



# WISCONSIN LEGISLATURE

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

**Sen. Howard Marklein and Rep. Tony Kurtz**

## **Testimony before the Senate Committee on Health on Senate Bills 181, 182, and 183**

April 23, 2025

Thank you, Chairwoman Cabral-Guevara and committee members, for hearing Senate Bills (SB) 181, 182, and 183, which provide additional tools for Wisconsin's Emergency Medical Services (EMS) System. Thank you to Chairwomen Cabral-Guevara, Senator Testin, Senator James, and Senator Drake 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.

### **SB 181**

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, SB 181 creates a Regional EMS Levy Limit Exemption. "Regional" is defined as consisting of at least 232 mi<sup>2</sup> (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%.

### **SB 182**

One barrier to entry for new EMS personnel is the cost of tuition associated with taking initial licensing classes. SB 182 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.

SB 182 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, SB 182 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.

### **SB 183**

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. SB 183 Directs DHS to increase the “treat, non-transport” reimbursement rate to match the basic life support – emergency transport rate of \$371.51.

SB 183 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.

SB 181 and SB 183 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.

April 23, 2025

State of Wisconsin  
Senate Committee on Health  
2 E. Main Street  
Madison, WI 53702

Chairwoman Cabral-Guevara, Vice-Chair Testin and Committee Members,

Good afternoon, my name is Robert Whitaker. I am serving my 15<sup>th</sup> 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 Senate Bill 181, 182 and 183.

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 SB183. SB 183 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



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 SB183 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 SB183 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.



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  
rwhitaker@nsfire.org

# **PROFESSIONAL FIRE FIGHTERS OF WISCONSIN, INC.**

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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.



# Wisconsin EMS Association

*Serving Those Who Serve Others*



April 23<sup>rd</sup>, 2025  
Senate Committee on Health  
Committee Hearing

Chair Cabral-Guevara, Vice-Chair Testin, and Committee Members,

## **RE: Support of Senate Bill 181, Senate Bill 182, Senate Bill 183**

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 Senate Bills 181, 182, and 183. 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 Senate Bills to provide the necessary support before we see more EMS agencies close their doors.

## **Support for Senate Bill 181: Levy Limit Exemption for Regional EMS**

Senate Bill 181 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. SB181 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 Senate Bill 182: Funding for EMS Education**

Senate Bill 182 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 Senate Bill 183: 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. Senate Bill 183 is essential to address this imbalance by ensuring compensation for services already rendered.

## **Conclusion**

Together, Senate Bill 181, 182, and 183 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

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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 stylized, flowing script.

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



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To: Senate Committee on Health  
From: Toni Herkert, Government Affairs Director, and Evan Miller, Government Affairs Specialist  
League of Wisconsin Municipalities  
Date: April 23, 2025  
RE: Senate Bills 181, 182, and 183 - EMS Legislative Package

Chairwoman Cabral-Guevara, Vice-Chair Testin, 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 Senate Bills 181, 182, and 183, 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, Senators Marklein and James and Representatives Kurtz, Gustafson, Novak, Zimmerman, and Summerfield, 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 Senators Cabral-Guevara, Testin, and Drake from this committee.

**Senate Bill 181** 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, Senate Bill 181 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. Senate Bill 181 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. Senate Bill 181 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 Senate Bill 181 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 Senate Bill 181 while having the time to adjust their budget and determine how to maintain compliance with the Maintenance of Effort requirements created by Act 12.

**Senate Bill 182** 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, Senate Bill 182 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. Senate Bill 182 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 Senate Bill 182 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.

**Senate Bill 183** 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, Senate Bill 183 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.

Senate Bills 181, 182, and 183 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](mailto:therkert@lwm-info.org) or Evan Miller at [emiller@lwm-info.org](mailto: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**

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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:

<b>Year</b>	<b>Total</b>	<b>Medics</b>	<b>AEMTs</b>	<b>EMTs</b>	<b>Non-Cert.</b>	<b>Hired</b>
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.

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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.

