**MINUTES**

1. Welcome and Committee Member. Check-in Called to order at 9:01 Greg West (remote) M. Colella (remote)

2. Meet with AHA Representative Regarding Changes to Fee Structures at the AHA. Jeff Walters from the AHA provided information on the AHA fee updates. The cost of the AHA cards have gone up while the cost of the workbook has gone down. There are not any indications of any other cost changes. Jerry brought up a concern about the workbooks being good for five years but the cards need to be replaced every two years. Jeff indicated there will be a dramatic change in the update in the workbooks which will allow for faster changes to the materials. Carrie brought up a concern about the lack of notice given. Classes were already booked so pricing had to change for classes. Jeff Walters clarified that only the Heartsaver materials will have a price change. This will not affect any other product that they are aware of.

   Greg West expressed concerns about the change. Budgeting processes are started 9 months in advance. When the change was made, the budget could not be changed.

   The college Greg works at experienced a huge budget shortfall due to changes like this. Greg requested videos to have closed captioning (CC) available as they are required by the college. DVD players are no longer used by the college and instructors have had to bring in their own equipment to view per the CC requirement.

3. Standing EMS Committee – System Management & Development (Dr. Clark/Chair)

   a. Discuss Status of Pre-Arrival Instructions by PSAPs (Finke) There was a public hearing last Thursday. There was some support of the bill. There was some in opposition of the bill as well. Voting will be held in February. Dr. Clark asked that the instruction cards get updated so they are available should this get passed. Nicole from the AHA indicated that the Dept. of Military Affairs would be tasked with this training should the bill get passed. She encouraged the Board to be involved with the process. Nicole indicated that the bill has a two year timeframe built into the implementation should it pass.

   b. Scope of Practice Discussion: (Clark)

      - Discussion with Education/Training Committee in regards to the focus of future of scope changes, processes; national vs. state processes.

      - Tim Weir and Tom Fennell attended a conference in Minnesota in November. It was more of a gathering of feedback and future of EMS, not a scope of practice meeting.

   c. Minimum Skills, Procedures, Meds at all levels: (Clark)

      - Review Committee recommendations from Oct 30th Meeting on AEMT and Intermediate scope. Dr. Clark indicated that the initial intent of the one and two starred items on the scope were that they be included in the curriculum and just become part of the training so they are then no longer considered an advanced skill. Discussed the scope of practice spreadsheet. The green highlighted areas are required, orange is optional and the other colors need to be discusses. The committee recommended to the state office to require CPAP because it is relatively inexpensive.

      - It was decided to remove SALT from the list. This is located under the heading of Airway/Ventilation/Oxygenation. Gary Weiss mentioned that there may be
services using something on the list that may get removed. A request was made that any changes be highlighted on the scope so the services can see what changes have been made. Greg West requested a summary document spelling out the changes to avoid any confusion. Under the Cardiovascular/Circulation heading: Discussed 12, 15, or 18 Lead ECG. The board asked the state to pull a report showing how many services are not currently doing this skill. It was decided to keep it a two star item because it is not part of the required curriculum. Defibrillation-Manual- discussion followed. There were concerns about the amount of time for the AEDs to charge while manual defibrillation is done. This will need to be watched as the technology becomes available with better products. This will remain as an optional skill with two stars. Under the heading Medication Administration Routes- Intraosseous (IO) is now being taught so it should be changed to a one starred item. This is a recommendation to the state office to update this. Dr. Clark will send the spreadsheet with the recommendations on it for review at the state office. Due to time constraints and the length of the agenda, the rest of the items will not be reviewed. James, Dr. Martens, and Mark Mandler will work on the scope of practice. If there are any concerns, send an email to James, Suzanne, and Mark so they can review the request.

d. Discussed Role of Undesignated Trauma Designated Hospitals for EMS Position Statement
   Motion by Mark Fredrickson, second by Carrie Meier to accept the Trauma Unclassified Hospital Transport Position statement for presentation at the joint STAC/EMS meeting later today. Motion carried unanimously.

