Report From Agency

ADMINISTRATIVE RULES
DEPARTMENT OF HEALTH SERVICES
REPORT TO THE LEGISLATURE
CLEARINGHOUSE RULE 10-085
CH. DHS 110, EMERGENCY MEDICAL SERVICES
LICENSING, CERTIFICATION, AND TRAINING REQUIREMENTS

Basis and Purpose of Proposed Rule

Currently, rules for each of the 5 levels of emergency medical care, including for ambulance service providers and non-transporting service providers, are in separate rule chapters. Over the years, previous rule revisions have unintentionally resulted in inconsistent standards, inconsistent application of standards, and other conflicts between the rules. In addition, several advances in the emergency medical services (EMS) have occurred that make existing rules outdated.

The department proposes to clarify and update existing rules, establish new rules, and consolidate existing rule chs. DHS 110 to 113 and 119, relating to EMS, which include rules regulating the operations of ambulance services, non-transporting services, first responders, and EMTs, into a single administrative rules chapter. The department also proposes to do the following:

- Create a critical care level of emergency medical care as an endorsement to the EMT-paramedic license. The proposed rules outline the requirements for the endorsement and the requirements for an ambulance service provider to be qualified to provide this level of care.

- Establish an endorsement to the EMT license for tactical EMS.

  Create an additional level of instructor. The creation of the EMS Instructor I level is based on the need to assure that all people who assist in a classroom are properly qualified. The rule outlines the qualifications and documentation that will be required by the certified training center to assure that EMS instructors are qualified and have verifiable qualifications.

- Create rules for air medical services. The focus on qualifications is the basis for the development of the proposed air medical services rules. There has been a national focus on air medical services and the air medical consortia in Wisconsin have asked the department to develop rules. The proposed rules set out basic parameters for service operation which are in addition to the existing ambulance service requirements for which air medical services are currently responsible.

- Remove rules specifying scopes of practice, including required skills, medication, and treatments, for EMS personnel. Current rules specify treatments, skills, and procedures that are no longer current or that may not be in the best interest of the patient. In order to maximize the department's ability to keep up with the frequent advances in treatment, skills, procedures and other standards, the department will establish the scopes of practice in a document that may be modified as needed in conjunction with the Governor-appointed EMS Advisory Board and the Physician Advisory Committee.

- Create administrative fees to offset the costs of administering the EMS program. With the increased flexibility and expansion of emergency medical care, there is an increased need to assure that EMS personnel are properly qualified and licensed. Currently, no licensing fees are assessed to EMS personnel or ambulance services. The department's EMS section has limited revenue resources to support the 19,000 licensed individuals in the state. Increasingly, significant time is required to review the applicants for any criminal history or driver license issues. Applicants from other states must be reviewed to assure they are legally qualified to hold a license in Wisconsin. In order to recover these costs, the department proposes to assess administrative fees that are indexed to the consumer price index for urban consumers (CPI-U) for late renewal of a license, reinstatement of a lapsed license, returned renewal notification, and verification of out-of-state license to another state. The department also proposes to assess a fee to be licensed in Wisconsin based on training and licensure from another state (reciprocity), and a manual processing fee for manually processing applications outside of the department's electronic licensing system.

The department's statutory authority for these rules can be found in ss. 256.08 (4) (e), (g), and (k) and 256.15 (4) (c), (5) (b), (6) (b) 2., and (c), (6g), (9m) and (13), Stats.

Responses to Legislative Council Rules Clearinghouse Recommendations

The department accepted the comment(s) made by the Legislative Council Rules Clearinghouse and modified the proposed rule where suggested.

Final Regulatory Flexibility Analysis

The proposed rules will not have a negative fiscal impact on small or large private sector emergency medical service providers or training centers because the proposed rules consolidate, clarify, and by inserting new standards of care, update existing rules. These changes should make compliance easier and more efficient for small and large private sector providers.

Changes to the Analysis or Fiscal Estimate

Analysis

No changes were made to the rule's analysis.

Fiscal Estimate

No changes were made to the rule's fiscal estimate.

Public Hearing Summary

The department began accepting public comments on the proposed rule via the Wisconsin Administrative Rules website on July 1, 2010. A public hearing was held on August 2, 5 and 6, in Wausau, Janesville, Fond du Lac, and Ashland. Two public hearings were held in Madison on August 4. Forty-one persons attended the hearing. Public comments on the proposed rule were accepted until August 6, 2010.

List of Public Hearing Attendees and Commenters

The following is a complete list of the persons who attended the public hearing or submitted comments on the proposed rule, the position taken by the commenter and whether or not the individual provided written or oral comments.