[matt.schuenke@mcfarland.wi.gov](mailto:matt.schuenke@mcfarland.wi.gov)

(608) 838-3153

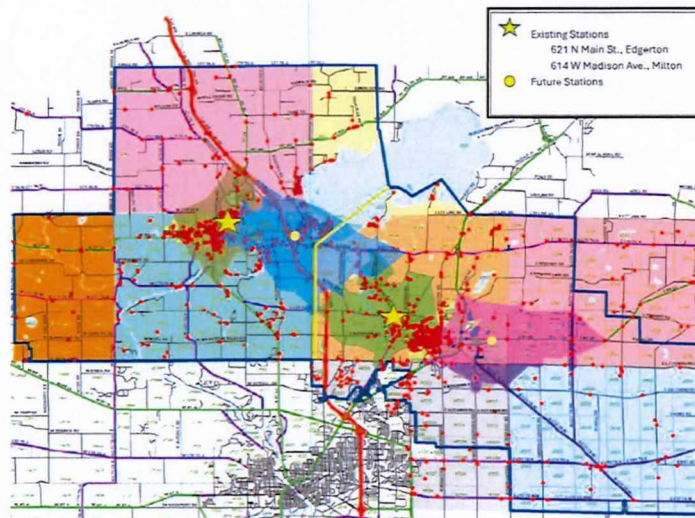
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# Lakeside Fire-Rescue

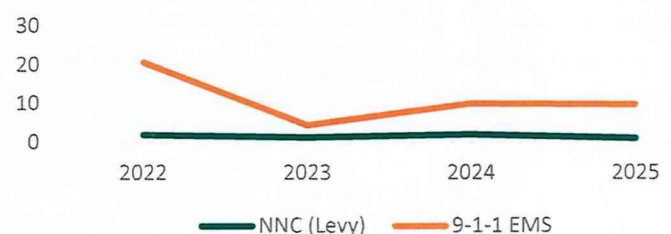
*The Integration of Edgerton and Milton Fire Departments  
serving the region since 1883*

**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
  - 4<sup>th</sup> 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%



Ron Hampton  
5964 Dietrich Hts  
Cassville, WI 53806  
[Ron.chanhampton@gmail.com](mailto:Ron.chanhampton@gmail.com)  
608-732-4794

Written testimony in support of 2025 Senate Bill 181,182 and 183

Ron Hampton  
Chief Cassville Volunteer Fire Department  
Wisconsin State Firefighters Association Board Member  
Charter Member Glen Haven Fire Responders  
Cassville EMS, EMR Member  
Cross credentialed with West Grant EMS and Potosi EMS

Over the past few years, I have been part of many statewide conversations about the future of the volunteers and how our emergency services need to evolve to continue providing some level of service for our community. On the fire side of the aisle, we are discussing the OSHA changes and how that will affect each and every one of us. Where this will go, we simply do not know at this time. On the EMS side, I have been in discussions revolving around how rural EMS will look in the future, which does not look good for me and my family. In December, the DHS board has agreed to increase the training hours from 180 to almost 300, which will require a new member to go to school 2 nights per week for a year, plus travel time and studying time. The current plan is for this change in training hours to take effect in the Fall of 2026. The DHS board approved this curriculum in a memo, which was sent to the Technical Colleges. There was no legislative input or oversight, there was no input from all the technical colleges involved, there was no input from the individual services, there was not comment from the public, and there was no input from the rural medical directors, hospitals or many other various people who rely on the rural EMS units to provide the most essential services to our community. Furthermore, there are no written minutes from any DHS since COVID, so the committee really does not know what they approved, when they approved it or even if there was a vote on the matter. All of this needs to change.

I am a part of a team of volunteer EMS professionals that is best at providing services to our community, we know what our community needs and what is financially feasible, and yet we are so busy with work and volunteering that we fall short in selling our training, knowledge and time commitment to those who we serve. Now with the increase in training hours by DHS, the new recruit will spend a year of 2 nights per week in a classroom setting to learn how to treat a patient and provide them transport to a local hospital. For the next year can you give up 2 nights per week, 4 hours each night, plus that much time again to read and study the material just to volunteer to help your community and not miss any classes?

I want to go on the record in support of the following bills.

Senate Bill 183 – This would allow my service to collect monies for those calls when we do not transport a patient, which makes up about 20 percent of the calls in my area. This bill also requires the DHS board to submit a list of changes to the scope of practice which will result in changing of required training hours. Communication is always good. Even with volunteers being parts of the DHS committees, our voices are being overridden by those with bigger pools of funding and recruits.



