



State of Wisconsin

Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251

FAX: 608-267-2832

TTY: 888-701-1253

dhfs.wisconsin.gov

Jim Doyle
Governor

Karen E. Timberlake
Secretary

**Testimony for Legislative Council Chapter 166 Committee
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**Billee Bayou
Volunteer Systems Coordinator
Public Health Preparedness Unit
Division of Public Health
Wisconsin Department of Health Services**

Honorable Chair, Vice Chair and Distinguished Members and Staff of the Study Committee, thank you for this opportunity and to my colleagues at Department of Health Services and Wisconsin Emergency Management. My name is Billee Bayou, I am the Volunteer Systems Coordinator in the Preparedness Unit of the Division of Public Health. I would like to brief you on legislation being introduced in many states throughout the country. This legislation addresses the issue of standardizing requirements for states to deploy volunteer health professionals (or volunteer health practitioners) across state lines in order to respond to a declared emergency.

**Uniform Emergency Volunteer Health Practitioners Act (UEVHPA)
Approved by National Conference of Commissioners on Uniform State Laws 2007**

Many stories surfaced following the emergency response in Alabama, Florida, Louisiana, Mississippi, and Texas after Hurricanes Katrina and Rita. The stories that are directly related to our testimony today have to do with the inability of states to utilize the much needed and valuable asset of health professional volunteer services from other states.

An electronic report posted to the Website of the Metropolitan Medical Response System program, part of the federal Department of Homeland Security (DHS), summarizes the types of issues that arose:

“Volunteer physicians are pouring in to care for the sick, but red tape is keeping hundreds of others from caring for Hurricane Katrina survivors. The North Carolina mobile hospital waiting to help ... offered impressive state-of-the-art medical care. It was developed with millions of tax dollars through the Office of Homeland Security after 9-11. With capacity for 113 beds, it is designed to handle disasters and mass casualties. It travels in a convoy that includes two 53-foot trailers, which on Sunday afternoon was parked on a gravel lot 70 miles north of New Orleans because Louisiana officials for several days would not let them deploy to the flooded city. ‘We have tried so hard to do the right thing. It took us

30 hours to get here,' said one of the frustrated surgeons. That government officials can't straighten out the mess and get them assigned to a relief effort now that they're just a few miles away 'is just mind-boggling,' he said."

There are many more stories similar to this one.

Emergency System for Advance Registration of Volunteer Health Professionals (ESAR VHP) is a mandate from the Assistant Secretary for Preparedness and Response at the federal Department of Health and Human Services. Each state is required to have a Web-based electronic registration and credentialing system for volunteer health professionals. Wisconsin's answer to this mandate is the Wisconsin Emergency Assistance Volunteer Registry (WEAVR), a robust registration system for volunteer health professionals. In fact, Wisconsin has been a leader among states with our "first in the nation" registration system for volunteer health professionals (WEAVR) along with the passage and subsequent amendment to 2005 Wisconsin Act 96 signed by Governor Doyle in January of 2006.

In 2005, WEAVR members were very eager to be deployed to the southern states ravaged by Hurricanes Katrina and Rita to assist where needed. A high level of frustration for both WEAVR health professionals and Division of Public Health staff surfaced upon realizing that interstate deployment of WEAVR members could not and would not happen due to the lack of a protocol for volunteer deployment to another state and the inability to have liability coverage and workers compensation provided for the volunteers.

WEAVR is a highly efficient system for communicating with and managing volunteer health professionals. This has been shown many times, certainly post Katrina-Rita in 2005 when evacuees were brought to Milwaukee for health screening and housing. The Milwaukee Health Department set up the screening clinic but needed volunteer physicians and physician assistants to staff the clinic. WEAVR members were contacted within minutes and given information about who to contact to indicate their interest. Later, after the clinic was staffed sufficiently, the health department did an analysis of the volunteers which revealed that 50% were WEAVR members. Both Milwaukee Health Department and Department of Health Services considered this an extremely successful collaboration.

More recently, during the flood response of June and July 2008, the State Emergency Operations Center contacted WI Department of Health Services to call out WEAVR members to help staff Red Cross shelters in the flood afflicted areas. The request was specifically for nurses and mental health professionals. Within minutes of the request, 856 nurses and 95 mental health professionals were contacted with information about notifying Red Cross coordinators to schedule shelter shifts for them. Follow up with Red Cross indicates WEAVR members responded quickly and were scheduled as needed in the shelters. The result was another successful intrastate collaboration.

However, imagine this same scenario for a disaster that requires assistance across state lines, we need help or one of our neighbors needs help. As you know, the Emergency Management Assistance Compact (EMAC) from state to state deals with the deployment of interstate resources, including state employees, but not volunteers. A health professional's membership in

WEAVR or Medical Reserve Corps does not result in the interstate recognition of licenses issued to volunteer health practitioners or the provision of other significant legal benefits in all jurisdictions. Thus, the purpose of UEVHPA is to bridge this gap between states.

