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(2) EMT-PARAMEDIC INSTRUCTOR-COORDINATOR CERTIFICATION. (a) The department, under this subsection, shall certify EMT-paramedic instructor-coordinators. To be certified, an EMT-paramedic-instructor coordinator shall comply with all of the following:

1. Be licensed as an EMT-paramedic.
2. Have a minimum of 2 years full-time experience as a licensed practicing EMT-paramedic or equivalent critical care experience as determined by the department.
3. Have a minimum of 150 hours of prior teaching experience at the EMT-paramedic level or above.
4. Have current certification as a CPR instructor by the American heart association, American red cross or an equivalent organization recognized and approved by the department for providing CPR instruction to health care professionals.

**Note:** A full list of approved CPR organizations is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659 or calling 608-266-1568.

5. Have current certification as an instructor in advanced cardiac life support by the American heart association.
6. Be designated by the training center medical director.
7. Have overall responsibility for day-to-day coordination and administration of all aspects of the training course and maintain all course records for at least 5 years.
8. Have successfully completed an EMS instructor-coordinator orientation workshop conducted by the department and the Wisconsin technical college system board.

**Note:** Information on the instructor-coordinator workshop is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659 or calling 608-266-1568.

9. Be approved as an EMT-paramedic instructor-coordinator by the department or, if employed by the Wisconsin technical college system board, be jointly approved by the department and the Wisconsin technical college system board.

(b) Certification shall be valid for 2 years and shall be renewed at the end of that period if the necessary requirements for renewal have been met.

(c) Licensure as an EMT-paramedic, certification as a CPR instructor, ACLS instructor, and as an EMT-basic instructor-coordinator shall be kept current for maintenance of certification.

(d) To renew certification as an EMT-paramedic instructor-coordinator, an instructor-coordinator shall submit to the department all of the following:

1. Documentation of current licensure as a Wisconsin EMT-paramedic.
2. Documentation of current certification as a CPR instructor by the American heart association, American red cross or an equivalent organization recognized and approved by the department for providing CPR instruction to health care professionals.
3. Documentation of current certification as an instructor in advanced cardiac life support by the American heart association.
4. Documentation of continued employment or affiliation with an approved EMT-paramedic training center.

(3) TRAINING COURSE APPROVAL. (a) Each EMT-paramedic training course offered by a training center certified under sub. (1) is subject to approval by the department under this subsection.

(b) Application for initial course approval shall be made by submitting to the department all of the following:

1. A statement that, at a minimum, all the items included in the Wisconsin Revision of the National Standard Paramedic Curriculum will be included in the EMT-paramedic training course, and identification of the number of hours that will be devoted to classroom training, clinical training and supervised field experience. If a copy of the course curriculum is submitted, it shall include all of the following:

- a. Content and behavioral objectives of the course, including classroom, clinical and supervised field experience phases of training.

**Note:** A copy of the Wisconsin Revision of the National Standard Paramedic Curriculum is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659 or calling 608-266-1568 or by downloading the form from the DHFS website at [www.dhfs.state.wi.us/DPH\\_EMSIP/index.htm](http://www.dhfs.state.wi.us/DPH_EMSIP/index.htm).

- b. The specific skills and drugs to be covered.

- c. Hours of instruction for each phase of training.

2. A description of training program operations, including all of the following:

- a. A statement of how students will be screened for acceptance into the training program.
- b. Training and experience prerequisites for the course.

- c. The location of classroom training, how the training will be conducted and the names and qualifications of instructors available to present each topic.
- d. The location of the clinical experience and how the clinical experience will be conducted, the emergency care and training capabilities of the hospital or hospitals, the clinical areas available

for hands-on experience and observation for all skills specified in the curriculum to involve hands-on training, the identity and qualifications of the person supervising students' clinical experience and agreement to keep records of student participation using a copy of the form prescribed by the department in documenting the clinical experience that a student received.

e. How the supervised field experience will be conducted, the content of the field experience, and the qualifications of the person who will supervise the field experience, who may be a physician, a registered nurse, a physician assistant or, if approved in writing by the training center medical director, an EMT-paramedic experienced in providing emergency care.

3. A description of how student performance and practical competencies will be evaluated and how the effectiveness of the training program will be evaluated.

**Note:** The materials that comprise an application for EMT-paramedic course approval should be sent to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659. Copies of the form for documenting the clinical experience received by students may be obtained from the same office.

(c) Within 60 business days after receiving a complete application for approval of an EMT-paramedic training course, the department shall either approve the application and issue the certification or deny the application. If the application is denied, the department shall give the applicant reasons, in writing, for the denial and shall inform the applicant of the right to appeal that decision under s. HFS 112.08 (5).

(d) Approval by the department of the proposed training course shall be a prerequisite for initiation of EMT-paramedic training. Approval of the training course includes approval of curriculum, procedures, administrative details and guidelines necessary to ensure a standardized program.

(e) The curriculum and training plans shall be annually reviewed by the training center and revised and resubmitted if the scope of the curriculum changes.

(4) TRAINING COURSE CONTENT AND HOURS. (a) An EMT-paramedic training course shall include classroom, clinical and supervised field experience in the skills and medications outlined in the Wisconsin Revision of the National Standard Paramedic Curriculum. The department shall approve training on skills or medications which is not included in the Wisconsin Revision of the National Standard Paramedic Curriculum before the training can be included in the course.

**Note:** A copy of the Wisconsin Revision of the National Standard Paramedic Curriculum is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659 or calling 608-266-1568 or by downloading the form from the DHFS website at [www.dhfs.state.wi.us/DPH\\_EMSIP/index.htm](http://www.dhfs.state.wi.us/DPH_EMSIP/index.htm).

(b) The training course shall include content and behavioral objectives at least equivalent to the Wisconsin Revision of the National Standard Paramedic Curriculum.

(c) Subsequent applications for course approval using the same curriculum, screening, prerequisites, clinical training, supervised field experience and evaluation may be submitted as a class notification, stating the intention of adhering to the previously approved curriculum and training plan.

(d) A training course shall include a minimum of 1000 hours of instruction, divided among classroom, clinical and supervised field training, with a minimum of 500 of these hours spent in the patient care setting. The clinical and supervised field training must meet the minimum skill and patient assessment requirements identified by the department.

**Note:** A summary of the skill and assessment requirements necessary to complete the clinical training experience is part of the Wisconsin Revision of the National Standard Paramedic Curriculum and is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659 or 608-266-1568.

**HFS 112.07 EMT-paramedic operational plan.** (1) PLAN SUBMISSION. (a) A county, city, town, village, hospital or any combination of these that seek to use EMTs-paramedic for the delivery of emergency care and transportation shall first submit to the department an EMT-paramedic operational plan with contents as specified in sub. (2) for department review and approval.

(b) An ambulance service provider wanting to use EMTs-paramedic for the delivery of emergency care and transportation of individuals being transferred between health care facilities shall submit an EMT-paramedic patient transfer operational plan with contents as specified in sub. (4) (d) for department review and approval. Prior to plan submission, the provider shall do a feasibility study to determine the need for and cost of an EMT-paramedic service.

**Note:** The "Wisconsin EMT-Paramedic Community Planning Guide" can be obtained from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(c) For provision of EMT-paramedic care, there shall be an operational plan and the ambulance provider shall be licensed under s. HFS 110.04. Department approval of the plan and issuance of the license are conditions for initiation of EMT-paramedic service.