	Name and Address	**Position Taken** (Support or Opposed)	**Action** (Oral or Written)
1.	Ray Lemke P4549 Pineview Rd Birnamwood, WI 54414	Support	Written
2.	Maynard Blodgett PO Box 17 Mattoon, WI 54450	Support	Written
3.	Robin Schultz Sacred Heart Hospital 900 W Clairmont Ave Eau Claire, WI 54701	Support	Written
4.	Jon Schultz Eau Claire Fire Department 216 S Dewey St Eau Claire, WI 54701	None provided	Observed only
5.	Josh Finke 902 Parrot Ln Wausau, WI 54401	None provided	Observed only
6.	Jon Petroskey 700 Edison St Antigo, WI 54409	None provided	Observed only
7.	Nick Sphatt 700 Edison St Antigo, WI 54409	None provided	Observed only
8.	Kerry Campbell 40 Wallander Rd	Support	Written

	Name and Address	**Position Taken** (Support or Opposed)	**Action** (Oral or Written)
	Reedsville, WI 54230		
9.	James Anderson 300 E Main St Sun Prairie WI 53590	Support	Written
10.	David Larsuel 2415D Fox River Pkwy Waukesha, WI 53189	None provided	Oral and Written
11.	Jeremy Levin Rural WI Health Cooperative 880 Independence Ln Sauk City, WI 53583	None provided	Observed only
12.	Gary Leyer Gateway Technical College 496 McCanna Pkwy Burlington, WI 53105	Support	Written
13.	David Bloom WI State Fire Chiefs Association 5387 Mariners Cove Dr #314 Madison, WI 53704	None provided	Observed only
14.	Beth Natter 1000 Mineral Point PO Box 5003 Janesville, WI 53545-5003	None provided	Observed only
15.	Mary Austin 515 22nd Ave Monroe, WI 53566	None provided	Observed only
16.	Melinda R. Allen Wisconsin EMS Association 26422 Oakridge Dr Wind Lake, WI 53185	None provided	Written

	Name and Address	**Position Taken** (Support or Opposed)	**Action** (Oral or Written)
17.	Paul Wolf PO Box 107 Allenton, WI 53002	Opposed	Oral
18.	Timothy Weir WTCS Board 4622 University Ave Madison, WI 53707	Support	Written
19.	Nettie Jenkins N9898 CTY W Malone, WI 53049	Support	Written
20.	Troy Haase 538 Sweetflat Ave Fond Du Lac, WI 54935	Support	Written
21.	Angela Denil 2856 N 83rd St Milwaukee, WI 53222	None provided	Observed only
22.	Todd Janguart City of Fond Du Lac Fire Department 815 S main St Fond Du Lac, WI 54935	None provided	Observed only
23.	Jason Roberts City of Fond Du Lac Fire Department 815 S main St Fond Du Lac, WI 54935	None provided	Observed only
24.	Jon Hartzheim City of Fond Du Lac Fire Department 815 S main St	None provided	Observed only

	Name and Address	**Position Taken** (Support or Opposed)	**Action** (Oral or Written)
	Fond Du Lac, WI 54935		
25.	Donald D. Salvaggio 12006 Western Ave Cedarburg, WI 53012	None provided	Observed only
26.	John Rolfe 665 Prairie Rd Fond Du Lac, WI 54935	None provided	Observed only
27.	Dan Clark 422 E 4th St Washburn, WI 54891	Opposed	Oral and Written
28.	Jan Victorson 6585 Lake Ahmeele Rd Po Box 441 Iron River, WI 54847	Opposed	Oral and Written
29.	Peter Schenck 14310 State Highway 13 Hergster, WI 54844-3403	Opposed	Oral and Written
30.	Rob Puls Great Divide Ambulance 44995 S Lake Owen Cable, WI 54821	Opposed	Oral and Written
31.	Thomas Renz 3840 E Robolson Line Rd Barnes WI 54873	Opposed	Oral and Written
32.	Keith Kesler 5280 S County Road H Brule, WI 54820	Opposed	Oral and Written
33.	Gary Victorson PO Box 441 Iron River, WI 54847	Opposed	Oral and Written

	Name and Address	**Position Taken** (Support or Opposed)	**Action** (Oral or Written)
34.	Janet Beivly 810 Chapple Ave Ashland, WI 54806	Opposed	Oral and Written
35.	Andrew Okey 77260 Arkason Rd Washburn, WI 54891	Opposed	Written
36.	Tom Walters Ashland Fire Department 300 Stuntz Ave Ashland, WI 54806	None provided	Observed only
37.	Les Luder Superior Fire Department WI EMS Board 2122 Hughitt Superior, WI 54880	Support	Written
38.	Scott Gordon Superior Fire Department 8391 S Parr R2 South Ransi WI 54874	None provided	Observed only
39.	Joseph Jacobson Beacon Ambulance 300 Villa Dr Hurley, WI 54534	None provided	Observed only
40.	Cindy Lazorik 22205 St Hwy 13 Cornucopia, WI 54827	None provided	Observed only
41.	Lee Kennedy 321 E 6th St Duluth, WI 55805	None provided	Observed only
42.	Dan Diamon	Opposed	Oral and Written

	Name and Address	**Position Taken** (Support or Opposed)	**Action** (Oral or Written)
	5036 S Maple Dr Poplar, WI 54864		
43.	Ronald Butler Ronald.david.butler@us.army.mil	None provided	Written
44.	Ryan Skabroud Ryan.Skabroud@gotoltc.edu	None provided	Written

Public Comments and Department Responses

The number(s) following each comment corresponds to the number(s) assigned to the individual(s) listed in the Public Hearing Attendees and Commenters section of this document.

