Dear Sec Leean:

We have reviewed the compromise suggested by the Professional Firefighters of Wisconsin for the proposed revisions to the PARAMEDIC RULE (HFS 112). We believe that it is a reasonable compromise and therefore encourage you to modify the proposed rule as suggested by them.

The purported purpose of the portion of the rule providing a mechanism for a single paramedic to operate with either an EMT-B or an EMT-I is to make it easier for rural parts of the state not now receiving paramedic service to implement such service. We understand that concern and believe that more needs to be done to try to improve emergency care in these rural areas.

However, we are afraid that the way the proposed rule is now drafted could result in a serious unintended consequences. Rather than the rule facilitating the improvement of emergency health care in rural areas it could result in the downgrading of service in urban areas now having paramedics.

We know that is not the department's intention but that is a real possibility if the rule as proposed is not changed!

The PFFW's alternative gives flexibility to rural areas while making sure that the larger urban areas keep the current levels of service in place. As the PFFW points out in their letter, 98 cities, 366 villages, 1,230 towns and 23 counties would be eligible to operate with a single paramedic and an EMT-I. We think that is an equitable solution!

We further want you to know that we don't see this as a "jobs" issue but rather a "quality of care" issue. Either way, the rule requires two individuals to operate the paramedic unit. Both are likely to be employees of the same EMS system and if full time employees are likely to be members of the PFFW. The difference in pay between a paramedic and an EMT-I is modest.

Rather this is a quality of emergency care issue. Though paramedics are highly trained and will become even more so under these rules, they often rely on the advice and consultations of each other at emergency scenes. Turning to either an EMT-B or even an EMT-I is not the same. Often emergency scenes have multiple individuals with serious injuries necessitating two paramedics.

For these reasons we recommend that prior to your referring HFS 112 to the legislature for review, you make these modifications as contained in the PFFW letter.

Your consideration of this request will be greatly appreciated.

Sincerely,

Sen. Rod Moen
Chairman
Senate Health Committee

Rep. Gregg Underheim
Chairman
Assembly Health Committee

Sen. Judy Robson
CoChair
Administrative Rules Committee

Rep. Glenn Grothman
CoChair
Administrative Rules Committee

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September 29, 2000

SECRETARY JOSEPH LEEAN
HEALTH & FAMILY SERVICES
P O BOX 309
MADISON WI 53701-0309

Dear Secretary Leean:

At the public hearings held by your department on the proposed revisions to HFS 112 much testimony centered on the need to make it easier for rural areas of Wisconsin to receive paramedic service. We certainly understand those concerns.

At the same time however, many of our paramedics feared that the proposed change would actually result in less paramedic service in those areas of the state already served by two paramedics simply so that rural, underserved areas could receive at least minimal service.

Our paramedics that work in the field every day experience many situations where two paramedics are crucial to the successful care and transport of patients, often more than one patient at a time. We want to make sure our paramendics are in a position to continue to provide this care.

In an effort to meet both worthy objectives, the PFFW would like to offer an alternative solution. Urban areas would continue to have two paramedics and rural areas would be given the option to utilize just one. The attached document contains the specifics of our proposal.

Under this proposal if a municipality has a population of less than 5,000 or a county has less than 20,000, only one paramedic would be required. Once the population exceeded that level, then two paramedics would be required. Municipalities and counties with populations above those levels would have the current requirement apply.

We estimate that this alternative would make the one paramedic rule an option in 98 cities, 366 villages, 1230 towns and 23 counties in the state.

I think you can see that this alternative would provide an opportunity for limited paramedic service in hundreds of rural communities across Wisconsin. We therefore hope that you will give it serious consideration.

Sincerely,

Mark D. Zeier
State President

Michael Kunesh
State Vice President

Rick Gale
State Secretary-Treasurer

Enc.

cc: Senator Rod Moen
Senator Judy Robson
Representative Gregg Underheim
Representative Glenn Grothman

PFFW POSITION

ON ONE VERSUS TWO

PARAMEDIC STAFFING LEVELS

1. Municipalities or towns with a population of more than 5,000 and currently have paramedics would not have the option to reduce down to one paramedic.