(2) REQUIRED ELEMENTS OF EMT-PARAMEDIC OPERATIONAL PLAN. To be approved, an EMT-paramedic operational plan shall include all of the following elements:

- (a) The name of the person submitting the plan and the name of the ambulance service.
- (b) The names of the medical director, medical control hospital or hospitals and the physicians designated by the medical director to provide day-to-day medical control.
- (c) The name or names of the certified EMT training centers that will be used to provide EMT training.

**Note:** If training will be conducted by an EMT training center that is not currently approved by the department, see s. HFS 112.06 (1) for training center requirements.

(d) Signatures of the person responsible for the ambulance service, the medical director, a representative of the medical control hospital, a representative of each of the receiving hospitals in the ambulance service provider's primary service area and a training center representative indicating their willingness to participate in the program, to fulfill their responsibilities as described in the plan and to adhere to the requirements of this chapter.

(e) A description of how the licensed ambulance service provider will use EMTs-paramedic in the system and the service area covered by the provider. A map of the service area shall be included.

(f) A description of the communication system for providing medical control to EMT-paramedic personnel. When installing communications equipment in ambulances, the ambulance service provider shall comply with the specifications and standards of the Wisconsin statewide emergency medical services communications system. All ambulances shall have direct radio contact with a hospital emergency department on the designated ambulance-to-hospital frequency. There shall be 2-way voice communication between every ambulance and the medical control physician, including, in addition to a mobile radio in the ambulance, a portable means of communication capable of being operated from the patient's side.

**Note:** The referenced specifications and standards are found in the Wisconsin Emergency Medical Services Communication Standards and Guidelines. A copy may be obtained from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(g) A description of how calls are dispatched, including who does the dispatching, whether or not dispatchers are medically trained and whether or not dispatchers give pre-arrival instructions.

(h) A description of the methods by which continuing education and continuing competency of EMT-paramedic personnel will be assured.

(i) A description of the relationship of the proposed EMT-paramedic services to other emergency medical and public safety services in the geographic area covered in the plan.

(j) A description of the integration of the EMS-paramedic service with the local, county or regional disaster preparedness plan.

(k) Evidence of local commitment to the proposed program to include letters of endorsement by local and regional medical, governmental and emergency medical services agencies and authorities and EMS councils where they exist.

(L) A quality assurance and improvement plan including the name of the quality assurance director, copies of policies and procedures to be used in medical control, implementation and evaluation of the program.

(m) A description of the method of data collection and a written agreement to submit data to the department when requested.

(n) A roster of individuals holding EMT licenses and training permits affiliated with the ambulance service provider or completed applications for any individuals being initially licensed with the provider.

(o) Protocols for EMT-paramedic use of specific drugs, equipment and skills approved and signed by the medical director, that describe how medical treatment will be provided and at what point in a protocol direct voice authorization of a physician is required.

(p) Evidence that insurance coverage required by ss. 146.50 (6) (c) and 146.55 (7), Stats., is in force or will be in force when emergency medical service begins.

(q) Evidence that all ambulances to be used by EMTs-paramedic have been inspected or approved by the Wisconsin department of transportation within the 6 months preceding submission of the plan and meet the requirements of ch. Trans 309. An ambulance shall carry equipment and supplies that comply with ch. Trans 309 and that are necessary to effectively render EMT-paramedic services as described in the operational plan.

(r) Written agreement to use the department's ambulance report form or a copy of an alternative report form to be reviewed by the department for approval. The ambulance service provider shall document all ambulance runs on a report form prescribed or approved by the department. The ambulance report form is a medical record. A copy of the form shall be given to the receiving facility and the ambulance provider shall keep a copy.

(s) Written mutual aid and backup agreements with other ambulance services in the area included in the plan.

(t) A list of first responder groups that respond with the ambulance service.

(u) Written commitment by an ambulance service provider using EMTs-paramedic that the ambulance service provider shall ensure the ambulance is staffed with a minimum of 2 persons who are qualified under one of the following:

1. When a patient is being transported in a prehospital setting:

a. Any 2 EMTs-paramedic, licensed registered nurses, licensed physician assistants or physicians, trained in the use of all skills the service is authorized to provide and designated by the medical director, or any combination thereof. If responding separately, the required crew members shall be simultaneously dispatched for responses to all prehospital emergency transports and intercepts. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HSS 112.04(4) for EMTs-paramedic prior to the arrival of a second paramedic, licensed registered nurse, licensed physician assistant, or physician, as long as arrival of the second paramedic, licensed registered nurse, licensed physician assistant, or physician is expected within a reasonable and prudent time. After the patient has been assessed and stabilized, one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician may be released by protocol or verbal order from a physician. Transport of the patient may then occur with one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician and, at a minimum, one EMT-basic. Ambulance services responding with EMTs-paramedic, licensed registered nurses, licensed physician assistants, or physicians from two

different locations or who release one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician after assessment, shall describe in their operational plan how this staffing will take place to ensure a timely response and adequate care.

- b. One EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician trained in the use of all skills the service is authorized to provide and designated by the medical director and one EMT-intermediate, EMT-basic IV or one EMT-basic if the medical director specifically requests and so authorizes in the EMT-paramedic operational plan. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HSS 112.04(4) for EMTs-paramedic. The staffing configuring option specified in this subdivision paragraph is valid for services beginning EMT-paramedic service on or after January 1, 2000. Any subsequent or additional EMS providers operating a paramedic level service in the same service area must meet or exceed the staffing levels of the previous or currently operating providers.

~~(u) Written commitment by an ambulance service provider using EMTs-paramedic to staff an ambulance to meet the following EMT-paramedic requirements:~~

~~1. When a patient is being transported in a prehospital setting, the ambulance service provider shall ensure that the ambulance is staffed with a minimum of 2 persons who are qualified under one of the following:~~

~~a. Any 2 EMTs-paramedic, licensed registered nurses, licensed physician assistants or physicians, trained in the use of all skills the service is authorized to provide and designated by the medical director, or any combination thereof.~~

~~b. One EMT-paramedic, licensed registered nurse, licensed physician assistant or physician trained in the use of all skills the service is authorized to provide and designated by the medical director and one EMT-intermediate or EMT-basic if the medical director specifically requests and authorizes this staffing in the operational plan.~~

2. When a patient is being transported during an interfacility transfer, the ambulance service provider shall ensure that the ambulance is staffed with a minimum of 2 persons who comply with the scope of practice statement for interfacility transfer that is based on the applicable provisions of 42 USC 1395dd.

**Note:** A copy of the Scope of Practice Statement for Interfacility Transfer is available by contacting the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659 or calling 608-266-1568 or by downloading the form from the DHFS website at [www.dhfs.state.wi.us/DPH\\_EMSIP/index.htm](http://www.dhfs.state.wi.us/DPH_EMSIP/index.htm). Staffing for patients that do not clearly fall into a category described in the Scope of Practice Statement for Interfacility Transfer should be discussed with the transferring institution and physician prior to transport.

3. When approved for staffing with one EMT-paramedic, the ambulance service provider shall ensure that a licensed EMT-paramedic, licensed registered nurse, licensed physician assistant or physician who is trained in the use of all skills the service is authorized to provide is in the patient compartment with the patient at all times during the transportation of a patient requiring EMT-paramedic equipment and treatment skills.

4. The ambulance provider shall ensure that 24-hour-per-day, 7-day-per-week EMT-paramedic emergency ambulance response is available to the primary service area covered by the ambulance service, except as provided in subs. (4), (5), (6) and (7). The assurance requires a roster of sufficient licensed staff to operate the proposed ambulance service in conformance with the requirements of s. 146.50, Stats., and this chapter.