Rule Provision	Public Comment	Department Response
General	As an EMS director, I am in full support of the proposed administrative rule as [submitted] as I feel it's long overdue. **5**	No response necessary.
General	Applaud critical care paramedic endorsement. What training will be accepted? **30**	As specified in s. DHS 110.06 (1) (g), "training based on the Wisconsin critical care paramedic curriculum or certified by a department-approved critical care program or an equivalent program as approved by the department" will be accepted. The department is planning to approve the University of Maryland Baltimore Course. The department will approve, and list on its website, other courses, as they are submitted by individuals or training centers for review and approval.
General	The department took away the free training. **7**	The department is not clear as to the meaning of this comment. The existing rules do not address or provide for "free training." If the comment refers to the provision for "support and improvements of ambulance services" under s. 256. 12 (4), Stats., the rule revision does not address this statutory provision.
General	The rules are burdensome on low population, low run volume volunteer providers and personnel. Many of these rules will put undue and added pressures on services that already are at the breaking point. **27**	Under s. 256.15, Stats., the department is responsible to assure that emergency medical services in all areas of the state are provided in a safe and competent manner. Under the proposed rule, all emergency medical services providers and EMS personnel are treated equally and are held to the same standards. The department believes the rule revision actually reduces the burden on small volunteer service providers by allowing more local control and accountability.

Rule Provision	Public Comment	Department Response
General	Commenters do not believe that the department provided sufficient notice of public hearings. **16, 28, 32, 34**	The department published the public hearing schedule in the proposed rule which was posted on July 1, 2010 on the department's EMS website and the Wisconsin Administrative Rules Website. In addition, the public hearing notice was published in the July 15 issue of the Wisconsin Administrative Register. On July 1, and July 29, 2010 the department did send out e-mail notifications of its mailing lists. The department has provided an open rulemaking process, since the process began in 2007. The department organized 12 town hall meetings across the state in order to hear opinions and concerns as the rules were being developed. To give rural providers an opportunity to share their thoughts, the department held meetings within 60 miles of almost every city in the state.
General	The added burden imposed by more rules will make it more difficult to recruit and retain members. **32**	The department believes that the proposed rules do not place any additional burdens on EMS personnel or service providers or that the rules will make it more difficult for service providers to recruit and retain members. In general the department has not added new requirements for persons to be licensed or certified. In drafting the proposed rules, the department has attempted to clarify points of confusion that have been identified through the years under the old rules.
DHS 110.15	The existing rules state, "Within 40 business days after receiving a complete application for an EMT training permit, the department shall either approve the application and issue the permit or deny the application". The proposed rules do not contain language regarding the department's timeframe to review a training permit application. Current language should be maintained under this section".	The requirement in current s. DHS 110.06 (3) that the department process an application for a training permit within 40 business days has been deleted because of the new structure of the administrative rule. Under s. DHS 110.10, the department must approve or deny an application for a license, certification, or training permit within 60 business days. The department is building a training permit process in the WI EMS E-Licensing database that will allow permits to be issued almost immediately.

Rule Provision	Public Comment	Department Response
	30	
DHS 110.04 (9), (15), (43)	Backup, Coverage, Mutual Aid Agreements - do we need all three? **27**	Each of these agreements has a different use. A back-up agreement or arrangement is used when an ambulance service provider has an unforeseen problem and needs to have its area covered. For example, a backup agreement would be used when an ambulance breaks down and is in for repairs. A coverage agreement, as defined in s. DHS 110.04 (15), is a written agreement between two neighboring ambulance service providers that each will cover the other's 9-1-1 area when the other knows in advance that it will be unable to do so. For example, a coverage agreement would be used when an ambulance service provider knows in advance that it cannot cover its area from 6 AM to 8 AM. Monday – Friday and arranges for another provider to do so. A mutual aid agreement, as defined in s. DHS 110.04 (43), is a written agreement between two ambulance service providers whereby each provides emergency medical care in the other's primary service area when the primary ambulance service provider requires additional resources because it has already committed all its resources. For example, a mutual aid agreement could be used when one ambulance service provider has to care for 12 patients at a bus accident. An ambulance service is not required to have all three of these agreements; it is only required to have the ones it needs to fulfill its responsibilities. An ambulance service may have all these agreements consolidated in one document, or it may have separate agreements.
DHS 110.04 (42)	Should the phrase "standard operating procedure" used in the definition of	Yes. Section DHS 110.04 (42) was revised to include the phrase "patient care protocols".

