support these bills and invest in the future of EMS in our state. Thank you for your time, your leadership, and your commitment to public service.

Sincerely,

A handwritten signature in black ink, appearing to read "Brandon Hennes", with a long, sweeping horizontal line extending to the right.

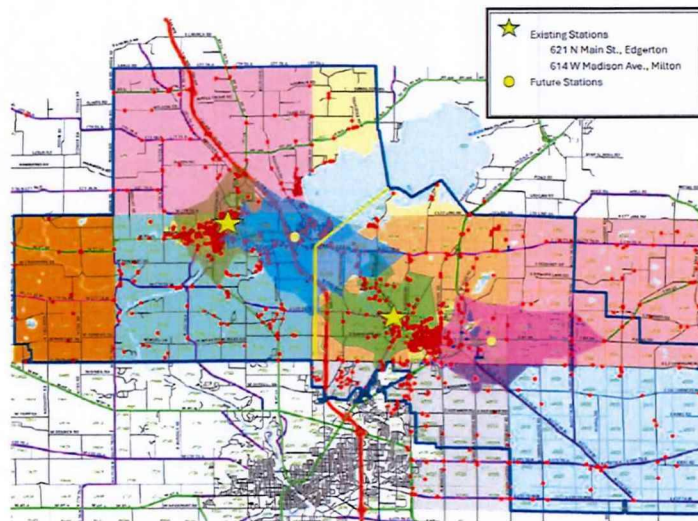
Brandon Hennes, MBA
City Administrator
City of Omro
920-685-7000

Lakeside Fire-Rescue

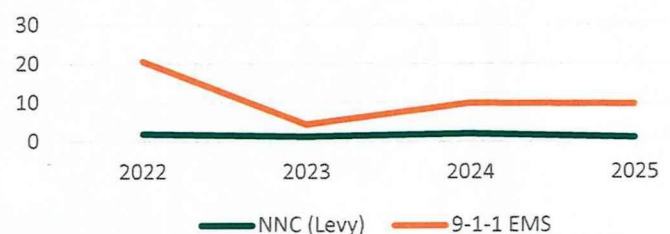
*The Integration of Edgerton and Milton Fire Departments
serving the region since 1883*

Lakeside Fire-Rescue is part of the Edgerton Fire Protection District which was expanded in 2023:

- The Department provides Fire and Paramedic-level EMS service to all or part of 11 municipalities across predominantly rural portions of Dane, Jefferson, and Rock counties
- Protects 220 square miles and 25,000+ permanent residents, and welcomes an additional 13,000-15,000 on weekends and holidays
- Includes residential, business and industry worth \$3.4 billion in equalized value
- We are a combination fire-EMS service with 43 part-time and 27 full-time members
- We operate a highly successful High School Cadet program and College Intern program
- Responds to over 2200 9-1-1 requests for service annually, including:
 - 19.8 miles of Interstate 39/90 which acts as the gateway to the State and beyond
 - 4th largest inland lake in the state
 - 4 highly used navigable recreational rivers and creeks
 - Largest Solar Farm in Rock County, and soon to be one of the largest in the Midwest
 - 2 high pressure natural gas pipelines, and 1 crude oil pipeline
 - 22.6 miles of national high-tension power grid



Year	Increase in EMS Incidents	Levy Increase allowed under Levy Limits
2021		0.876%
2022	20.7%	1.826%
2023	4.32%	1.186%
2024	9.80%	1.974%
2025	YTD = 9.62%	1.02%



Marshfield Fire and Rescue Department Overview

Marshfield Fire and Rescue Department (MFRD) is a dedicated career fire and rescue service comprised of 37 sworn members operating from a single station with a fleet of five ambulances. The department provides comprehensive fire, emergency medical services (EMS), as well as technical rescue capabilities.

Service Area and Call Volume

MFRD directly serves the City of Marshfield (population 19,094) and provides EMS coverage to an additional 13 surrounding towns and villages, encompassing a total population of 31,703 across an approximate 350 square mile service area. We respond to approximately 4,000 calls annually.