**Note:** EMT-paramedic operational plans should be submitted to the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

**Note:** A community planning guide to assist in the development of an EMT-paramedic operational plan is available from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

(3) EMT-PARAMEDIC 24-MONTH PHASE-IN OF FULL-TIME COVERAGE. (a) An applicant developing an EMT-paramedic operational plan to provide full-time year around service may, if a hardship can be documented, request approval by the department of a phase-in period of up to 24 months to achieve provision of full-time EMT-paramedic coverage. Phase-in of EMT-paramedic coverage requires an EMT-paramedic operational plan and that the ambulance provider be licensed under s. HFS 110.04.

(b) An applicant wanting to provide EMT-paramedic coverage over a phase-in period shall submit an operational plan to the department that includes all the elements under sub. (2), and in addition, all of the following:

1. A description, in detail, of why the phase-in period is necessary, how the phase-in will be accomplished and the specific date, not to exceed 24 months from the initiation of the part-time paramedic service, that full-time paramedic service will be achieved.

2. A description of how quality assurance and paramedic skill proficiency will be evaluated.

(c) During the phase-in period, all requirements for paramedics under s. 146.50. Stats., and this chapter shall be met except for the requirement to provide 24-hour-per-day, 7-day-per-week coverage.

(d) If the department approves an ambulance service provider to provide EMT-paramedic service during a phase-in period, the department shall issue a provisional license for the duration of the phase-in period. An EMT-paramedic ambulance service provider that does not achieve full-time coverage within the approved phase-in period, 24 months maximum, shall cease providing EMT-paramedic service until able to provide full-time coverage and shall revert back to providing EMT-intermediate or EMT-basic service.

(4) INTERFACILITY PARAMEDIC PLAN. (a) In this subsection, "EMT-paramedic interfacility coverage" means scheduled or prearranged transportation and non-emergent care of a patient between health care facilities. Interfacility transports may also include emergency transports between health care facilities based on local protocol.



(b) To provide EMT-paramedic interfacility coverage, an ambulance service provider shall be licensed under s. HFS 110.04 and shall operate under the operational plan approved by the department.

(c) If an ambulance service provider wants to provide EMT-paramedic interfacility coverage, the provider shall submit to the department an operational plan that describes how interfacility paramedic services will be provided. An ambulance service already approved to provide prehospital EMT-paramedic services may amend its existing plan to include interfacility coverage.

(d) To be approved, an EMT-paramedic interfacility operational plan shall include all the elements under sub. (2) and shall, in addition, do all of the following:

1. Describe the types of patients who will be transported.
2. Describe what additional critical care training will be required for paramedics providing interfacility transportation.
3. Meet all requirements of the scope of practice statement for interfacility transfers that apply to the condition of the patient being transported.

(5) SPECIAL EVENT PARAMEDIC PLAN. (a) In this subsection, "special event EMT-paramedic coverage" means prehospital EMT-paramedic service provided at a specific site for the duration of a temporary event which is outside the ambulance service provider's primary service area or at a higher license level within the provider's primary service area.

(b) Special event EMT-paramedic coverage requires an operational plan and that the ambulance provider be licensed under s. HFS 110.04. If the special event EMT-paramedic license application is at a higher level of care than the service is currently licensed to provide, a specific operational plan for special events shall be submitted and approved that includes all the elements under sub. (2) that differ from the existing approved operational plan.

(c) If the special event EMT-paramedic coverage is outside an ambulance service provider's primary prehospital service area, the ambulance service provider shall submit an operational plan that meets all the elements required under sub. (2) that differ from the existing approved operational plan and also addresses how the ambulance service applying for special event coverage will work in conjunction with the primary emergency response ambulance service in the area.

(6) SEASONAL PARAMEDIC PLAN. (a) In this subsection, "seasonal EMT-paramedic coverage" means prehospital EMT-paramedic service provided during specific times of the year when the population of an area has substantially increased for a minimum of 30 consecutive days and EMT-paramedic service is maintained on a 24-hour-per-day, 7-days-per-week basis for the duration of the population influx.

(b) To provide seasonal EMT-paramedic coverage, an ambulance service shall be licensed under s. HFS 110.04 and shall operate under an operational plan approved by the department.

(c) An ambulance service provider wanting to provide seasonal paramedic coverage shall submit to the department an operational plan that describes how prehospital EMT-paramedic service will be provided on a seasonal basis. Once the department initially approves a plan for seasonal EMT-paramedic service, the ambulance service provider shall arrange for renewal of the approval annually by submitting a letter to the department. Any changes to the original plan shall be stated in the letter. The letter shall also include an updated roster of EMTs, proof of insurance coverage and documentation that all vehicles are approved under ch. Trans 309.

(d) To be approved, an EMT-paramedic operational plan for seasonal paramedic coverage shall meet all the requirements under sub. (2) and shall, in addition, do all of the following:

1. Describe the characteristics of the area that demonstrate population fluctuation, including all of the following:

a. Dates during which population increases take place and EMT-paramedic service would be available and how the public is notified of the change in level of service.

b. Approximate population served during the increase.

c. Reason for the population increase.

2. Describe the geographic area covered by the provider.

3. Describe EMT-paramedic staffing, including all of the following:

a. How EMT-paramedic personnel will be provided.

b. Number of EMTs-paramedic required to provide full-time coverage.

c. Number of ambulances.

d. Location of ambulances in region.

4. Describe how quality assurance of the system will be achieved.

5. Describe how EMT-paramedic personnel will be used and how they will maintain proficiency in skills in the off-season.

6. Include agreements with the primary ambulance service provider, the local medical director and the receiving health care facilities in the area that describe how services will be integrated or mutual aid provided.

7. Describe in detail why EMT-paramedic service is not feasible or necessary in the area on a full-time year-round basis.

(7) MEDICAL DIRECTOR ROLES AND RESPONSIBILITIES. (a) *Medical supervision.* An emergency medical technician-paramedic program shall be under the medical supervision of a medical director identified in the EMT-paramedic operational plan. Upon signing the EMT-

paramedic operational plan, the medical director shall be responsible for the medical aspects of implementation of the EMT-paramedic training and operation carried out under the plan and shall do all of the following:

1. Select, approve or designate the personnel who will train and medically supervise emergency medical technician personnel, the program coordinator and the training course instructor if the course is offered outside of an approved EMT-paramedic or refresher course.
2. Ensure that if any physicians providing on-line medical control are used in the program, they will provide medical control in a manner consistent with the operational plan.
3. Sign the protocol or protocols that will be used by emergency medical technician personnel in providing services under the plan.
4. Ensure that all aspects of the EMT-paramedic program are under constant medical supervision and direction.
5. Establish, in consultation with any other physicians involved in the plan, medical control and evaluation policies and procedures for the program.
6. Ensure that evaluation and continuing education activities are consistently carried out and participated in by the hospital or hospitals, physicians, certified training center, ambulance service providers and emergency medical technicians in the emergency medical technician program.
7. Ensure that the findings and recommendations of the quality assurance program described as part of the operational plan under sub. (2) are implemented.
8. Ensure that the emergency medical services program operates in conformance with the approved plan, this section and standards of professional practice.
9. Approve EMTs-paramedic to perform any skills that are contained in the list of authorized actions of EMTs-paramedic under s. HFS 112.04 (4).
10. Withdraw medical approval from any EMT-paramedic to perform EMT-paramedic skills, if the EMT-paramedic has engaged in conduct dangerous or detrimental to the health or safety of a patient or to members of the general public while operating or performing under the scope of the license or needs remedial training to properly treat patients. Upon withdrawing medical approval, the medical director and ambulance service medical director must also develop a course of action for remediation of the EMT-paramedic, with a timeline for completion and return to full service. The EMT-paramedic shall be restricted in providing EMT-paramedic service until the medical director has reviewed the individual's performance and approves the individual to return to full service. The program medical director or service medical director shall immediately inform the department in writing of the restriction on the individual and shall inform the department of the date the individual is returned to full service.

