



Thomas N. Shorter
608.284.2239
tshorter@gklaw.com



Wendy K. Arends
608.284.2659
warends@gklaw.com

The information in this article is based on a summary of legal principles. It is not to be construed as legal advice. Individuals should consult with legal counsel before taking any action based on these principles to ensure their applicability in a given situation.

Wisconsin's community paramedicine law creates new avenues to address hospital readmissions

On Nov. 27, 2017, Governor Scott Walker signed into law community paramedicine legislation, 2017 Wisconsin Act 66 that enjoyed unanimous bipartisan support in both legislative chambers. Community paramedicine (CP) programs aim to improve patient outcomes and lower health care costs by providing patient-centered, non-emergency care and outreach by community paramedics (CPs) and community emergency medical technicians (CEMTs) to patients who may be at risk for readmission or overutilization, as well as to underserved populations.

The new law provides a statutory framework for CPs and CEMTs to provide services after receiving approval from Wisconsin's Department of Health Services (DHS). Approval is contingent upon having been a licensed and qualified EMT or paramedic for two years and successful completion of a training program, among other requirements.

A CP or CEMT may perform services:

- for which he or she is trained under the training program;
- that are not duplicative of services already being provided to the patient; and
- are either approved by the hospital, clinic or physician for which he or she is an employee or contractor, or that are incorporated in the patient care protocol submitted by the community emergency medical service provider.

The law also establishes criteria for EMS providers to be approved as community emergency medical services (CEMS) providers. Prior to advertising that they provide CP services, a CEMS provider must be licensed by DHS at any emergency medical services level, establish and submit to DHS patient care protocols to be used by a CP or CEMT and provide a roster of its CPs or CEMTs to DHS.

Act 66 aims to address hospital readmissions and overutilization

The goal of Act 66 is, in part, to facilitate flexible, patient-centered care, and by assisting with care coordination for patients who may be at risk for hospital readmissions and overutilization. CPs and CEMTs may be called on to provide various levels of care, including wellness visits, chronic disease management, health instruction, immunizations, patient outreach and other services to patients in their homes. With this expanded responsibility and innovative model, CPs and CEMTs may serve multiple roles, such as an advocate, facilitator, liaison, community broker and resource coordinator.

We will keep you updated as DHS develops rules and additional guidance relating to Act 66. In the meantime, if you have questions about CP programs and the requirements of the newly enacted Act 66, please contact Tom Shorter at 608.284.2249 or tshorter@gklaw.com, Wendy Arends at 608.284.2659 or warends@gklaw.com or your regular Godfrey & Kahn attorney.

Health Care Team Members

PRINCIPAL CONTACT:

Thomas N. Shorter
tshorter@gklaw.com

APPLETON OFFICE:

Daniel T. Flaherty
dflaherty@gklaw.com

Michael J. Lokensgard
mlokensgard@gklaw.com

Jeffrey D. Riestler
jriester@gklaw.com

MADISON OFFICE:

Jon E. Anderson
janderson@gklaw.com

Wendy K. Arends
warends@gklaw.com

Bryan J. Cahill
bcahill@gklaw.com

James A. Friedman
jfreidman@gklaw.com

Matthew J. Ludden
mludden@gklaw.com

Kevin J. O'Connor
koconnor@gklaw.com

Tom O'Day
today@gklaw.com

Jed A. Roher
jroher@gklaw.com

Danny S. Tang
dtang@gklaw.com

Eric J. Wilson
ewilson@gklaw.com

MILWAUKEE OFFICE:

Sean O'D. Bosack
sbosack@gklaw.com

Todd M. Cleary
tcleary@gklaw.com

Donald A. Daugherty
dbaugherty@gklaw.com

John E. Donahue
jdonahue@gklaw.com

Patricia L. Falb
pfalb@gklaw.com

M. Scott LeBlanc
sleblanc@gklaw.com

Charles G. Vogel
cvogel@gklaw.com