Limited Growth and Inflationary Pressures

The economic realities facing our community and the broader EMS landscape are creating a precarious situation that threatens our ability to consistently deliver the high-quality, life-saving care our citizens deserve.

While I do not have specific growth data for the outlying communities, the City of Marshfield has experienced limited net new growth in recent years limiting our ability to increase funding:

- **2022:** 0.5% growth alongside an approximate average inflation rate of 6.5%.
- **2023:** 0.7% growth with an approximate average inflation rate of 4.1%.
- **2024:** 1.0% growth while the inflation rate was 2.9% (Source: Google).

These figures highlight the challenge of maintaining operational capacity in an environment of rising costs and minimal financial growth. We are diligently working to maintain our operational capacity amidst a climate where the cost of essential resources – from fuel and medical supplies to vehicle maintenance – continues to escalate, eroding our purchasing power and stretching our already lean budget.

EMS Staffing and Financial Sustainability


The consequences of this financial pressure are not abstract; they are tangible and directly impact our ability to serve. In 2022, MFRD EMS experienced a loss of three personnel due to budgetary constraints. Just this month, a referendum was necessary to address the inability of the existing budget to support the rehiring of these positions. We are thankful that our citizens recognized the need to return to our previous staffing levels. While the department anticipates returning to full staffing in 2026 following the successful referendum, we cannot, and should not, depend on the uncertainty of referendums to ensure the basic operational readiness of our emergency medical services. Consistent, reliable funding is paramount.

EMS Reimbursement Challenges

Adding to this critical challenge is the fundamentally flawed system of EMS reimbursement. A significant financial hardship for EMS agencies arises from the stark disparity between the cost of providing essential medical services and the inadequate reimbursement rates received. Due to mandatory write-offs and Medicare/Medicaid discounts, the department currently recovers approximately 40% of its billed charges. This persistent gap between service costs and revenue severely strains our financial stability.

Therefore, I urge you to support Senate bill 181 and Assembly bill 197 as well as Senate bill 183 and Assembly bill 199. Both sets of bills would increase much needed funding for the EMS industry.

Furthermore, we also support Senate bill 182 and Assembly bill 198, which recognize the fundamental importance of investing in the future of our workforce through financial support for emergency medical services education, tuition, and essential learning materials. A well-trained and highly skilled EMS workforce is the bedrock of our industry, and these bills will help maintain a pipeline of qualified professionals ready to answer the call.


Marshfield Fire & Rescue

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MAHLON MITCHELL
STATE PRESIDENT

RYAN HINTZ
STATE VICE-PRESIDENT

STEVE WILDING
STATE SEC. / TREAS.

April 23, 2025

To: Members of the Senate Committee on Health and Assembly Committee on State Affairs

Re: Support for Senate Bills 182,183 and Assembly Bills 198,199

From: Jerry Biggart, President-elect on behalf of the Professional Fire Fighters of Wisconsin

Thank you for the opportunity to provide testimony in support of this important legislative package, and thank you Representatives Tony Kurtz, Todd Novak, Rob Summerfield, Shannon Zimmerman and Senators Howard Marklein and Jesse James and others for bringing this package forward.

My name is Jerry Biggart, and I am here today as President-elect for the Professional Fire Fighters of Wisconsin. I am glad to offer support for these proposals because they will begin to address the significant challenges with funding and staffing impacting Emergency Medical Service providers in urban and rural areas across Wisconsin.

Senate Bill 182 and Assembly Bill 198

In communities throughout Wisconsin we are seeing less and less interest in providing field emergency medical care. Senate Bill 182 and Assembly Bill 198 will remove barriers that currently exist to enter the field and will aid prospective EMTs, or their agency, with the costs of the education.