Senate Bill 182 – provides funding to cover the cost of training new recruits, allowing the service to dedicate more funding to operation of the units. This bill also provides funding for Live911, which I have had the experience of using a similar program. Grant County purchase “Prepared Live” which allows a dispatcher to send the 911 caller a text link. When the caller clicks the link it pairs the caller’s phone with the 911 dispatch system. The dispatcher can then send the link to an officer on the responding department to help coordinate victim retrieval, and prepare for the scene which they will be arriving at. This is a good addition to my tool box and I have used it 3 times in the past year.

Senate Bill 181 – Allows for the creation of a levy limit exemption to create a service that would serve multiple communities. Another option for struggling communities can never be bad.

I want to add my support for all three of these bills. Thank you for your time.

Sincerely,

*Ron Hampton*

Ron Hampton, Fire Chief  
Cassville Volunteer Fire Department



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

## **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.

  
Deputy Chief  
Marshfield Fire & Rescue



# Testimony of Lynn Kirschbaum (Glen Haven)

## SB 182 + SB 183

I am here today in support of SB 183, the portion of the bill that requires the Wisconsin EMS board 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.

I have served the township of Glen Haven and surrounding townships for 37 years and I am in my 26<sup>th</sup> year as Fire Chief GHVFD. As Chief, I observed the need for our community to have Emergency First Responders (EMR's) on call. We've been certified since 2013.

To date, there are nine certified First Responders who serve our community and surrounding townships. I am fortunate that we have the nine individuals who serve, however this achievement has also seen challenges.

It's because of these challenges that I believe that the rural volunteer First Responders in SW Wisconsin have been grossly misrepresented and underserved by the State EMS Board.

To date, it is my understanding that the State EMS Board significantly increased curriculum/certification hours for EMT entry level from 180 hours to 288 hours effective fall 2026.

This came as a surprise to me because the increase in hours was proposed in March 2024 and was strongly opposed by rural EMS services. This topic was tabled by the State EMS Board and was to be revisited with input from Rural EMS Subcommittee.

I have copies of Opposition statements written between the dates of March 22-24, 2024 provided by several Rural EMS Service organizations to these proposed changes. These emails were sent directly to the Wisconsin EMS Board.

On June 4, 2024 I received an email from the Rural EMS Subcommittee Chairman that "DHS/EMS office is putting a one year pause on moving forward curriculum updates. Tomorrow the EMS Board is appointing a special committee to look at curriculum issues. So, no changes will be coming any time soon."

On March 2025 I listened to state EMS board meeting Zoom session where I learned that the new curriculum was approved by DHS and going into effect in the fall of 2026.

Very few rural EMS services were aware this change was coming.

The majority of state board members is comprised of doctors, paid EMTs and Paramedics.

The rural EMS subcommittee to my knowledge is made up of all paid personnel except one volunteer member that was added to the board June, 2024.

I feel an extreme overhaul is needed between the distinct differences between paid services and the rural volunteer services.

I am in support of having the Wisconsin State EMS Board report these changes to the legislature to get a broader view of the consequences of these proposals.

I also support SB 182 to assist with payment of certification training for new recruits.

Thanks to Howard Marklein and others, the National Test is no longer required to become a certified EMR, Emergency Medical Responder. This change went into effect January 2024, and I have seen a dramatic increase in the number of volunteers certified. In 2023 the national test was required. In 2023, DHS certified 442 EMR's. As of November, 2024 DHS certified 882 EMR's.

Thank you, Howard, for your support.



**Testimony: Senate Bill 182 & Senate Bill 183  
Senate Committee on Health  
April 23, 2025**

Chair Cabral-Guevara, Vice Chair Testin, and members of the Committee:

Thank you for the opportunity to testify today regarding Senate Bill 182 and Senate Bill 183.

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 Senate and Assembly for prioritizing legislation that addresses the significant challenges facing EMS providers, including significant financial pressures and staffing shortages. SB182 and SB183 represent meaningful progress toward building a stronger, more sustainable EMS system for Wisconsin.

**SB 182**

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 SB182 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, SB182'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.

### **SB183**

Passage of SB 183 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 SB183 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 SB183 as a crucial step in preserving the strength and reliability of Wisconsin's healthcare infrastructure.

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Superior Ambulance appreciates the leadership of the Wisconsin Senate and Assembly in addressing the urgent challenges facing our state's EMS system. SB182 and SB183 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.