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	"medical director" be changed to "patient care protocol"? **16**	
DHS 110.04 (66)	Does "service program director" mean the same as "service director" in the rule?" **27, 33**	Yes. Section DHS 110.04 (66) has been revised to clarify that the term being defined is "service director".
DHS 110.06 (1) (c) 2.	The proposed training requirements for persons from out of state seeking Wisconsin initial licensure or certification seem to be difficult and create multiple barriers. Can the proposed process be streamlined?" **28, 33**	Change made. The original draft language for s. DHS 110.06 (1) (c) 2. required an out-of-state applicant to submit proof of original training. The commenter interpreted this as requiring an original document, which a person might not have if he or she had been trained many years ago. The rule was clarified and the process simplified by allowing an applicant to create a "verification of education form," which can be sent to the education center that provided the original training, signed, and returned directly to the department. This new process means that an out-of-state applicant does not have to provide all the original documentation of his or her training. This will improve the approval process and eliminate several previous barriers.
DHS 110.06 (1) (e) 2.	The addition of PALS may create a cost issue as the local level. **28**	Pediatric Advanced Life Support (PALS) is part of the initial training course so there is no additional cost to obtain the certificate. There is no requirement to maintain PALS after initial licensing so there should not be an increased cost.
DHS 110.06 (1) (f)	"Substantially related to performing duties" is subject to interpretation. Is there a guideline that is followed and can be shared with local services?" **27, 28**	The department does not have a written guideline for applying this language, which is in the current rules, and incorporates the requirement of 256.15 (6) (a) 1., Stats., and the standards set out in ss. 111.321, 111.322 and 111.335, Stats., under which a licensing agency does not discriminate on the basis of arrest or conviction record if the circumstances of a pending arrest or criminal conviction substantially relate to the circumstances involved in a licensed activity. The rule requires the department to review each case on its own merits rather than determining that certain criminal activity will cause automatic denial of a license application. The department's determinations as to what criminal acts are substantially related to the duties of EMS

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		professionals are guided by the decisions of the courts and the Wisconsin Equal Rights Division interpreting s. 111.335, Stats., and are subject to administrative and judicial review under the criteria established by these decisions. In general, the department places great weight on the need to protect public health and safety, the public trust under which EMS professionals work, and the independent settings in which EMS professionals often work. Although the department does not have a written guideline, the Wisconsin EMS website enforcement action link describes some of the circumstances in which the department has denied a license or certificate application based on the determination that a criminal act was substantially related to the duties of an EMS professional..
DHS 110.06 (1) (g)	"Department approved course" raises concern locally about availability of critical care training in the north. Will this be subject to interpretation?" **28**	The department believes that the clause in this subsection, "meets or exceeds the Wisconsin curriculum for critical care paramedic," provides a clear criterion for course approval. Although at the present time the only course the department has plans to approve is the University of Maryland Baltimore Course, the department will approve and list on the Wisconsin EMS website other courses as they are submitted by individuals or training centers for review and approval. The department believes that EMS professionals in northern Wisconsin will have access to this training
DHS 110.06 (1) (h)	"The department has to recognize the tactical team whose authority is that, no other law enforcement agency in the state does that. What if an EMT on a tactical team provides care, are they in violation of your rules?" **27**	The department has no authority to authorize, approve, or regulate tactical teams, and that is not the intent of this section. However, many licensed EMS personnel want to operate and utilize their skills on tactical teams. The tactical EMS endorsement under s. DHS 110.96 (1) (h) was created to allow licensed EMS personnel to legally utilize their skills as members of tactical teams. Licensed EMS personnel may only perform patient care when credentialed with a licensed EMS service. To authorize an individual to perform within the scope of his or her license or certificate on a team, the team needs to be recognized as an official entity. This provision allows a tactical team to designate

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		itself as a department-recognized entity with which an EMS professional may legally practice.
DHS 110.07 (1) (c) 2.	"The last half of the last sentence should read ". . . or the **successful completion of the** didactic portion of the . . . " **Rational** - If the EMT takes the higher level program, but is not successful in the didactic portion, a refresher at the license level should still have to be taken. Unsuccessful completion should not be rewarded". **8**	Change made.
DHS 110.07 (1) (c) 4.	There appears to be a typographical error in DHS 110.07 (1) (c) 4., which should refer to Wisconsin EMT-I (Intermediate) not EMT-IT". **16**	Section DHS 110.07 (10 (c) 4. has been revised to refer to EMT-I.
DHS 110.07 (1) (c) 7.	"The last half of the last sentence should read ". . . the didactic portion must be **successfully** completed to fulfill this requirement." **Rational** - If the EMT takes the higher level program, but is not successful in the didactic portion, a refresher at the license level should still have to be taken". **4**	Change made.
DHS 110.10 (1)	Ninety business days is too long to wait for the department to review and make determination on applications; recommend maintaining the existing 60 business day	Change made. Section DHS 110.10 (1) and all other sections that gave the department 90 business days to process applications have been revised to give the department 60 business days to review and make determinations on applications.