Under the bill, a student must successfully complete all aspects of the class, become certified or licensed to provide care, and then submit for the reimbursement. The opportunity to have this public service education reimbursement will greatly assist with recruiting and retaining EMS practitioners throughout Wisconsin and will be of great significance to both career and rural services.

This legislation is an excellent marketing and support tool that will help ensure the next generation of EMTs. This is a tool designed to attract people to the career of service, and in many cases, these are individuals who are volunteering their time to their communities. Without this legislation communities will continue to struggle to provide both career and rural services.

Senate Bill 183 and Assembly Bill 199

Ground ambulance (EMS) and EMTs show up when our citizens call 911. This is a crucial emergency service that immediately responds to anyone in need. When ground ambulance is called, we respond – and we do not ask what insurance you have or if you can pay a bill at any time from start to finish. Our job is to take care of the citizens in need of emergency care.

Members of the Professional Fire Fighters of Wisconsin respond to citizens in need across Wisconsin. Our data shows that Medicaid is responsible for approximately 15% of the reimbursement for ground ambulance service.

A significant challenge for EMS is that costs are absolutely soaring in every aspect and a community's ability to balance these costs is failing. We are at a point where every dollar hurts, or every dollar helps EMS in Wisconsin. This legislation is intended to help bridge the gap in providing emergency services. It is not uncommon for Medicaid patients to utilize the EMS system with frequency due to the vulnerability of the population, and often these calls result in treatment in place/no transport which receives little-to-no reimbursement for supplies, or the care provided on the scene.

To address this problem the legislation directs DHS to increase Medicaid reimbursement rates for "ambulance response and treatment, no transport" to a rate that matches "ambulance service, basic life support, emergency transport."

The increased reimbursement will allow EMS providers to recover a portion of their costs that were previously deemed unrecoverable under Medicaid programs.

The change is better for everyone. Patients who do not require further care are treated on site; time and money are saved in the emergency room, and EMS recovers part of their costs.

Thank you for your time and attention today. I am available for any questions.



**Testimony: Assembly Bill 198 & Assembly Bill 199
Assembly Committee on State Affairs
April 23, 2025**

Chair Swearingen, Vice Chair Green, and members of the Committee:

Thank you for the opportunity to testify today regarding Assembly Bill 198 and Assembly Bill 199.

My name is Valerie Bruggeman, and I have the privilege of serving as the Director of External Affairs at Superior Air-Ground Ambulance Service. I'm pleased to be joined today by my colleagues from our Department of Education, Martha Augustine and Michelle Krysiak.

For over 65 years, Superior has been a trusted leader in delivering high-quality Emergency Medical Services to communities and healthcare partners across the Midwest. In Wisconsin, we currently operate 12 strategically located stations, with plans to grow to 14 in the near future. We're proud to collaborate with some of the state's largest healthcare systems, including SSM Health and Aurora. Across the state, our team of 260 dedicated EMS professionals is committed to providing exceptional care and ensuring fast, life-saving responses for the individuals and families we're honored to serve.

Superior commends the Wisconsin Assembly and Senate for prioritizing legislation that addresses the significant challenges facing EMS providers, including significant financial pressures and staffing shortages. AB 198 and AB 199 represent meaningful progress toward building a stronger, more sustainable EMS system for Wisconsin.

AB 198

The EMS workforce shortage is a pressing challenge—and boosting investment in education and training is more important than ever. While technical colleges play a vital role, Superior Ambulance believes the private sector can also be part of the solution. That's why we've partnered with the nationally accredited Life Support Training Institute (LSTI) to offer hands-on EMS training with guaranteed job placement.

Our approach removes common barriers to entry: we offer free classes, financial incentives to keep students engaged, and the chance to begin working with Superior after just 40 hours of coursework. Plus, graduates who stay with us for at least a year receive full tuition reimbursement, helping to build a more sustainable and accessible path to a long-term career in EMS.