Date: April 23, 2025

To: Senate Committee on Health

From: Emplify Health

Re: Support for Senate Bill 182 and Senate Bill 183

Chair Cabral-Guevara and members of the Senate Committee on Health,

Thank you for holding a public hearing on Senate Bill 182 and Senate Bill 183. On behalf of Emplify Health, we are writing to express our strong support for this legislation. Emplify Health is an integrated care delivery system providing services to over 600,000 patients throughout 35 counties in Wisconsin, Iowa, Minnesota, and Michigan's UP. Our system provides patients and communities with access to top-tier care at 11 hospitals, 100+ local clinic locations via more than 1,400 providers.

Our emergency medical services (EMS) teams are dedicated to delivering high-quality, immediate care to all individuals in need, regardless of whether transportation to a medical facility is required. In many instances, EMS professionals administer critical treatments on-site, effectively addressing medical emergencies and preventing unnecessary hospital visits.

Currently, Medicaid reimbursement structures do not adequately compensate EMS providers for treatment rendered without transport. This gap fails to recognize the resources, expertise, and readiness required to deliver such care. The increase in Medicaid reimbursement under Senate Bill 183 would improve EMS in the following ways:

- **Recognition of Provided Care:** EMS providers deliver essential medical interventions on-site, incurring similar costs and resource utilization as cases involving transport. Fair reimbursement acknowledges the value of these services.
- **Encouragement of Appropriate Care Decisions:** Reimbursing treatment without transport supports EMS professionals in making patient-centered decisions, avoiding unnecessary hospital admissions, and reducing strain on emergency departments.
- **Alignment with Evolving EMS Roles:** The scope of EMS has expanded to include community-based care and mobile integrated healthcare models. Updating reimbursement policies aligns with these advancements and supports innovative care delivery.
- **Financial Sustainability for EMS Providers:** Adequate reimbursement ensures EMS agencies can maintain operations, invest in training, and continue providing high-quality care to the community.

Adjusting Medicaid reimbursement to include treatment without transport is a necessary step toward a more equitable and effective healthcare system. It recognizes the critical role of EMS providers and ensures that they are supported in delivering comprehensive care to all patients.





We are also supportive of the pilot program in Senate Bill 182, which would introduce 911-initiated telehealth services in Wisconsin. This innovative approach would enhance emergency medical response by integrating telehealth consultations into the 911 system, addressing both low-acuity, non-life-threatening situations and higher acuity responses before and during EMS arrival.

Telehealth can provide immediate medical feedback, complementing Emergency Medical Dispatch (EMD) protocols, and potentially saving lives in critical situations. The traditional EMS model often necessitates ambulance dispatch and hospital transport, even for cases that could be effectively managed without in-person intervention. This practice contributes to EMS resource strain and emergency department (ED) overcrowding. Implementing telehealth services within the 911 framework allows for real-time medical consultations, enabling appropriate care decisions without unnecessary transports. This would improve EMS in the following ways:

- **Optimized Resource Utilization:** By providing immediate medical guidance through telehealth, EMS teams can focus on high-acuity emergencies, improving overall response efficiency.
- **Reduced ED Overcrowding:** Diverting non-critical cases from EDs decreases patient wait times and alleviates hospital congestion. In New York, Mount Sinai Health System's integration of telehealth into EMS services has led to decreased ED visits and improved patient care coordination.
- **Cost Savings:** Avoiding unnecessary ambulance transports and ED visits results in significant cost reductions for both healthcare systems and patients.
- **Enhanced Patient Satisfaction:** Patients receive timely care in the comfort of their homes, leading to improved satisfaction and outcomes.

Pilot programs across the country have demonstrated the efficacy of integrating telehealth into EMS. This includes the Emergency Triage, Treat, and Transport (ET3) Model implemented by CMS, which has shown that telehealth consultations can safely reduce unnecessary transports, with significant cost savings and maintained patient satisfaction.

The integration of telehealth services into the 911 system represents a forward-thinking approach to emergency medical care. By adopting this model, Wisconsin can enhance patient outcomes, optimize EMS resource allocation, and reduce healthcare costs.

Thank you for your time and consideration of this important legislation.

Sincerely,

Tom Tornstrom  
Director of EMS  
Emplify Health by Gundersen

Dr. Chris Eberlein  
Medical Director of Gundersen Health Ambulance Services  
Emplify Health by Gundersen



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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Washington, DC 20090-6503  
[www.PAAW.us](http://www.PAAW.us)