(b) *Designation of on-line medical control physicians.* If an EMT operational plan includes the use of on-line medical control physicians, the medical director shall designate each on-line

medical control physician. An on-line medical control physician shall agree to provide medical control instructions consistent with the approved protocol and be all of the following:

1. Familiar with the design and operation of the emergency medical technician program under the plan.
2. Experienced in medical control and supervision of prehospital emergency care of the acutely ill or injured.
3. Willing to participate in medical control and evaluation activities in the emergency medical technician program.
4. Familiar with the protocol to be used for the provision of medical control and capable of providing medical control consistent with the protocol by means of the telecommunication devices used in the program.
5. A Wisconsin licensed physician.

(c) *Other roles filled by the medical director.* The medical director may also serve as training course medical director or program medical director, or both.

**Note:** Under s. HFS 110.045 (3), an ambulance service is required to have a medical director who has direct oversight for the medical aspects of the service. The service may also have a program medical director who has oversight for common protocols for several services working in a coordinated geographical area.

(8) **REVIEW AND DECISION.** (a) The department shall, within 60 business days following receipt of a complete EMT-paramedic operational plan or plan amendment, either approve or disapprove the plan or plan amendment. If the plan or plan amendment is disapproved, the department shall give the applicant reasons, in writing, for disapproval and shall inform the applicant of the right to appeal the decision under s. HFS 112.08 (5).

(b) The department's approval of a plan or plan amendment shall be based on the department's determination that the plan or plan amendment meets the requirements of this section and on a site visit to the area included in the plan.

(9) **IMPLEMENTATION.** (a) Following department approval of an EMT-paramedic operational plan or plan amendment, all persons named in the plan or plan amendment may implement the program.

(b) The department shall be informed immediately of any changes to the operational plan that alter the hospital, medical director or ambulance service provider involved, or the training program or EMT-paramedic program operations included in an approved plan. The changes shall be approved by the department for the operational plan to be revised.

(10) **CONTINUED APPROVAL.** Continuation of approval of an EMT-paramedic operational plan shall depend on continuous conformance of the plan with the requirements in subs. (2) and

(4), as determined by a joint review of the plan by the department and the ambulance service provider every 2 years.

**HFS 112.08 Enforcement.** (1) DENIAL OF LICENSE, PERMIT OR CERTIFICATION; NONRENEWAL; SUSPENSION; OR REVOCATION OF LICENSE, PERMIT, TRAINING CENTER CERTIFICATION OR EMT-PARAMEDIC INSTRUCTOR-COORDINATOR CERTIFICATION. The department may deny, refuse to renew, suspend or revoke an EMT-paramedic license or training permit, a training center certification or an EMT-paramedic instructor-coordinator certification after providing the applicant, licensee, training permit holder, certified training center or certified EMT-paramedic instructor-coordinator with written notice of the proposed action and written notice of opportunity for a hearing under sub. (5) if the department makes a finding of any of the following:

(a) The applicant, licensee, permit holder, certified training center or certified EMT-paramedic instructor-coordinator does not meet the eligibility requirements established in s. 146.50, Stats., or this chapter.

(b) The licensing examination was completed through error or fraud.

(c) The license, permit or certification was obtained through error or fraud.

(d) The licensee or permit holder violated any provision of s. 146.50, Stats., or this chapter.

(e) The licensee or permit holder has committed or has permitted, aided or abetted the commission of an unlawful act that, as determined by the department, substantially relates to performance of the licensee's or permit holder's duties as an EMT.

(f) The licensee or permit holder has engaged in conduct dangerous or detrimental to the health or safety of a patient or to members of the general public while operating or performing under the scope of the license or permit.

(g) As an EMT-paramedic licensee or permit holder, the individual has failed to maintain certification in CPR for health care professionals by completing a course approved by the department, and acted as an EMT-paramedic.

(h) The certified training center or certified EMT-paramedic instructor-coordinator has failed to adhere to the requirements under s. HFS 112.06.

(2) EMERGENCY SUSPENSION OF LICENSE, PERMIT OR CERTIFICATION. (a) The department may summarily suspend an EMT-paramedic license, EMT-paramedic training permit, training center certification or EMT-paramedic instructor-coordinator certification when the department has probable cause to believe that the licensee, permit holder, certified training center or certified EMT-paramedic instructor-coordinator has violated the provisions of s. 146.50, Stats., or this chapter, and that it is necessary to suspend the license or permit immediately, without advance written notice, to protect the public health, safety or welfare.

(b) Written notice of the suspension and the right to request a hearing shall be sent to the licensee, permit holder or certified training center within 48 hours after the suspension takes place. Receipt of notice is presumed within 5 days of the date the notice was mailed. If the licensee,

permit holder or certified training center desires a hearing, a request for hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 days after the date of the notice of suspension. A request is considered filed when received by the division of hearings and appeals. The division of hearings and appeals shall hold the hearing no later than 30 days after receiving the request for hearing unless both parties agree to a later date and shall provide at least 10 days prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final decision within 10 days after the hearing. The suspension of the license or permit shall remain in effect until a final decision is rendered.

**Note:** A hearing request should be addressed to the division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707, 608-266-3096. Hearing requests may be delivered in person to that office at 5005 University Ave., Room 201, Madison, WI.

(3) **EFFECT ON THE LICENSE OF AN EMT-PARAMEDIC WHEN MEDICAL AUTHORIZATION IS WITHDRAWN TO USE PARAMEDIC SKILLS.** The service medical director may withdraw medical approval from any EMT-paramedic to perform EMT-paramedic skills if the licensee has engaged in conduct dangerous or detrimental to the health or safety of a patient or members of the general public while operating or performing under the scope of the license or needs remedial training to properly treat patients. The EMT-paramedic may be restricted in providing EMT-paramedic service until the medical director has reviewed the individual's performance and approves the individual to return to full service. The medical director shall immediately inform the department in writing of the restriction on the individual and shall inform the department of the date the individual is returned to full service. An action taken by the medical director does not affect an emergency medical technician's license unless action is also taken under sub. (1) or (2) against the individual holding the EMT license.

(4) **COMPLAINTS.** The department may, upon receipt of a complaint or on its own volition, investigate alleged violations of s. 146.50, Stats., or this chapter. An authorized employe or agent of the department, upon presentation of identification, shall be permitted to examine equipment or vehicles or enter the offices of the licensee during business hours without advance notice or at any other reasonable prearranged time. The authorized employe or agent of the department shall be permitted to inspect, review, and reproduce all equipment, vehicles or records of the licensee pertinent to the requirements of s. 146.50, Stats., and this chapter, including but not limited to administrative records, personnel records, records of ambulance runs, training records and vehicle records. The right to inspect, review and reproduce records applies regardless of whether the records are maintained in written, electronic or other form.

