



WISCONSIN LEGISLATIVE COUNCIL AMENDMENT MEMO

2001 Senate Bill 267

Senate Amendment 1

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BACKGROUND

1. Senate Health, Utilities, Veterans and Military Affairs Committee Action

CHR 00-091 repeals and recreates ch. HFS 112, relating to the licensing of EMTs-paramedic and approval of EMT-paramedic operational plans. The rule, proposed by the Department of Health and Family Services (DHFS), was referred to the Senate Committee on Health, Utilities, Veterans and Military Affairs (hereafter "Senate Health Committee") on February 20, 2001. The Senate Health Committee held a hearing on the rule on March 28, 2001.

CHR 00-091 set forth two types of operational plans that could be approved for ambulance staffing for ambulance service providers using EMTs-paramedic. The first ambulance staffing pattern, for ambulance service providers **using EMTs-paramedic prior to January 1, 2000** required the ambulance service provider using EMTs-paramedic to ensure when a patient is being transported in a prehospital setting, that the ambulance is staffed with a minimum of **any two** EMTs-paramedic, licensed registered nurses, licensed physician assistants or physicians, or any combination thereof. The proposed rule provided that, **if responding separately** to an emergency, the crew members must be **simultaneously dispatched** for responses to all prehospital emergency transports and intercepts. This provision of the proposed rule also would have allowed a **single** EMT-paramedic to perform all of the skills authorized for an EMT-paramedic prior to the arrival of the **second** paramedic, as long as the arrival of the second paramedic was expected within a reasonable and prudent time. In addition, this provision of the rule would have permitted the **release** of one of the EMTs-paramedic by protocol or verbal order from a physician once the patient was assessed and stabilized. Transport of the patient would then have been allowed with one EMT-paramedic.

On June 19, 2001 the Senate Health Committee voted to object to one part of CHR 00-091. The Senate Health Committee **did not object** to continuing the requirement that ambulance services that operated prior to January 1, 2000 with two EMTs-paramedic continue to do so. However, the Senate

Health Committee *did object* to the following parts of the rule that allowed these providers with two EMTs-paramedic to do the following:

1. Allow the ambulance crew members to respond separately to a prehospital emergency transport, as long as they were simultaneously dispatched.
2. Permit a single EMT-paramedic to perform the skills authorized for an EMT-paramedic prior to the arrival of a second EMT-paramedic, as long as the arrival of the second EMT-paramedic was expected within a reasonable and prudent time.
3. Allow the release of one EMT-paramedic once the patient was stabilized.
4. Allow the transport of the patient with one EMT-paramedic on the ambulance.

The second staffing configuration allowed under the rule, valid for ambulance services *beginning EMT-paramedic service on or after January 1, 2000*, was *not objected to* by the Senate Health Committee. This staffing configuration would allow ambulance staffing with one EMT-paramedic, licensed registered nurse, licensed physician assistant or physician *and* one EMT-intermediate, EMT-basic IV or one EMT-basic. Because this part of the rule, as well as the rest of CHR 00-091, was not objected to, DHFS has submitted this part of the rule for publication in the Wisconsin Administrative Register, and it will take effect on December 1, 2001.

2. Joint Committee for Review of Administrative Rules Action

Pursuant to s. 227.19 (5), Stats., the objected-to portion of the rule was referred to the Joint Committee for Review of Administrative Rules (JCRAR). After a process by which the JCRAR requested modifications from DHFS and DHFS submitted modifications, the committee voted to object to part of the rule. The JCRAR, through its objection, and a partial rescission of its prior objection, restored language to the part of the rule objected to by the Senate Health Committee that would permit a single EMT-paramedic, licensed registered nurse, licensed physician assistant or physician operating as part of an ambulance service provider operating with EMTs-paramedic prior to January 1, 2000, to be able to perform all of the skills authorized for EMTs-paramedic. The JCRAR, however, objected to the other parts of the rule also objected to by the Senate Health Committee. Therefore, the JCRAR, under s. 227.19 (5) (e), voted to introduce 2001 Senate Bill 267 in support of the objection.

SENATE BILL 267

On October 3, 2001, 2001 Senate Bill 267 was introduced by the JCRAR and referred to the Senate Committee on Health, Utilities, Veterans and Military Affairs. The bill relates *only to the portion of the rule objected to* by both JCRAR and the Senate Health Committee and *affects only those ambulance service providers that provided EMT-paramedic services prior to January 1, 2000*. Under the bill, DHFS is permitted to promulgate rules to approve EMT-paramedic operational plans that provided EMT-paramedic services before January 1, 2000, *only if* the operational plan specifies all of the following for transport of a patient in a prehospital setting:

1. That the ambulance service provider ensures, in writing, that the ambulance is staffed with at least two EMTs-paramedic, licensed registered nurses, licensed physician

assistants or physicians, or a combination of any two of these, who are trained in the use of all skills authorized by rule for an EMT-paramedic and are designated by the medical director of the ambulance service.

2. That the ambulance staff as specified in paragraph 1., above, is dispatched from the same site, together, to the scene of an emergency and returns, together, to the dispatching site.
3. That if an EMT-paramedic arrives at the scene of an emergency prior to the arrival of the ambulance staff specified in paragraph 1., above, the EMT-paramedic may provide services using all skills authorized by rule for an EMT-paramedic.

Therefore, under this bill, DHFS rules may permit the DHFS to approve an operational plan for an ambulance service provider which provided EMT-paramedic service before January 1, 2000, only if the ambulance staff is dispatched, together, from the same site to the scene of an emergency and returns, together, to that site. However, if an EMT-paramedic arrives at the scene of an emergency prior to the arrival of the ambulance staff, that EMT-paramedic may provide EMT-paramedic level services prior to the arrival of the ambulance.

SENATE AMENDMENT 1

Senate Amendment 1 was adopted by the Senate on October 30, 2001. The bill was passed on a voice vote, as amended, on that same date. Senate Amendment 1 ***changed the provisions of the bill regarding the dispatch of an ambulance.*** Under Senate Amendment 1, if an ambulance service provider (that is, an ambulance service provider that provided EMT-paramedic level services prior to January 1, 2000), as of October 1, 2001, dispatched ambulance staff from multiple sites to the scene of an emergency, that ambulance service provider ***could continue to do so.*** The provider would ***not*** be required to follow the bill's requirement that the ambulance staff would have to be dispatched from the same site, together, to the scene of an emergency and return, together, to the dispatching site.