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	language". **16, 28, 42**	
DHS 110.10 (2)	The Emergency Medical Services Association recommends the department include a "note" or explanation regarding the method of notification that E-licensing uses to alert an applicant of an incomplete application. The Emergency Medical Services Association opposes any practice that does not provide proper and timely notification to the applicant alerting them to an incomplete application. **16**	Change made. Section DHS 110.10 (2) was clarified to include notification and reasonable time frames for response.
DHS 110.12	Section DHS 110.12 states: "An EMT or first responder may only perform the skills, use the equipment, and administer the medications that are specified by the department in the Wisconsin scope of practice for first responders." Recommendation: The beginning of this sentence references EMTs and first responders, however the remainder of the sentence appears to be missing the reference to an EMT". **8, 16, 27, 42, 28**	Change made. The reference to only "first responders" at the end of this section was inadvertent.
DHS 110.13 (4)	Why must a licensee notify the department of name and address or other changes in information within 30 days of the change? What happens at 31 days? Why so strict? **27**	The department believes that 30 days is a reasonable time frame within which licensees should notify the department of name, address, or other changes in information on record with the department. It is important that the department be able to locate a licensee in case there is a complaint or an investigation and in order to assure that the licensee receives important communications including notice to renew

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		the license.
DHS 110.13 (5) Note	The Note is a duplicate of the Note after 110.12. No reason to have it duplicated. **8**	No change made. Though the Note is the same, it is in a different section and needs to be restated.
DHS 110.13 (5)	EMT-Is need Advanced Cardiac Life Support certification? **27**	This is an existing requirement. It is important that emergency medical technicians-intermediate have this certification because they perform all the immediate cardiac advanced life support interventions that paramedics perform.
DHS 110.14 (1)and (3)	EMTs at any level are only required to complete a refresher course after three failed attempts of a written or practical examination. However, at the first responder level, the individual is required to retake the entire course after three failed attempts. A first responder should not have to retake an entire course but rather a refresher course. The proposal as written is inequitable in comparison with other levels. All three subsections under this section fail to distinguish what examination is required; recommend the department add language that specifies what examination is required (i.e. State approved or NREMT examination). **16**	This section has been changed to require an 18 hour first responder refresher course. Language has been added to identify which exams are required.
DHS 110.14 (3)	License levels need to be clarified. **Rational** – As it stands, the individual who completed a paramedic course can take the EMT-IT exam to get licensed as an EMT-Intermediate. This makes no sense as the	Change made. “EMT- intermediate” was corrected to be “EMT - intermediate technician”.

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	levels of EMT-IT and EMT-Intermediate are so completely different that passing the licensing exam at the EMT-IT level does not qualify you to practice as the higher EMT-Intermediate level. **8, 16**	
DHS 110.15 (1) (a)	This section contains the eligibility requirements that applicants must meet to apply for a training permit. Current rules only allow this provision at the EMT-Basic level. Other levels require the applicant to be 18 years of age or older. Additional language should be added for clarification. **16**	No change made. Under s. 256.15 (6) (a), Stats., a person must be 18 years of age to be eligible for a license. By allowing a person to obtain a training permit at age 17, this paragraph enables the person to enter and complete training at the EMT-Basic level without waiting for his or her 18th birthday. Since a person must have a license before entering training at any level above EMT-basic, the person will have already met the 18 year old age requirement, and thus it is unnecessary to state an age requirement for training at these levels.
DHS 110.15 (1) (e)	The sentence in this provision is incomplete. **8, 16**	Change made.
DHS 110.15 (2) (b)	The term used in this paragraph for the applicant is “trainee”. In sub. (2)(c) and (d), however, the applicant is referred to as “person”. The terms used should be consistent. **16**	Change made.
DHS 110.15 (2) (b)	Consider changing wording to clarify. Suggestion: "A trainee who holds a training permit issued under this section may serve [delete existing wording "as part of the ambulance service provider crew" and add] the primary care giver for 9-1-1 emergency response or interfacility transport only if supervised by a preceptor authorized..."	The department has revised s. DHS 110.15 (2) (b) as follows: “A <u>person</u> who holds a training permit issued under this section may serve as <u>part of a legal ambulance service provider crew for 9-1-1 emergency response or inter-facility transport</u> only if supervised by a preceptor authorized under s. DHS 110.51 (2).”

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	28	
DHS 110.16	The fees are out of line and will have a negative effect on retention and recruitment. **28, 32, 33, 42, 43**	The department believes the fees will not have a negative affect on recruitment and retention because they are based on a person not complying with appropriate deadlines or processes or a person requesting special services.
DHS 110.16 (1)	The Emergency Medical Services Association opposes the department's ability to increase fees at the annual rate of inflation and recommends this language be removed. **16**	The department revised s. DHS 110.16 (1) to require EMS Board approval for the department to increase administrative fees at the annual rate of inflation as determined by the Consumer Price Index.
DHS 110.16 (1) (c)	While I completely agree with fees for EMS licenses, I don't agree with the returned renewal fee. As long as the department sends out renewals, the obligation of the department is complete. If the EMS professional does not renew the license because of failure to update the address with DHS, the fees will be collected with the late renewal fee. **8**	No change made. The department sends renewal notices to EMS professionals to help them comply with the statutory licensure and certification requirements and, thereby, to assure that a high level of emergency medical service is provided in Wisconsin. The notices are mailed to EMS professionals at their last known addresses on file with the department, at no cost to the EMS professionals. Under s. DHS 110.13 (4), an EMS professional is responsible for notifying the department of a change of address within 30 days of the change. However, in the past, the department has received several thousand of these notices returned as undeliverable or without a forwarding address. There is a significant cost to sending the notices, preparing them, mailing them, and then following up when they are returned to the office. If an EMS professional complies with s. DHS 110.13 (4), he or she will not be subject to this administrative fee.
DHS 110.16 (1) (d)	With the abilities of the new E-licensing system, the proposed $25 verification of Wisconsin license or certification fee seems excessive. This fee should be removed. **16**	This fee is for verifying Wisconsin licensure or certification to other states. It is a paper process that does not use the E-licensing system. It occurs when an EMS professional from Wisconsin wishes to get licensed in another state. That state sends documents to Wisconsin to verify that the EMS professional is in good standing. The procedure requires staff time and resources. The fee recovers only a portion of the actual cost of providing this service.