(5) **APPEAL.** If, under sub. (1), the department denies, refuses to renew, suspends or revokes an EMT-paramedic license or training permit, a training center certification or an EMT-paramedic instructor-coordinator certification, the department shall send written notice of the action within 48 hours after the action takes place. Receipt of the notice is presumed within 5 days of the date the notice is mailed. The applicant, licensee, permit holder, certified training center or certified EMT-paramedic instructor-coordinator may request a hearing under ch. 227, Stats. The request for a hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 days after the date of the notice required under sub. (1). A request is considered filed when received by the division of hearings and appeals. The division of hearings and appeals shall hold the hearing no later than 30 days after receiving the request for

the hearing unless both parties agree to a later date and shall provide at least 10 days prior notification of the date, time and place for the hearing. The hearing examiner shall issue a proposed or final decision within 10 days after the hearing. The denial, refusal to renew, suspension or revocation shall remain in effect until a final decision is rendered.

**Note:** A hearing request should be addressed to the division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707, 608-266-3096. Hearing requests may be delivered in person to that office at 5005 University Ave., Room 201, Madison, WI.

(6) REPRIMANDS. The department may reprimand a licensee, permit holder, certified training center or certified EMT-paramedic instructor-coordinator if the department finds that the licensee, permit holder, certified training center or certified EMT-paramedic instructor-coordinator falls within any of the circumstances specified in sub. (1) (a) to (h). The department's issuance of the reprimand shall constitute the final decision of the department and is not subject to a hearing under sub. (5).

**HFS 112.09 Waivers.** The department may waive any nonstatutory requirement under this chapter, upon written request, if the department finds that strict enforcement of the requirement will create an unreasonable hardship for the provider and the public in meeting the emergency medical service needs of an area and that waiver of the requirement will not adversely affect the health, safety or welfare of patients or the general public. The department's denial of a request for a waiver shall constitute the final decision of the department and is not subject to a hearing under s. HFS 112.08 (5).

The repeal and the recreation of the rules included in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22(2), Stats.

Wisconsin Department of Health  
and Family Services

Dated:

By: \_\_\_\_\_

Thomas E. Alt  
Deputy Secretary

SEAL:

**SUPPORT IMPROVEMENTS TO THE WISCONSIN EMS SYSTEM  
SUPPORT IMPROVEMENTS IN PATIENT CARE  
SUPPORT IMPROVEMENTS IN EMERGENCY RESPONSE  
SUPPORT IMPROVING THE PROBABILITY OF SAVING LIVES  
SUPPORT CR 00-091 IN ITS ENTIRETY**

**CR 00-091 relates to allowing the physician, charged with the medical direction of an ambulance service, to direct the staffing of that ambulance in a manner that is prudent for the local community.**

**Throughout the rule process three issue areas dominated discussions:**

1. Improve Wisconsin's EMS system by expanding EMT-Paramedic Service throughout Wisconsin and expanding quality patient care. *(Accepted by both Senate \ Assembly Health Committees)*
2. Provide flexibility in existing EMS-Paramedic systems (only with physician and DHFS approval) to improve emergency response time, improve patient care and ultimately improve the probability of saving lives. *(Accepted by Assembly Health Committee and objected to by the Senate Health Committee)*
3. Protect Professional Firefighter of Wisconsin union employment interests for unionized EMT-Paramedics by including a "grandfather clause". *(Accepted by both Senate \ Assembly Health Committees)*

**Why DHFS and 14 other organizations supported CR 00-091:**

- CR 00-091 was created to improve Wisconsin's EMS system, to improve patient care and improve the probability of saving lives.
- Throughout the proposed rule a physician's authority must be obtained before any of the flexible staffing options can be exercised. DHFS included this provision to ensure patient care.
- CR 00-091 in its entirety has received the support of more than 14 organizations representing DHFS, federal government (NHTSA), consumers, physicians, nurses, EMTs, firefighters, fire chiefs, counties, towns, cities and municipalities. Patient care is a priority to these groups and in many cases patient care is their only responsibility.
- Please keep in mind that only one organization opposed CR 00-091.

**The provisions before JCRAR allow the following flexibility - and only with the approval of a physician and/or DHFS.**

- A single paramedic may perform all of their authorized paramedic skills on a patient, prior to the arrival of a second paramedic.

*Under current law, a paramedic would have to wait until a second paramedic arrives before administering paramedic care - Wisconsin is the only state that still requires this provision by law. If it were a family member, friend or I as the patient - I would want that single paramedic to do whatever is within their training to save that life.*



## Paramedic Flexible Staffing

### Improving Patient Care

Page 2

- After the patient has been assessed and stabilized, one EMT-paramedic may be released by protocol or verbal order from a physician. Transport of the patient may then occur with one EMT-paramedic and one other EMT, nurse or physician.

*Many times paramedics respond to emergency calls that do not need paramedic care, which means that two paramedics are now unavailable to answer another serious emergency call that may require paramedic care. This provision simply allows one paramedic (and another EMT, physician or nurse) to transport the patient while the other paramedic is dispatched to the more serious emergency - improving response time and increasing the probability of saving another life.*

- Paramedics may respond to an emergency separately, if the required 2 crewmembers are simultaneously dispatched for response to all pre-hospital emergency transports and intercepts.

*Therefore, if one paramedic is available (on a fire truck, in another ambulance, in a first responder vehicle) another paramedic could team up as a paramedic crew and save a life. Once again this scenario would have to be approved by the medical director and DHFS.*

- Finally, to ensure patient safety, DHFS provides that that ambulance services responding with EMT-paramedics from two different locations or who release one EMT-paramedic shall describe in their operation plan how this staffing will take place to ensure a timely response and adequate care. (*i.e. DHFS has to approve a service's plan before it can be implemented*)

Unfortunately, Wisconsin remains the only state in the country to require by law that at least 2 paramedics must staff a paramedic ambulance.

The Wisconsin EMS Association does advocate for two or more paramedics to staff a paramedic ambulance, however most Wisconsin communities can neither afford, find nor retain the number of paramedics required by current law. Therefore, it is common sense that dictates each community under the administration of the medical director of an ambulance service be allowed to provide the best possible emergency response and patient care to it's citizens.

The provisions before JCRAR allow existing EMS-Paramedic systems, with approval of a physician and DHFS, to implement flexible staffing configurations. These DHFS flexibility provisions are intended to improve Wisconsin EMS system, improve patient care and save lives.



July 16, 2001

Representative Glenn Grothman  
Assembly Co-Chair, Joint Committee for  
Review of Administrative Rules  
State Capitol  
P.O. Box 8952  
Madison, WI 53708-8952

Senator Judy Robson  
Senate Co-Chair, Joint Committee for  
Review of Administrative Rules  
State Capitol  
P.O. Box 7882  
Madison, WI 53707-7882

Re: Clearinghouse Rule 00-091 – Flexible Paramedic Staffing

Dear Representative Grothman and Senator Robson:

On behalf of the 9,000 physician members of the State Medical Society and the millions of patients they serve across Wisconsin, we urge your support for the Department of Health & Family Services (DHFS) proposal related to “flexible paramedic staffing,” proposed HFS 112.07(2)(u)1.a.

Two problems relating to EMT-paramedic staffing are created by current Wisconsin law:

Problem 1 – The Two-Paramedic Requirement – In order to place one paramedic on an ambulance, a community or ambulance service must staff the ambulance with two paramedics, 24/7/365. This inflexible limitation prevents many rural communities in Wisconsin from having any paramedic coverage.

Proposed HFS 112 sought to give Wisconsin’s rural citizens the potentially life-saving protections of some paramedic services by allowing communities to staff ambulances with just one EMT-paramedic. The firefighters union has consistently objected to this change.