Since launching our Wisconsin training program with LSTI in 2023, we've enrolled 144 students, with 63 graduates. Of those, 40 have received certification and 35 are actively working for Superior. These programs not only meet immediate staffing needs but also offer long-term career opportunities in emergency services.

We urge the legislature to modify AB 198 to include funding eligibility for accredited, non-college-based programs like LSTI. Their flexible course offerings—day, evening, weekend, and hybrid schedules—are tailored to meet the evolving needs of communities and students alike, while maintaining affordability and quality.

Additionally, AB 198's proposed Live 911 pilot, which allows real-time video sharing between callers and dispatchers, holds promise for improving emergency response. However, we recommend clarifying the bill to ensure participation remains voluntary, so providers are not required to adopt new technology before its effectiveness and implementation are fully understood.

AB 199

Passage of AB 199 would fill a significant gap in Medicaid reimbursement by aligning payment for non-transport EMS responses with existing Basic Life Support (BLS) transport rates. Approximately 30 to 40 percent of EMS calls result in treatment without transport, yet providers absorb nearly all the same costs—staffing, equipment, vehicle maintenance, and administrative overhead. Current Medicaid policy offers little or no reimbursement for these services, putting unsustainable pressure on EMS agencies statewide.

Ambulances must be ready to respond 24/7, without exception. Whether or not a patient is transported, EMS providers are required to respond, meaning highly trained EMTs and paramedics are on standby at all times, fully equipped and prepared to deliver life-saving care. This level of readiness is costly, but essential.

As a member of PAAW, we believe AB 199 would ensure EMS providers are fairly reimbursed for the care they deliver, even when patients are safely treated on scene. This not only supports financial sustainability but also helps reduce unnecessary ER visits, lowers system-wide costs, and improves outcomes. The bill's enhancements to EMS scope-of-practice reporting will also give policymakers better data to guide future decisions.

We urge the Committee to recognize the true cost of EMS readiness and to advance AB 199 as a crucial step in preserving the strength and reliability of Wisconsin's healthcare infrastructure.

Superior Ambulance appreciates the leadership of the Wisconsin Assembly and Senate in addressing the urgent challenges facing our state's EMS system. AB 198 and AB 199 represent important steps toward stabilizing and strengthening EMS in Wisconsin. By investing in workforce development, fostering

innovation, and establishing fairer reimbursement practices, these bills reflect a meaningful commitment to the providers and professionals who serve on the front lines of public health and safety every day.

We respectfully urge the Committee to advance these measures—with the changes outlined above—and help build a more sustainable, responsive, and resilient EMS infrastructure that Wisconsin's communities can rely on, today and into the future.

Thank you for your time and attention to these critical issues. We'd be happy to answer any questions you may have.



April 21, 2025

Ambulance response and treatment, no transport.

Written testimony re: Senate Bill 183 / Assembly Bill 199

Ground ambulance (EMS) is the safety net provider for our most vulnerable population and often their primary means for accessing the healthcare system, which leads to higher utilization rates for Medicaid beneficiaries. Medicaid makes up 14.5% of reimbursement for ground ambulance services.

The challenge for EMS providers is that, in most cases, there is little or no reimbursement from Medicaid or private insurance carriers unless the patient is transported to a hospital for treatment. Our ambulance response and/or treatment without transport numbers are significant, yet cost nearly as much as transporting the patient. Many EMS providers report these numbers as high as 30-40% of all calls.

The bill directs DHS to increase reimbursement rates for HCPCS code A0998 "ambulance response and treatment, no transport" to a rate that matches code A0429 "ambulance service, basic life support, emergency transport (BLS-emergency)."

This change only applies to the Medicaid programs. It does not affect private insurance policies.

The increased reimbursement allows EMS providers to recover a portion of their costs that were previously deemed unrecoverable under Medicaid programs.

The change is better for everyone. Patients who do not require further care are treated on site; time and money are saved in the emergency room, and EMS recovers part of their costs.

Sincerely,

Chris Anderson
President
Professional Ambulance Association of Wisconsin

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