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DHS 110.16 (1) (e)	This rule requires that if an applicant applies for a certificate or license based on training or licensing from another state, the individual shall pre-pay a fee of $50 to the department. The EMS Association has gone on record and logged several hours in lobbying efforts to prohibit the department from assessing license fees. A reciprocity fee could potentially have a negative impact on recruitment efforts by volunteer service providers located near border states. The Emergency Medical Services Association opposes the department's ability to assess reciprocity fees and recommends this language be removed. **16**	It is the department's position that this is not a licensing or certification fee because it is not required for the issuance of a license or certificate. An individual who applies for licensure or certification based on training received in Wisconsin is not assessed a fee. The reciprocity fee is an administrative fee that covers the cost of the additional services the department provides to an individual who applies for Wisconsin licensure or certification based on licensure, certification or training in another state. These services involve verifying background information, including but not limited to training and licensing from another state, and can require significant staff time.
DHS 110.17 (2) (a)	"This provision requires that any person who provides instruction to an EMT or first responder shall successfully complete any one of the following courses with a certification period not to exceed 2 years. Recommendation: Include language to clarify what type of instruction is required. (i.e. Any person who provides CPR and AED instruction to an EMT or first responder shall ...)" **16**	Change made. The department added language to s. DHS 110.17 (2) (a) that specifies the training as CPR and AED.
DHS 110.20 and 110.21	The Emergency Medical Services Association believes that the phrase "…or more rigorous" is a subjective and vague term and leaves open the possibility to	Change made. The department has changed the phrase, "or more rigorous," in ss. DHS 110.20 (1) and DHS 110.21 (1) to "meet or exceed." With this change, the requirement is that the training course content and behavioral objectives "meet or exceed" the content and

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	significantly expand the content and delivery hours of the course. Existing rules contain a maximum number of mandatory attendance hours and require training centers to submit guidelines to ensure standardized programs. The Emergency Medical Services Association supports standardized curriculums at all levels and opposes the flexibility and latitude of a training center to significantly expand the number of hours to offer a "more rigorous" curriculum resulting in the potential for additional course fees. **16**	behavioral objectives of the applicable Wisconsin curriculum. The department believes that this language eliminates the possible subjectivity of the previous language.
DHS 110.28 (2) (a)	Insert date of July 1, 2012. **Rational** – This would provide consistency with 110.22" **8**	Change made. Compliance dates listed in these sections [DHS 110.28 (2) (a) and DHS 110.22] have been changed to January 1, 2013.
DHS 110.34 (8)	Oppose any thought that first responders may be required to enter into WARDS. The information they gather is handed to us when we get to the scene of the patient and becomes part of our report. (Is there duplication created in the data by requesting multiple reports on one patient?) **32, 33**	First responders are currently required under s. DHS 113.04 (2) (b) 11. to have a written record of their patient care. This new requirement – that first responders submit a patient care report to WARDS -- only affects a very small number of patients – those requiring advance skills care. To assist the first responder in meeting this requirement, there will be an abbreviated patient care report form that will be simple to fill out and take only about 5 minutes to complete. This information is important for assessing the needs of the first responders and helping with quality assurance initiatives.
DHS 110.34 (8)	The requirement to have patient encounter information in WARDS within 24 hours is not reasonable. Until the state provides each	Change made. The department believes that real time data is the ultimate goal for data submission. However, this section has been redrafted so that data is to be submitted within 7 days of the transport.

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	ambulance a laptop computer and software to connect to WARDS, and assures that wireless connectivity is available throughout every service area, this will not happen. If this is related to providing timely epidemiological information, EMS in our area saw very few of those patients this last fall. Local public health is working to share information with clinics and hospitals in their area. I believe they would provide a much more complete and reliable picture of the situation. **27, 28**	
DHS 110.35 (2) (e)	Operational plans should include proof of an emergency vehicle operations and driver training program. **16**	Change made. The department agrees with this request. Language has been added that requires all services to have a policy that addresses "emergency vehicle operation and driver safety training".
DHS 110.37 (2)	If I have three ambulances listed in my operational plan, do I need to staff three ambulances? Please provide clarification. **27, 42**	To staff an ambulance means to have an operational ambulance ready with a crew to respond to a 9-1-1 emergency. In its operational plan, an ambulance service provider identifies how many ambulances it will staff on a 24/7 basis. An ambulance service provider is not required to staff every ambulance it owns. However, if it identifies more than one staffed ambulance in its operational plan, under this subsection it may reduce that number only if it documents hardship other than financial in an operational plan amendment approved by the department. Section DHS 110.50 (3) provides direction on how to staff any other vehicles a service may hold and use in reserve.
DHS 110.38	Confusion on interfacility transfer staffing for 2 paramedic crews licensed prior to 01.01.2000.	Under s. DHS 110.38 (2), the ambulance service provider shall assure proper staffing for interfacility transports based on the acuity of the patient, the orders of the sending physician and the staffing requirements in s. DHS 110.50. This indicates that the service must