Solution – Fortunately, by adding a “grandfather” clause to their revised proposal, requiring all current 2-paramedic systems to retain their 2-paramedic staffing levels, DHFS has resolved this labor concern, and this section does not require the Joint Committee’s review. This change to state law will allow our rural citizens access to the same level of emergency services that most urban residents now enjoy.

Problem 2 – Flexible Paramedic Staffing – An EMT-paramedic – possessing the greatest number of life saving skills of any EMT – cannot provide paramedic-level services for which they are trained unless accompanied by a second EMT-paramedic. This means that if a paramedic is at an accident scene without another paramedic, the law prohibits them from utilizing their full training in order to save lives! Imagine a loved one who is hurt not receiving the best emergency care because our state law prohibits someone from using their skills and training to their fullest.

Solution – HFS 112.07(2)(u)1.a, as proposed by DHFS, would allow a single paramedic arriving on-scene to provide the full spectrum of paramedic-level care while awaiting arrival of a second paramedic. This change would allow the physician medical director to more effectively utilize their EMT-paramedics to provide life-saving care (for example, an off-duty, on-call “first responder” paramedic) given changing circumstances.

In emergency care, the speed with which a severely injured or ill patient receives care is one of the most critical factors in determining a positive outcome for the patient. Some communities are able to staff just a single paramedic-ambulance (this means they have enough paramedics to staff the ambulance with two at all times). If an emergency requiring paramedic care arises while the only paramedic ambulance is already on a call, perhaps many miles away, this provision would allow the EMS medical director to use one of the off-duty paramedics in an on-call, first-responder capacity. The ultimate result is more citizens will have access to paramedic care given limited community resources.

Under the name of “better patient care,” opponents of this provision have argued that “two paramedics are better than one.” However, as the Assembly Public Health committee heard in live testimony, there are no studies or other evidence available demonstrating that patients receiving care from a two-paramedic team fare better than patients receiving care from a single paramedic. In an ideal world with unlimited resources and a sufficient supply of highly trained EMT-paramedics, every ambulance in Wisconsin should be staffed with two, or even three paramedics. But we do not live in that world. Our current paramedic regulations deprive many Wisconsin citizens of access to the most skilled EMS care available. Non-paramedic EMTs are not able to perform all of the life-saving skills or procedures that paramedics perform – it is nonsensical to argue that it is better for patients who require paramedic-level care to send non-paramedic EMTs rather than allowing a medical director to send a single paramedic “first responder” if circumstances so require.

This proposed rule simply allows physician medical directors in existing 2-paramedic systems (which must remain 2-paramedic systems) to utilize their paramedics in a way that provides their community with the greatest access to the best emergency care. However, this proposal *requires* that in order for a single paramedic to utilize paramedic skills on-scene a second paramedic must be en route; or, if two paramedics are able to stabilize a patient prior to transport to a hospital, one may accompany the patient to the hospital while the other remains “on-call” and available to help other citizens who may need her/his life-saving skills.

All of Wisconsin’s citizens deserve access to paramedic-level emergency care. Proposed HFS 112 will help communities throughout Wisconsin provide the best emergency care to their citizens. We urge your support for HFS 112.07(2)(u)1.a., without modification, as proposed by DHFS.

Sincerely,



Alice O'Connor, Vice President  
Advocacy & Policy

cc: Members, Joint Committee for Review of Administrative Rules  
Ms. Laura Leitch, Esq. (WACEP)  
Mr. Forbes McIntosh (Wisconsin EMS Association)



# URBAN

Wisconsin State Representative • 99th Assembly District

**DR. FRANK H. URBAN**

July 16, 2001

Senator Judy Robson, Co-Chair  
15 South, State Capitol  
Madison WI 53702

Representative Glenn Grothman, Co-Chair  
15 North, State Capitol  
Madison, WI 53702

RE: **Support for Flexible Staffing of Paramedics  
Support CR 00-091 in its Entirety**

Dear Senator Robson and Representative Grothman:

As Chairman of the Assembly Public Health Committee, I understand and support the entire proposed rule CR 00-091, as submitted by the Department of Health and Family Services, allowing for flexible staffing on Wisconsin ambulances.

I support retaining the rule in its entirety and support including in the final rule those provisions objected to by the Senate Health Committee. These provisions are necessary to allow for flexibility within existing and future paramedic systems, which is intended to improve patient care.

A majority of the Assembly Public Health Committee supports the positive impact of these proposed rules on both existing paramedic systems and future paramedic systems. They understand the positive impact of these proposed rules on towns, villages, and cities in Wisconsin.

Sincerely,



Dr. Frank Urban, Chairman  
Assembly Public Health Committee

Cc: Members of the Joint Committee on the Review of Administrative Rules

The Department's final proposed rule had 2 major staffing provisions in s. HFS 112.07 (2) (u) 1. controlling what a paramedic could do when a patient is being transported. Section HFS 112.07 (2) (u) 1. a. addressed *existing* paramedic services, while subd. par. 1. b. applied to *new* paramedic services. Senator Moen's Committee objected to all but the first sentence of subd. par. a.:

"1. When a patient is being transported in a prehospital setting, the ambulance service provider shall ensure that the ambulance is staffed with a minimum of 2 persons who are qualified under one of the following:

a. Any 2 EMTs-paramedic, licensed registered nurses, licensed physician assistants or physicians, trained in the use of all skills the service is authorized to provide and designated by the medical director, or any combination thereof. ~~If responding separately, the required crew members shall be simultaneously dispatched for responses to all prehospital emergency transports and intercepts. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HFS 112.04 (4) for EMTs-paramedic prior to the arrival of a second paramedic, licensed registered nurse, licensed physician assistant, or physician, as long as arrival of the second paramedic, licensed registered nurse, licensed physician assistant, or physician is expected within a reasonable and prudent time. After the patient has been assessed and stabilized, one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician may be released by protocol or verbal order from a physician. Transport of the patient may then occur with one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician and, at a minimum, one EMT-basic. Ambulance services responding with EMTs-paramedic, licensed registered nurses, licensed physician assistants, or physicians from two different locations or who release one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician after assessment, shall describe in their operational plan how this staffing will take place to ensure a timely response and adequate care.~~

b. One EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician trained in the use of all skills the service is authorized to provide and designated by the medical director and one EMT-intermediate, EMT-basic IV or one EMT-basic if the medical director specifically requests and so authorizes in the EMT-paramedic operational plan. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HFS 112.04 (4) for EMTs-paramedic. The staffing configuring option specified in this subdivision paragraph is valid for services beginning EMT-paramedic service on or after January 1, 2000. Any subsequent or additional EMS providers operating a paramedic level service in the same service area shall meet or exceed the staffing levels of the previous or currently operating providers."

To: Representative Glenn Grothman, Co-Chair  
Senator Judy Robson, Co-Chair  
Members of the Joint Committee on the Review of Administrative Rules  
From: Don Hunjadi, Executive Director  
Date: Monday, July 16, 2001  
Re: **Support Patient Care**  
**Support Flexible Staffing of Paramedics**  
**Support CR 00-091 in its Entirety**

On Wednesday, July 18 at 1:00 PM the Joint Committee on the Review of Administrative Rules will hold a hearing on rule modifications contained in CR 00-091 relating to improving Wisconsin's EMS system and patient care.

Please understand that Wisconsin is the only state in the country that still requires by law that a minimum of two paramedics staff a paramedic ambulance in order for paramedic-level care to be provided.

