

RESOLUTION 1 - 2010

Subject: invisibleBracelet.org as an Optional Health Benefit and Alert System for
Emergency Responders in the State of Wisconsin

Introduced by: Vinita Alexander and Joe Hippensteel

Referred to: Health Insurance Coverage and Access

1 Whereas, 376 out of every 1000 people in Wisconsin require emergency care every year[1]; and

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3 Whereas, The American College of Emergency Physicians (ACEP) recommends medical alert
4 bracelets for use by patients with diabetes; epilepsy; food allergies; and patients with conditions that
5 could potentially hinder communication (Autism, Tourette's Syndrome, Alzheimer's disease) to
6 quickly alert emergency responders to patients who could be injured by inappropriate treatments[2];
7 and

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9 Whereas, Patients and emergency responders report that rapid family notification in an emergency is
10 crucial for efficient treatment[3]; and

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12 Whereas, Inappropriate treatment is preventable in emergency situations if emergency responders are
13 immediately made aware of patient's past medical history; but "too many times" the emergency
14 responders do not have the information to correctly treat patients. Thus the American Ambulance
15 Association has begun training on the invisible bracelet platform[4]; and

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17 Whereas, The State of Oklahoma currently offers state employees the option of selectively enrolling
18 in the Web Service called invisibleBracelet.org, and 100,000 users are enrolled[5]; and

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20 Whereas, The invisibleBracelet.org is an alert service that the ACEP has endorsed and can save
21 emergency responders precious minutes in diagnosis and even selecting which potentially harmful
22 treatments should be withheld from a susceptible patient based on a past medical history[2]; and

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24 Whereas, For \$5 a year, invisibleBracelet.org provides a service whereby basic health information
25 and a maximum of 10 emergency contacts are stored under a computer-assigned PIN number written
26 on a wallet card (stored in the patient's wallet, or an insurance card, etc.)[4]; and

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28 Whereas, Patient privacy is astutely protected, since invisibleBracelet.org is HIPAA-compliant and
29 meets or exceeds state and federal patient privacy security standards. Each patient's invisible Bracelet
30 (iB) PIN is unique, and EMS providers must verify the employee status of each of their emergency
31 responders. Responders not employed by an EMS provider do not have access to iB PIN queries[3];
32 therefore, be it

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34 RESOLVED, That the Wisconsin Medical Society encourage health plans in Wisconsin to offer
35 enrollment in invisibleBracelet.org as an optional health service, to assure that emergency responders
36 in Wisconsin are able to offer fully informed quality treatment in emergency health situations and
37 families are rapidly notified of such situations.

Fiscal note: Within current budget, assuming information is provided and will be sent
electronically.

References:

1. 2007).Wisconsin: Hospital Emergency Room Visits per 1,000 Population by Ownership Type, 2007. *The Henry J Kaiser Family Foundation*. Retrieved Feb 8 2010, from <http://www.statehealthfacts.org/profileind.jsp?ind=389&cat=8&rgn=51>
2. 2010. "What to Do in an Emergency." *American College of Emergency Physicians*. Retrieved Feb 8 2010, from <http://www.acep.org/pressroom.aspx?LinkIdentifier=id&id=26024&fid=3496&Mo=No>
3. Neergard, Lauran. Dec 21 2009. "'Invisible Bracelet' for emergency health alerts?" *invisibleBracelet.org*. Retrieved Feb 8 2010, from <http://invisiblebracelet.org/site/postings/30>
4. Neergard, Lauran. Dec 23 2009. "American Ambulance Association Begins Training on Invisible Bracelet." *The Associated Press*. Retried Feb 8 2010, from http://www.jems.com/news_and_articles/news/09/american_ambulance_association_begins_training_o_n_invisible_bracelet_information.html

Relevant Policies

Society: None

AMA:

H-130.987 Emergency Medical Identification Aids

The AMA (1) urges worldwide use of the Emergency Medical Identification Symbol (Symbol); (2) urges that persons with special health problems wear a readily evident durable metal or plastic alerting device and that all persons carry a universal medical information card identifying family, friends and personal physicians; (3) urges that the Symbol be imprinted on alerting devices, on medical identification cards, and on emergency medical care educational material; and (4) encourages physicians to work individually with their patients in selecting an appropriate signal device and identification card. (BOT Rep. U, A-84; Reaffirmed by CLRPD Rep. 3 - I-94; Reaffirmed by CSA Rep. 10, A-97; Reaffirmed: CSAPH Rep. 3, A-07)