e. Review of Medicare and Medicaid Supplemental Reimbursement (Sechler) Dana passed out a drop letter that was drafted to Karen. He suggested having the Medicare level for Wisconsin to match the federal rate, whether it increases or decreases. Dana wants to send this to the HCC’s for review.
   Motion by Michael Clark, second by Gary Weiss to have the EMS Board communicate its position that the Medicaid reimbursement rates in Wisconsin should match the federal Medicare rates. Motion carried unanimously.
   i. Medicare Cost Reporting. Dana provided a handout regarding legislation that has been introduced that would affect services titled “Congressional Bills, Regarding-Medicare 2%, 3% and Super Rural Ambulance Add-on’s”. Jerry encouraged services to contact legislators about this. This will be voted on in the legislature before the next Board meeting. Due to time constraints this discussion had to be cut short.

f. Discuss HCC Updates (Clark). There is a coalition surge test to evacuate every bed in a hospital. This is on a five year test cycle. The medical advisor contract was extended. Total funding for the HCC’s will be the same for next year. It is unclear if this will continue due to the Homeland Security determination that Wisconsin is a relatively low risk state.
   i. Discuss Addition of MCI plans to Special Event Operational Plans. Would like the op plans to deal with active shooter and MCI events.
   ii. Review Possible development of MCI Stop the Bleed kits for "rental" for events. One of the suggestions at the HCC meetings was to potentially use funds for these kits for large events such as festivals.
   iii. Review Burn Plan presentation. Due to time constraints, this was not discussed.

g. Discuss Trans 309 with State EMS Office to Board. Due to time constraints, this was not discussed.

h. Discuss First Aid Scope of Practice. Due to time constraints, this was not discussed.

i. Office of Preparedness & Emergency Health Care Director Report (Krupski) Paul spoke at yesterday’s meeting.
   i. Discuss Opiate Initiatives in Wisconsin. Jerry sent out an email to ask for ideas to combat the opioid issues. He did not receive any responses. If Jerry doesn’t get any feedback by February, this may need to be removed from the agenda. He asked for any feedback to be sent to him.
12:00 PM- Working Lunch

1. WI EMS Office Report (James Newlun)
   a. Review EMS Section Budget. James supplied a copy of the budget. The budget for travel was going to be reduced to zero from the GPR fund. He worked with fiscal to bring that amount up to $60,000. This will affect meetings moving forward due to the costs of meetings. He also mentioned that the licensing account is being used to pull some of the money. However, using from the licensing accounts affects the ability to complete updates in the Image Trend licensing system such as adding the operation plan application, adding an endorsement for community EMS, etc. James asked for suggestions. Steve Zils made a suggestion to see if any technical colleges/hospitals could accommodate the meetings to bring those costs down. James had Jenny Ullsvik do research if there was a fiscal responsibility for the EMS section to fund the meetings. There was not anything found when researching the history of it. Each meeting cost is between $4,000-5,000 per meeting. Steve Zils mentioned a location closer to the Milwaukee area (Summit). Tim Weir will look into any options he may have access to and will report back in February. Jerry asked for any recommendations to place it on the agenda for the next meeting. Steve Zils asked for a comparison breakdown on what other states are doing. James mentioned that most other states charge for licensure. James will contact NASEMSO regarding this to compare. Dates/locations will need to be planned soon. The meetings are arranged until June 2018.

   b. Discuss State EMS Plan. There was an open hearing was held last week to get comments on the 2018-2020 EMS State Plan. The draft is being finalized. Dr. Martens had some additions to consider. There were about 12 emails received with comments and about 4-6 people attended the hearing in Wausau on November 30, 2017. A letter will be sent to the Secretary’s office and then forwarded to the Governor’s office.

   c. Review Status of Patient Tracking. There are some services in the state using patient tracking. James received a quote of $17,000 through Intermedix to have services enter the patient info by scanning a driver license. Some services will not be able to afford to do this. There are some services that are doing patient tracking.