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	30	maintain the license level but may staff to a lower level if the patient's needs warrant.
DHS 110.43	Documentation of special transport services seems unnecessary. It is difficult to see the benefit to patient care for the state office to "approve" the use. **27, 28, 32, 33**	Change made. This requirement is part of the operational plan submission and approval it is not an individual approval of a vehicle in the manner the Department of Transportation would approve an ambulance vehicle. Language was changed to delete the requirement of department approval and make it an operational plan requirement to identify the vehicles.
DHS 110.44	The requirements for department approval for special events emergency medical services is unrealistic at best. It is not uncommon for communities we serve to request an ambulance staffed during an event with little more than a few weeks notice. Although this additional staffing would "exceed normal staffing and equipment levels", it does not seem to warrant department approval. **10, 33**	Change made. The department added language to s. DHS 110.44 that allows a service provider to include events that occur on a regular basis into its operational plan. With this change, the provider will only have to change the dates and update any information that may have changed since the last time the event occurred. In addition, the department has changed this section to allow a service provider to submit special events information to the department not later than 14 days, rather than 90 days, before the event.
DHS 110.44	The special event wording of the old rule, DHS 110.08 (6), seemed clear. The phrase, "require the provider to exceed its normal staffing and equipment levels within its primary service area," seems to confuse the special events issue. It is difficult to see the benefit to patient care that approval from the state office provides. **27, 28, 42**	No change made. After significant efforts to clarify the original language, the EMS stakeholders and EMS board concluded that the proposed language is clearer than the existing rule language.
DHS 110.44 (15)	These subsections could be combined into	No change made. Subsections 15 and 16 are two different

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and (16)	one statement. **12**	requirements. Subsection (15) requires an explanation of how responses to 9-1-1 calls generated from within the event will be handled. Subsection (16) requires the identification of the service provider that responds to a 9-1-1 call initiated from within the event.
DHS 110.44 (17)	Change “approved” to "acknowledged” in regards to the 9-1-1 provider **12**	No change made. This topic was thoroughly debated during the 12 town hall meetings as well as the investigatory and drafting periods. It was determined that the local 9-1-1 provider has ultimate local responsibility to the citizens and visitors it serves. Local control of EMS provision is in the best interest of the community and the local provider, and it requires service providers from outside the local service area to communicate effectively with the local provider of EMS.
DHS 110.47 and 110.48	The use of the word "employ" seems to imply an employer/employee relationship with monetary benefit. A suggestion as to a wording change to consider would be "identify. **16, 28, 33**	Change made. In the initial draft, s. DHS 110.47 used the clause, “shall employ all of the following,” and s DHS 110.48 used the clause, "shall employ a service director." In both of these sentences, the word “employ” has been replaced with “have”.
DHS 110.50 (1) (a)	Ambulance providers should have the ability to staff an ambulance with one EMT and an individual with a training permit. **16**	Change made. Language was added to clarify this staffing configuration. s. 110.50 (1) (a) now reads “…An EMT-basic ambulance shall be staffed with at least two individuals who are licensed at the EMT-basic level or one licensed EMT-basic and one with an EMT-basic training permit.” This should clarify the use of those with EMT-basic with training permits.
DHS 110.50 (1) (g)	Some small first responder services cannot guarantee 24/7 coverage. **32**	Change made. The comment refers to proposed language that “a first responder service provider shall respond to a request for service with at least one certified first responder." The commenter apparently believes that this language incorporates the requirement in s. DHS 110.34 (5) that an EMS provider must provide 24/7 coverage to respond to 9-1-1 requests. This is not the intent of this subsection. The department has corrected this misunderstanding by adding the word