What follows is a brief summary of the UEVHPA Sections:

UEVHPA Sections 1-12

Section 1

Short Title: citation as Uniform Emergency Volunteer Health Practitioners Act

Section 2

Definitions: consistent definitions of terms used in the UEVHPA – so each state is on the “same page” as other states, everyone has an understanding of the terms.

Section 3

Applicability to Volunteer Health Practitioners (vhp):

...vhp registered with a registration system that complies with Section 5...

Comments: Authorizes volunteer health practitioners to provide health or veterinary services during a declared emergency.

Section 4

Regulation of Services During Emergency:

(A)Emergency declaration; duration of practice by vhp; geographical area in which vhp may practice; types of volunteers that may practice; and any others necessary to coordinate effectively the provision of health or veterinary services during the emergency; (B) an order issued pursuant to subsection (A); (C) host entity (1) consult and coordinate (2) compliance with other laws
Comments: Clarifies that these services may be subject to limits, restrictions, or regulations.

Section 5

Volunteer Health Practitioner Registration System

Prior registration

(4) Be one of the following:

(A) ESAR VHP

(B) Other options, including Medical Reserve Corps Units

Be careful in this section to include appropriate partners

Section 6

Recognition of Volunteer Health Practitioners Licensed in Other States:

This section addresses the need for licensure recognition of volunteer health professionals who are licensed outside the state where the emergency is declared, also deals with limits on licenses that are not in good standing, preregistration, and scope of practice.

Section 7

No Effect on Credentialing and Privileging:

This section acknowledges the distinctions between credentialing and privileging.

Section 8

Provision of Volunteer Health or Veterinary Services: Administrative Sanctions:

This section deals with the scope of practice in the host state.

Section 9

Relation to Other Laws:

This section clarifies that this act does not supplant other protections from liability or benefits afforded to volunteer health practitioners under other laws. This section creates a statutory path to allow private sector volunteers to be incorporated into state forces for the limited purpose of facilitating their deployment and use during an emergency through the Emergency Management Assistance Compact (EMAC) or other state mutual aid compacts.

Section 10

Regulatory Authority:

The purpose of this section is to authorize states to adopt regulations reasonably necessary to implement the provision of this act.

Section 11

Limitations on Civil Liability for Volunteer Health Practitioners:

The purpose of this section is to provide clear guidance to volunteer health practitioners regarding the extent of their exposure to liability for negligence while providing health or veterinary services pursuant to this act. Two alternatives are proposed that each establish different levels of protection.

Alternatives A and B: Each alternative should be thoroughly considered prior to a decision.

Section 12

Workers' Compensation Coverage

This section is intended to provide redress for injuries or deaths incurred by volunteer health practitioners providing health or veterinary services during an emergency.

Section 13

Uniformity of Application and Construction

The goal of uniformity among states may be enhanced by use of interoperable registration system pursuant to Section 4. Examples may include Emergency System for Advance Registration of Volunteer Health Professionals (ESAR VHP) systems that consist of through substantive and technical criteria that meet essential system requirements and provide additional security safeguards with respect to accessibility by authorized personnel, privacy concerns, and interoperability with other systems.

Section 14

Repeals

This section covers the repeal of the act or parts of the act.

Section 15

Effective Date

This is an important piece of legislation. Minnesota and Illinois have taken up the issue in their respective states. The table below shows current state activity.

2008 Legislative Progress

Hawaii : Introduced as **HB 2424** in 2008 - House Health
Illinois : Introduced as **SB 2285** in 2008 - Passed Senate
Indiana : Introduced as **SB 363** in 2008 - ENACTED
Louisiana : Introduced as **SB 49** in 2008 - Senate Health
Maryland : Introduced as **HB 666** in 2008 - House Health
Minnesota : Introduced as **SB 2932** in 2008 - House Health
Mississippi : Introduced as **HB 1027** in 2008 - Died in Committee
New Mexico : Introduced as **HB 348** in 2008 - ENACTED
Oklahoma : Introduced as **SB 2032** in 2008 - Senate Rules
Pennsylvania : Introduced as **SB 1060** in 2008 - Senate Appropriations
Utah : Introduced as **SB 66** in 2008 - To the Governor
Vermont : Introduced as **HB 868** in 2008 - House Govt Operations

2006-2007 Enactments

The following states enacted UEVHPA in 2006 or 2007: **Colorado, Kentucky, and Tennessee**

If I can be of further assistance during the consideration of this legislation , please let me know.

Thank you.