   d. Review EMS Licensing Status. There are over 19,000 total licensed EMS providers in Wisconsin. There are approximately 2,300 providers that have renewed for the 2018-2020 cycle. The training center training permits application queue was at zero. A new training center training permit application will be rolled out shortly through E-Licensing. This application will go from about 26 questions to about seven. The goal is to streamline the approval process. The criminal history questions were reduced. The seven criminal history questions may be the change that will be implemented for other applications as well.

   e. Discuss EMS Office Staffing Status. Jeffery Phillips is the new OPEHC director. He will introduce himself at the STAC meeting today. There are seven open positions in Preparedness and one open position in the EMS section. The Regional Coordinator position will be posted soon for EMS.

   f. Review Paramedic Waivers and provide recommendation and possible vote. James provided some waiver requests he received from a couple of services. These services are having trouble staffing at the paramedic level for two paramedics. James asked for feedback. There may need to be some changes to administrative rule. Jerry brought up a point about waivers having a sunset (expiration). James indicated that rule shows if a service is no longer able to do a downgrade if they are granted the waiver. Jerry asked to see if we can start the process to open rule. Some discussion included that 911 should be covered first.

Motion by Steve Zils, second by Gary Weiss that the board recommends that the Gold Cross ambulance service waiver be approved. Motion carried unanimously.

James brought up the decline that was given to a service to use a legacy medication. James would like to have this be discussed with the Board and PAC. Our coordinators need to have set guidelines when doing approvals of op plans. The Regional Coordinator will reissue that service an approval with a condition that this needs to be discussed further. Gary Weiss brought up a concern about how
often a legacy medication is used in a year. James indicated that some of them are due to interfacility transports.

2. Review Outcome of Wisconsin Office of Rural Health EMS Advocacy Meeting and EMS Day at the Capitol, November 1st, 2017 (Biggart)
   There were over 100 people in attendance at this first time event.
   Discuss DHS 110.52 Credentialing & CQI Guidelines, Structure, Responsibility, a State Standard with Policy, and provide recommendation and possible vote (Biggart). This was discussed by Dr. Colella yesterday. James will have the document sent through the External Information Approval (EIA) process at DHS.

3. Legislation Updates with possible action to Include but not Limited to: (Biggart)
   a. Community EMS Legislation. James indicated that a fiscal note was tied to this bill. That was removed. There needs to be some discussion with Tim Weir on the training for this. There will need to be some rule updates, staffing to review the plans, etc. Tim Weir mentioned that there are several training models out there such as: Minnesota and the school of nursing in Milwaukee. James mentioned that there hasn’t been any development of the training, rule, etc. drafted by the office. However, services have submitted op plans are already doing this. Jerry asked if services that have been doing this can be moved into a pilot program. James will need to discuss with Jenny in legal. Gary Weiss mentioned that he would not want us to get into a situation where one service is allowed to do skills and one cannot where we run into the starred items in the scope of practice document issues. There is one approved pilot program that is in the state. It was suggested that this service come to the EMS Board meeting to discuss what they are doing.
   b. AB311 / SB239 Service Level Upgrades. There are some updates that will need to be done in the EMS office.
   c. AB 522 First Aid to Animals. Some updates will need to be done in the EMS office.

4. Review Legislative Health Committee Correspondence (Biggart) Due to time constraints, this was not discussed.
5. Interoperability Council – 911 Subcommittee (Fredrickson) Due to time constraints, this was not discussed.
6. Discuss Concepts and Progress of Opioid/Narcotic Epidemic Subcommittee (Biggart) Due to time constraints, this was not discussed.
7. Discuss Concepts and Progress of Behavioral Health and Wellness of EMS Workers (Biggart) Due to time constraints, this was not discussed.
8. Provide February Meeting Time & Location (Biggart/Newlun). The next meeting is February 5 and 6th, 2018 at the Madison Marriott West.
9. Discuss and develop future new business.
11. Motion by Gary Weiss, second by Mark Fredrickson, to adjourn. Motion carried unanimously. Meeting was adjourned at 1:02 PM.

**Technical Note: There will be a Joint STAC Meeting at 1:00PM Following the EMS Board Meeting. The Joint Meeting has its own Agenda.**

These minutes are in draft form. They will be presented for approval by the governmental body on: 2/5/2018