2. The municipality or town in No. 1 above is the one in which the paramedic system is licensed.

3. Communities with a population of less than 5,000 would have the option of having either one or two paramedics.

4. Once the population of a community exceeds 5,000 then two paramedics would be required. These communities would have 24 months to meet the two paramedic requirement.

5. If a county were to operate a paramedic system and has a population of less than 20,000 they would have the option of using one paramedic. When the population exceeds 20,000 the county would have 24 months to meet the two paramedic requirement.

6. If the current paramedic license holder is required to have two paramedics and transfers the license, the new license holder is required to meet the same staffing requirements as the original license holder.

7. Any municipality of county utilizing one paramedic would need to be accompanied by an EMT-1.

PROPOSED ORDER OF THE
DEPARTMENT OF HEALTH AND FAMILY SERVICES
REPEALING AND RECREATING RULES

To repeal and recreate chapter HFS 112, relating to licensing of emergency medical technicians-paramedic and approval of emergency medical technician-paramedic operational plans.

Analysis Prepared by the Department of Health and Family Services

The Department of Health and Family Services licenses emergency medical technicians-paramedic (EMTS-paramedic) and approves the operational plans that counties, cities, towns, villages and hospitals propose for using EMTs-paramedic to deliver emergency medical care. The Department's rules are in ch. HFS 112, Wis. Adm. Code. No individual may perform the duties of an EMT-paramedic unless licensed by the Department.

This rulemaking order modifies ch. HFS 112, Wis. Adm. Code, to reflect changes in the practice of emergency medical services since the chapter was last revised. These changes result from extensive discussions with EMS advisory bodies and other interested parties. Significant changes to the chapter include use of the term "interfacility" to distinguish between facilities and prehospital 911 care; clarification regarding the term "medical director;" raising the minimum number of hours required for EMT-paramedic coursework from 750 to 1000; and the addition of flexibility for using fewer than 2 paramedics in certain circumstances. The updating also adds renewal requirements for instructor-coordinators and increases authority for a medical director to remove medical authority for an EMT to practice if there are concerns about the EMTs training, skills, ability or judgment.

The Department's authority to repeal and recreate these rules is found in ss. 146.50 (4) (c), (5) (b) and (d) 3., (6) (b) 2., (6n), and (13) and 250.04 (7), Stats. The rules interpret s. 146.50, Stats.

SECTION 1. Chapter HFS 112 is repealed and recreated to read:

CHAPTER HFS 112

LICENSING OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC AND APPROVAL OF EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC OPERATIONAL PLANS

HFS 112.01 Authority and purpose. This chapter is promulgated under the authority of ss. 146.50 (4) (c), (5) (b) and (d) 3., (6) (b) 2., (6n) and (13) and 250.04 (7), Stats., to protect members of the public who require emergency medical care in prehospital or interfacility settings by establishing standards for licensing emergency medical technicians-paramedic (EMTs-paramedic) and for approving county, city, town, village and hospital emergency medical service plans that propose to use EMTs-paramedic to deliver emergency medical care.

HFS 112.02 Applicability. This chapter applies to any person who applies for or holds an EMT-paramedic license or training permit; to any organization applying for certification or certified to offer EMT-paramedic training; and to any county, city, town, village, hospital or ambulance

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 90 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 as necessary.

(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 national standard curriculum for training EMTs-paramedic. If the training course includes any additional skills or medications, the training center medical director and the department shall approve them.

(b) The training course shall include content and behavioral objectives at least equivalent to the Wisconsin revision of the national standard curriculum for training EMTs-paramedic.

(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.

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 pre-arrival instructions are given by dispatchers.

(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 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 a copy shall be kept by the ambulance provider.

(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 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. The staffing shall be consistent with the scope of practice statement for interfacility patient transfers and is dependent on patient condition.

Note: The Scope of Practice Statement for Interfacility Patient Transfers can be obtained from the EMS Systems and Licensing Section, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659.

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 to 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. (3), 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 EMT-paramedic service provided during transportation of patients between health care facilities.

(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.