

# NHTSA Wisconsin EMS Assessment – June 27, 2012

## Wisconsin EMS Association Talking Points

**WEMSA Representatives:** John Schindler – President, Josh Kowalke – Executive Board, Mindy Allen – Executive Director

**Overview of Organization:** Established in 1973, The Wisconsin EMS Association (WEMSA) is the state's largest non-profit member-based association representing emergency medical service professionals throughout Wisconsin. WEMSA represents and provides advocacy for more than 380 organizations and over 7,000 EMS providers. WEMSA works cooperatively with other stakeholders, health care professionals, and public safety organizations to advance and enhance the delivery of pre-hospital emergency medical care. The mission of the Wisconsin EMS Association is to represent and support the views and interests of its membership by promoting education, sharing information, and facilitating legislative action.

### Commentary Regarding Wisconsin EMS System:

#### 1. Lack of stable infrastructure

- a. Rationale lacks validity regarding the Department's decision to downgrade EMS Office from Bureau to Section to Unit status
- b. Changes in structure correspond with position changes within the Department
- c. Department lacks knowledge and understanding of EMS system needs and operations
- d. EMS Office must request funding from other sources/state offices. Many other offices receive federal funding that is ear-marked for EMS (i.e. DOT, Wisconsin Office of Rural Health, Homeland Security, OJA/WEM, Hospital Preparedness, Trauma System, EMS-C)
- e. Use of funding received from other agencies is dictated by the giving agency rather than funding being used in areas of need or to comply with regulatory responsibilities (i.e. DOT funding being used for marketing vs. investigations)
- f. Administrative Rules fail to cap hours on delivery of curriculums
  - (i) Training centers have liberty to deliver training curricula in amount of hours they choose
  - (ii) Increased hours result in increased credits and cost
  - (iii) Increased educational requirements result in increased demand on time, volunteer personnel, and limited budgets
  - (iv) Increased demands hurt recruitment and retention efforts
- g. DHS places requirements on local services but fail to fulfill their regulatory responsibilities
  - (i) Lack of investigations
  - (ii) Lack of valid data & meaningful utilization of data four years following requirement to submit data by transporting services
    1. Large amount of money & time expended by local services to comply with data collection requirements but system lacks adequate resources to utilize data as needed
    2. Lack of statistical & aggregate comparison reports
    3. Lack of statewide data readily available for stakeholders
    4. Lack of adequate education of users on data input/documentation
    5. Lack of data being used for PI/CQI

## **2. Funding Assistance Program (FAP)**

- a. Formula needs to be revised to focus on areas of need
- b. \$2.2 million has decreased with budget cuts
  - (i) We question the authority of DHS to reduce or reallocate funds dictated by statute
  - (ii) Only 18% of the dollars allocated to EMS statewide through this program is going to the rural areas of the state.
  - (iii) DHS continues to raid this fund and has twice reduced the amount by 10% in their budget.
  - (iv) It is suggested in the NHTSA Briefing Document, that a grant process be considered for disbursement of FAP funds. The Wisconsin EMS Association strongly opposes any change that would include a grant process for the distribution of funding. As one of the founding organizations that lobbied in support of the funding, it has always been the intent of the Wisconsin EMS Association that these funds be provided equally to all qualifying ambulance services without regard to competition. The ability of smaller, volunteer-based ambulance services to adequately compete for necessary funding, no matter how simplified and equitable the grant process is constructed, is in question. Many of these small, volunteer ambulance services do not have the ability, time and resources to compete in any process where a panel or committee will subjectively judge the necessity of the EMS funding needs of the service. Many services may not even choose to commit the time to apply for a grant, thereby forfeiting part of their FAP allocation to other ambulance services. The reduction of the funding amounts of all ambulance services to provide for a pool of grant dollars for a few selected grant recipients is not in the best interest of Wisconsin EMS.

## **3. EMS Advisory Board**

- a. Make-up of this board should represent the statewide system.
- b. Working board: “Advisory” board is used to accomplish deliverables required of DHS (i.e. Curricula development, creation of administrative rules, Trans 309 revisions).
- c. Lack of funding to support “Working Board”.
  - (i) Reduced number of reimbursed meetings
  - (ii) Deliverables being paid for and supported by private sector & stakeholders (i.e. board members and/or their organizations paying for their own travel expenses)

### **Summary:**

In summary, we believe the EMS Unit requires a stable infrastructure and source of funding to fulfill their regulatory obligations. There needs to be a change in rule to cap hours on the delivery of curricula. The FAP funds must be restored and distributed more equitably and to areas of need. The EMS advisory Board MUST become representative of the whole EMS system and receive the support it requires to properly do its job.