**The Wisconsin EMS Association in cooperation with several other organizations, including the Department of Health and Family Services (DHFS), support CR 00-091 in its entirety! – as does the Assembly Health Committee.**

**In fact, the federal government through the National Highway Traffic Safety Administration (NHTSA) recommended in April 2001 that Wisconsin "Support the proposed rule allowing one EMT-Paramedic per EMT-Paramedic ambulance".**

The language that DHFS currently proposes in CR 00-091 is a major compromise from its original proposal. This compromise language still protects the staffing levels of current paramedic ambulance services by requiring that two paramedics be dispatched to each and every call. However, it adds badly needed flexibility to these existing systems by allowing a single paramedic to begin care while the second paramedic is on the way to the scene. It also allows the second paramedic to go back into service and answer additional calls in certain circumstances when the patient has been treated and **stabilized by two or more paramedics at the scene.** Does it make sense to prohibit a paramedic from providing needed patient care until a second paramedic is physically on the scene? By that time, it might be too late! It is unfortunate, but the debate on this issue has come down to improving care for the citizens of Wisconsin versus one labor union. The union's concerns have been met by instituting a "grandfather" clause that will protect firefighter union jobs. The only issue left to debate is whether the DHFS rule modifications will be approved and patient care improved for everyone in the state.



## **Paramedic Flexible Staffing**

### **Page 2**

For the past year several organizations in cooperation with the DHFS have been working to improve Wisconsin's EMS system and improve patient care. From the beginning these groups and organizations have sought to allow the physician, charged with the medical direction of an ambulance service, to direct the staffing of that ambulance in a manner that is prudent for the local community. All the organizations involved believe the physician (medical director) is the appropriate person to protect and improve patient care.

#### **The 14 groups that signed a position statement supporting this ideal include:**

American Association of Retired Persons; Coalition of Wisconsin Aging Groups; Wisconsin Alliance of Cities; Wisconsin Chapter of the American College of Emergency Physicians; Wisconsin Chapter of the Emergency Nurses Association; Wisconsin Counties Association; Wisconsin EMS Association; Wisconsin Farm Bureau Federation; Wisconsin Fire Chief's Association; Wisconsin Fire Chief's Education Association; Wisconsin League of Municipalities; Wisconsin State Firefighters Association; Wisconsin State Medical Society; and, Wisconsin Towns Association.

Please keep in mind that the organizations who support the rule modifications represent the everyday citizen, patients, nurses, physicians, firefighters, fire chiefs, EMTs (Basic, Intermediate and Paramedic) and local government. **Please keep in mind also that there has been and continues to be only one group opposed to this rule modification.**

In an effort to reach an agreement with the firefighter's union, a provision was included to "grandfather" existing paramedic services so that an ambulance would continue to be routinely staffed with two paramedics. This provision would protect the jobs of those unionized paramedics who operate in existing paramedic systems and would guarantee that current paramedic services maintain the same staffing levels. In other words, if a service currently has six paramedics on duty on a shift, those same six paramedics would still be required under the proposed DHFS language.

Please, listen to the doctors, nurses, EMTs, 90% of Wisconsin's firefighters, fire chiefs, and local government and allow the medical director to have the flexibility to improve patient care, emergency response and save lives. Do what is best for the patient! Support 00-091 as DHFS proposed.

Thank you.



# Wisconsin State Fire Chiefs Association, Inc.

Together We Can Make A Difference

- Education
- Prevention
- Safety
- Suppression
- EMS

DATE: July 16, 2001

TO: Representative Glenn Grothman, Co-Chair  
Joint Committee for the Review of Administrative Rules

FROM: Wisconsin State Fire Chiefs Assoc.

RE: Flexible Staffing of Paramedics

The Wisconsin State Fire Chiefs Association asks that you support the entire DHFS Rule relating to Paramedic Flexible Staffing (CR 00-091). The proposed flexible paramedic staffing for existing paramedic services will require two paramedics staff every ambulance in an existing (prior to January 2000) paramedic service. The only flexibility allowed under the proposed rule for existing paramedic services will allow the existing paramedic service to serve their community in a more efficient manner. Without the rule change, both paramedics could be tied up transporting a patient which does not require advance life support care and at the same time have another resident of the community in need of paramedic care and it would not be available.

The only two instances when flexibility would be allowed under the proposed change for existing paramedic services are when either;

- 1) Two paramedics are responding from different locations, the first paramedic on location could begin providing care to the patient, at the paramedic level, as long as the second paramedic will arrive on the scene in a prudent amount of time.  
and/or
- 2) Two paramedics arrive at the patient's side, evaluate the patient and determine that paramedic level of care will not be needed when transporting this patient to the hospital. Then either under the medical director's written protocols or through direct medical contact with the medical director the decision could be made to transport that patient with one paramedic and one basic EMT.

This is not decreasing the quality of care provided the residents of the community. This is utilizing the medical resources that each community has available to provide the highest level of care for the residents (taxpayers) of your community.

Please consider supporting the Flexible Paramedic Rule (CR 00-091) as it is written, which will allow existing paramedic services to provide the best care available for its residents. Questions should be directed to Dave Bloom, Legislative Liaison at 608-210-7218.

P.O. Box 44743, Madison, WI 53744-4743  
Phone: 1-800-375-5886 Fax: 608-274-8262





# WISCONSIN STATE LEGISLATURE

Post Office Box 8953 · Madison, Wisconsin 53708-8953

To: Representative Glenn Grothman, Co-Chair  
Senator Judy Robson, Co-Chair  
Members of the Joint Committee on the Review of Administrative Rules  
Date: Thursday, July 12, 2001  
Re: **Support Flexible Staffing of Paramedics**  
**Support CR 00-091 in its Entirety**

We the undersigned members of the Assembly Public Health Committee understand and support the entire proposed rule CR 00-091, as submitted by the Department of Health and Family Services, allowing for the flexible paramedic staffing on Wisconsin ambulances.

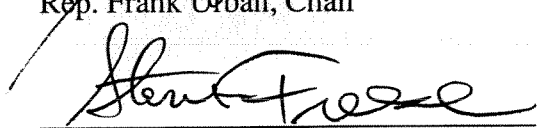
We the undersigned support retaining the rule in its entirety and support including in the final rule those provisions objected to by the Senate Health Committee. These provisions are necessary to allow for flexibility within existing and future paramedic systems, which is intended to improve patient care.

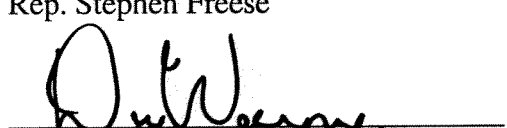
A majority of the Assembly Public Health Committee supports the positive impact of these proposed rules on both existing paramedic systems and future paramedic systems.

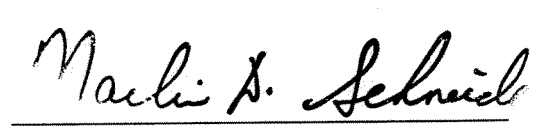
We the undersigned understand the positive impact of these proposed rules on town, villages, and cities in Wisconsin.