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		"when" at the beginning of s. DHS 110.50 (g), so that it reads, "When a first responder service provider responds to a request for service at least one certified first responder shall respond." The department has further clarified this issue by adding language to s. DHS 110.34 (5) that exempts first responder service providers from the requirement of assuring 24/7 coverage.
DHS 110.50 (1) (d) 1.	Change the wording so it is the same wording as under subd. (c), for EMT-intermediate ambulances, only replace "intermediate" with "paramedic." **Rational –** The first time this was introduced, the result was a political compromise to a certain political faction. We should correct the wrong done at that time. Here are the reasons: What the rule is saying with this wording is that if a service has 10 years of experience as a paramedic service, that service must continue to maintain 2 paramedics on that service. This is regardless of the experience of the paramedics that work for that service. If a service has less than 10 years of experience, than the service can staff it with one paramedic and one EMT at any level. This is regardless of the experience of the paramedics that work for that service.	No change made. For a long time paramedic-level ambulance services in Wisconsin were required to be staffed with 2 paramedics. In 2001, when ch. DHS 112 was revised, there was an attempt to allow paramedic ambulances to be staffed with one paramedic and another EMT at any level. The Professional Fire Fighters of Wisconsin opposed this proposal, and a compromise was adopted, as implemented in current s. DHS 112.07(2)(u)1.b., that allows one-paramedic staffing for service providers that started providing services after January 1, 2000, but preserves the two paramedic staffing rule for providers that began before that date. The proposed rules were developed with input from all the EMS stakeholders and participants at 12 public town hall meetings. The issue of one-paramedic staffing versus two-paramedic staffing did not come up in the town hall meetings, but it was discussed by the EMS Board. The consensus of the board was that the language pertaining to two-paramedic staffing should not be changed because it only affects paramedic services that originated before 2000, the current two paramedic EMS systems are operating well, this staffing requirement is not negatively affecting the state EMS system, and, with some exceptions, ambulance service providers licensed after January 1, 2000 may use one-paramedic staffing. The department agrees with the EMS Board that the provisions regarding two-paramedic staffing should be

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	This is completely illogical and is such an obviously ridiculous position. There is no other level of EMT that requires this double-staffing. It would make much more sense to staff the EMT-Intermediate level that way as the intermediate can do about 90 percent of the skills of the paramedic with about 35 percent of the training/knowledge. This level should have an additional person of similar training to collaborate with. The critical care level only requires one critical care paramedic and one EMT of any level. Again, if the decision for two paramedics was a patient care decision, then the double-staffing would obviously extend to that level due to the complexity of the skills and treatments. Require two similarly licensed personnel at all advanced levels for staffing, or require one advanced level provider and one EMT of any level. Just be consistent! **8**	retained.
DHS 110.50 (2)	Delete entire subsection.	Section 256.15 (4), Stats., permits a registered nurse, physician assistant, or physician to take the place of an EMS professional as part of a legal ambulance crew configuration. The proposed rule specifies

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	Nurses should not be permitted to replace EMTs on ambulances. If the department continues to allow nurses to replace EMS professionals, then there should be a Note after s. DHS 110.50 (2) saying that the nurse is working in the EMS environment under the nurse's nursing license. Any problems or issues as addressed in DHS s. 110.54, relating to enforcement action and after consultation with the State Board of Nursing, could result in disciplinary action involving the nurse's nursing license. Right now, there is nothing in place to penalize nurses who do not follow the EMS administrative code, and they are currently working in the field with impunity. **8**	that the service medical director must verify that these health care professionals have training in the knowledge, skills, equipment, and medications required to serve on an ambulance crew. The department has added a Note to this subsection confirming that a nurse, physician assistant or physician, who is not licensed as an EMS professional, works under the authority of his or professional license when providing emergency medical care in the place of an EMT and that his or her misconduct, which would be subject to enforcement action under this chapter, will be reported to the appropriate professional licensing board.
DHS 110.50 (2)	The existing rule allows for the staffing by a licensed EMT, licensed registered nurse, licensed physician assistant or physician. Proposed language should reflect existing rules. The proposed rules omit the term "licensed" and "physicians". **16**	The term "licensed" does not need to precede the titles of these health care professionals because, under s. DHS 110.04, these professionals are defined as persons who are licensed under Wisconsin law. The department has revised the rule to indicate that a physician may also take the place of a licensed EMS professional.
DHS 110.51 (2) (a)	Delete the entire last sentence which permits a physician, registered nurse or physician assistant with training and experience in the pre-hospital emergency care of patients to train paramedics. **Rational** – While there may be some	No change made. Because s. 256.15 (4), Stats., authorizes each of these health care professionals to provide emergency medical care as part of an ambulance crew, the department believes that such a professional is qualified to serve as a preceptor if, as provided under this section, the individual has training and experience in pre-hospital care and the service medical director determines that the individual is

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	individual exceptions, the fact that you have a license as a physician, registered nurse or physician assistant does not make you an authority on paramedic medicine, nor an adequate preceptor in the field setting. We do not allow paramedics to teach nursing, why would we allow nurses to teach the field aspect of paramedic medicine? When are we going to start treating paramedics as its own profession and professionals? **8**	qualified.
DHS 110.53 (2)	DHS should not be allowed to enter and inspect any time. Times that may be convenient to the department may not be convenient to a volunteer service. **27**	No change made. Inspection is not permitted at "any time"; it is limited to business hours and other reasonable pre-arranged times. This provision is essentially the same as that which is in the existing rules at ss. DHS 110.09 (4), DHS 111.08 (4), and DHS 112.08 (4). The department has similar investigatory authority under administrative rules governing its public health responsibilities in other areas, as for example under ss. DHS 159.43 (3), DHS 163.30 (3) and DHS 196.11. The department believes that the authority to conduct inspections under this subsection is an essential tool for fulfilling its regulatory duties and is necessary to administer is. 256.15, Stats., and thus authorized by s. 256.15 (13) (a) .