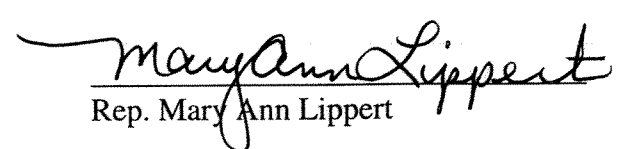
  
Rep. Frank Urban, Chair

  
Rep. Terri McCormick

  
Rep. Stephen Freese

  
Rep. DuWayne Johnsrud

  
Rep. Marlin Schneider

  
Rep. Mary Ann Lippert



P.O. Box 7882  
MADISON, WI 53707-7882  
(608) 266-2253

P.O. Box 8952  
MADISON, WI 53708-8952  
(608) 264-8486

## JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

July 20, 2001

The Honorable Fred Risser  
Senate President  
State Capitol Building, Room 220 South  
Madison, WI 53702

The Honorable Scott Jensen  
Assembly Speaker  
State Capitol Building, Room 211 West  
Madison, WI 53702

Dear President Risser and Speaker Jensen:

The Joint Committee for the Review of Administrative Rules met in Executive Session on July 18, 2001 and adopted the following motions:

### PSC 167

#### Relating to extended-service area.

Moved by Representative Grothman, seconded by Representative Seratti that, pursuant to s. 227.19(4)(d) 6 and 227.26 (2) (d), Stats., the Joint Committee for Review of Administrative Rules suspends s. PSC 167.08 (2) and that portion of s. PSC 167.09 (1) beginning with the word "If" and ending with the word "increment,".

Ayes: (10) Representatives Grothman, Seratti,  
Gunderson, Turner, and Hebl; Senators Robson, Grobschmidt,  
Hansen, Schultz and Cowles.\*  
Noes: (0)  
Absent: (1) Senator Cowles\*

Motion Carried

10 Ayes, 0 Noes, 1 Absent.  
\*voted by polling

### WLC 0180

Moved by Representative Grothman, seconded by Representative Gunderson that, pursuant to s. 227.26 (2) (f), stats., introduces WLC 0180.

Ayes: (10) Representatives Grothman, Seratti,  
Gunderson, Turner, and Hebl; Senators Robson, Grobschmidt,  
Hansen, Schultz and Cowles.\*  
Noes: (0)  
Absent: (1) Senator Cowles\*

Motion Carried

10 Ayes, 0 Noes, 1 Absent.  
\*voted by polling

**Clearinghouse Rule 00-091**

**Relating to licensing of emergency medical technicians-paramedic and approval of emergency medical technician-paramedic operational plans. Submitted by the Department of Health and Family Services. Objected to in part and referred by the Senate Committee on Health, Utilities, Veterans and Military Affairs.**

Moved by Representative Grothman, seconded by Representative Turner that, pursuant to s. 227.19 (5) (b) 2., Stats., requests that the Department of Health and Family Services modify Clearinghouse Rule 00-91 and submit a modification to the Committee no later than August 17, 2001.

Ayes: (10) Representatives Grothman, Seratti, Gunderson, Turner, and Hebl; Senators Robson, Grobschmidt, Hansen, Schultz and Cowles.\*

Noes: (0)

Absent: (1) Senator Cowles\*

Motion Carried 10 Ayes, 0 Noes, 1 Absent.\*voted by polling

**DOC 309**

**Relating to resources for inmates.**

Moved by Representative Grothman, seconded by Representative Turner that, pursuant to s. 227.24(2)(a), Stats., the Joint Committee for Review of Administrative Rules extends DOC 309 at the request of Department of Corrections by 60 days.

Ayes: (10) Representatives Grothman, Seratti, Gunderson, Turner, and Hebl; Senators Robson, Grobschmidt, Hansen, Schultz and Cowles.\*

Noes: (0)

Absent: (1) Senator Cowles\*

Motion Carried 10 Ayes, 0 Noes, 1 Absent.\*voted by polling

Pursuant to s. 227.24(2)(c), stats., as treated by 1997 Wisconsin Act 185, please forward a copy of this notice to the chairperson of the standing committee in your respective house most likely to have jurisdiction over the Clearinghouse Rule corresponding to this emergency rule.

Sincerely,

  
Senator Judith B. Robson  
Senate Co-Chair



Representative Glenn Grothman  
Assembly Co-Chair

JBR:GSG:mjg



P.O. Box 7882  
MADISON, WI 53707-7882  
(608) 266-2253

P.O. Box 8952  
MADISON, WI 53708-8952  
(608) 264-8486

## JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

September 27, 2001

Phyllis Dube', Secretary  
Department of Health and Family Services  
1 West Wilson Street, Ste. 650  
Madison, WI 53702

Dear Secretary Dube':

The Joint Committee for the Review of Administrative Rules met in Executive Session on September 20, 2001 and adopted the following motions:

**Clearinghouse Rule 00-091**      **Relating to licensing of emergency medical technicians-paramedic and approval of emergency medical technician-paramedic operational plans.**  
**Submitted by the Department of Health and Family Services.**

Moved by Representative Grothman, seconded by Senator Welch that,

1. The Joint Committee for Review of Administrative Rules rescinds a part of its objection to Clearinghouse Rule 00-091. The original objection was made on August 30, 2001 and was directed to all but the first sentence of proposed s. HFS 112.07 (2) (u) 1. a. The Joint Committee, by taking this partial rescission of its previous action, restores the following language to Clearinghouse Rule 00-091:

A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this paragraph may perform all of the skills authorized under s. HFS 112.04 (4) for EMTs-paramedic.

2. The cochairpersons of the Joint Committee for Review of Administrative Rules will, by written communication to the Department of Health and Family Services, indicate the Joint Committee's desire and expectation that the unobjected to portion of Clearinghouse Rule 00-091 will be promulgated promptly so that, among other things:
  - a. The provision of paramedic services will be expedited in those areas of Wisconsin currently without such services.
  - b. A paramedic will be able to provide full paramedic services.

Ayes: (10)      Representatives Grothman, Gunderson,  
Seratti\*, Turner and Hebl\*; Senators Robson, Grobschmidt,  
Hansen\*, Cowles, and Welch.

Noes: (0)

Motion Carried.

10 Ayes, 0 Noes \*voted by polling

LRB 3716/2 and 3717/2

**Relating to licensing of emergency medical technicians-paramedic and approval of emergency medical technician-paramedic operational plans.**

Moved by Senator Grobschmidt, seconded by Senator Cowles that, pursuant to s. 227.19(5)(e), Stats., the Joint Committee for Review of Administrative Rules introduces LRB 3716/2 and 3717/2.

Ayes: (8) Representatives Gunderson, Turner and Hebl\*; Senators Robson, Grobschmidt, Hansen\*, Cowles, and Welch.

Noes: (2) Representatives Grothman and Seratti.

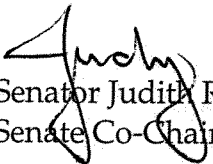
Motion Carried.


8 Ayes, 2 Noes \*voted by polling

In accordance with this motion, we write to you to emphasize the explicit intent of JCRAR that, while the Legislature considers the partial objection to Clearinghouse Rule 00-091, the Department of Health and Family Services will promulgate the remainder of the rule. As stated in the motion, the promulgation of the remainder of the rule will expedite the provision of paramedic services in rural Wisconsin. Also, this action will ensure that if an emergency medical technician-paramedic arrives at the scene of an emergency prior to the arrival of an ambulance, the emergency medical technician-paramedic will be able to provide full paramedic services.

Pursuant to s. 227.24(2)(c) Stats, we are notifying the Secretary of State and the Revisor of Statutes of the Committee's action through copies of this letter.

Sincerely,

  
Senator Judith Robson  
Senate Co-Chair

  
Representative Glenn Grothman  
Assembly Co-Chair

JBR:GSG:mjg

cc: Secretary of State Doug LaFollette  
Revisor of Statutes Gary Poulson