

# Staff Brief

## Volunteer Firefighter and Emergency Medical Technician Shortages

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# INTRODUCTION

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The Joint Legislative Council has identified recruitment and retention of firefighter and emergency medical service (EMS) personnel as a challenge, particularly for rural providers with volunteer members. Accordingly, the study committee is directed to examine issues related to the shortage of volunteer firefighters and emergency medical technicians (EMTs) in the state, particularly in rural areas, and to propose measures to address the shortage. Specifically, the study committee is directed to study all of the following:

- The magnitude of volunteer shortages, the areas of the state most affected, and the potential impact of shortages on public health and safety and economic development.
- Whether current training and continuing education requirements contribute to the shortage.
- Relationships between full-time and volunteer emergency response departments and the impact that the shortage of volunteers has on nonvolunteer departments in neighboring communities.
- Whether the creation of organizations, particularly in rural areas, may help address the shortage.

The study committee is directed to develop legislative options to meet the needs of full-time and volunteer fire departments, including proposals designed to increase the recruitment and retention of volunteer firefighters throughout the state.

This Staff Brief describes current Wisconsin law that is relevant to the discussion of policy options related to volunteer firefighter and EMT shortages:

- **Part I** provides a preliminary overview of the organizational options for fire protection and EMS personnel, the classifications of employment status, and national workforce reports.
- **Part II** briefly describes the Wisconsin Statutes that apply to fire departments and firefighters.
- **Part III** briefly describes the Wisconsin Statutes that apply to EMS providers and personnel.
- **Part IV** summarizes relevant data on “rural” areas in Wisconsin.

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# PART I - BACKGROUND

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## FIRE RESPONSE AND EMS STRUCTURES

Wisconsin law authorizes multiple approaches to the delivery of fire protection and emergency medical services. For example, a fire department could be organized as a municipal agency, a nonprofit corporation, a fire company, or a stock corporation. A department may then utilize paid firefighters (sometimes referred to as “career” firefighters), volunteer firefighters, paid-on-call volunteers, or a combination of paid and volunteer firefighters.

Likewise, an EMS provider may be organized as a municipal agency, frequently within a municipality’s fire department, or may be organized as a private company or a nonprofit corporation, and may be staffed with paid or volunteer members, or a combination of both.

Fire departments are generally overseen by the Department of Safety and Professional Services (DSPS). Individual firefighters are not licensed, but the employing department must certify the training levels obtained by its firefighters.

EMS providers and personnel are both regulated by the Department of Health Services (DHS). Specific staffing levels are required when transporting a patient, with some allowances for service areas that have certain defined lower population densities.

Training for both firefighters and EMS personnel are commonly obtained through the local colleges of the Wisconsin Technical College System (WTCS). In some cases, initial or ongoing training is provided by a fire department or academy.

## CLASSIFICATION OF EMPLOYMENT STATUS

As noted above, fire and EMS providers may choose to utilize volunteers, paid workers, or a combination of both:

- Career fire departments or EMS providers are composed solely of paid fire and EMS personnel and have no paid-on-call or volunteer members to supplement staffing within the department or provider.
- Combination departments (sometimes called “part-paid”) use both full-time paid staff and volunteer members.
- Volunteer departments or providers rely on individuals who generally receive no compensation, and who donate their services for civic or humanitarian reasons. DSPS classifies a fire department that has no staff who are paid for more than 36 hours per week as a volunteer fire department.

[29 C.F.R. s. 553.104; DSPS, *Wisconsin Fire Service Guidebook*, 6<sup>th</sup> Ed. at p.8 (July 2014).]

A “volunteer” is generally considered to be unpaid. For purposes of wages and overtime requirements, a volunteer may, however, receive some compensation for services. For example, reimbursement for expenses such as meals, uniforms, equipment, and training tuition is generally

not considered to be wages. A volunteer may also be paid a “nominal fee,” following the U.S. Department of Labor’s general rule that a fee may not exceed 20% of what otherwise would be paid to hire a permanent employee for the same services. The nominal fee may be paid on a per-call basis, as long as it is not otherwise tied to productivity or the length of time spent responding to the call. Reasonable benefits are also allowed, such as group insurance plans, pension plans, and length of service awards. [29 C.F.R. s. 553.106; U.S. Dep’t of Labor, Opinion Letter No. FLSA2006-28 (Aug. 7, 2006); DWD, *On Call Time and “Volunteer” Services for Municipalities*, InterOffice Memo, at p. 2 (June 21, 2012); *Rodgers v. City of Berlin*, DWD-ERD Case No. LS 2012 00613 (Sept. 18, 2012).]

For purposes of worker’s compensation, volunteer fire or EMS personnel are considered to be performing service in the course of employment from the time of a call for assistance to the time of returning from responding to that call. [s. 102.03 (1) (b) 2. and (7), Stats.]

## **NATIONAL EMS WORKFORCE REPORTS**

The National Highway Traffic Safety Administration (NHTSA) has sponsored two reports on the EMS workforce that provide some data and recommendations. The first report, a national assessment of the EMS workforce, noted that the labor statistics in this field have significant limitations, because the data sets exclude all volunteers, do not distinguish between EMTs and paramedics, do not identify firefighters who are cross-trained as EMTs or paramedics, and do not identify active or inactive status.

The assessment also indicated that while there is no quantitative data indicating a national shortage of EMTs or paramedics, interviews in the study consistently reported shortages in rural areas, and, because the labor statistics exclude volunteers, the data likely underestimates workforce demand, particularly in rural areas.

Workforce issues that were identified in the report also included the assumed increase in demand for health care workers of all kinds as the average age of the population increases, and the low wages of EMS personnel relative to other public safety and health care occupations. The report cited 2005 median national wages of \$12.54 per hour for EMTs and paramedics, \$26.82 for firefighters, \$22.25 for police and patrol officers, and \$16.94 for licensed vocational nurses.

The second report made recommendations aimed at the goal of having a sufficient number of well-educated, adequately prepared, and appropriately credentialed EMS personnel who are valued, well-compensated, healthy, and safe. The report identified certain components that are necessary to developing that workforce, including safety and wellness strategies, a nationally integrated EMS education system, accessible workforce data, and support for local workforce planning efforts.

Recommendations included:

- Creating a program to survey exposures to illnesses, injuries, and fatalities in order to implement evidence-based prevention controls and strategies.
- Cultivating wellness programs for a better awareness and culture of safety that is tailored to the EMS community.

- Implementing a national accreditation requirement for all EMT and paramedic programs that is recognized and required by all states, including common scopes of practice, titling, and licensure categories.
- Collecting data on workforce size and demographics, practice levels, volunteer or paid status, retention and turnover rates, and compensation amounts.
- Developing workforce planning tools and providing technical assistance on their use to local EMS providers.

[NHTSA, [\*EMS Workforce for the 21<sup>st</sup> Century: A National Assessment\*](#) (2008); and NHTSA, [\*The Emergency Medical Services Workforce Agenda for the Future\*](#) (2011).]





## PART II – FIRE RESPONSE

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The organization of fire departments is largely directed by state statutes, which require local governments to provide for fire protection, depending on the population and classification of the city, town, or village. These statutes require some local governments to create fire boards and fire departments but also allow some flexibility, particularly in rural areas, in how local governments wish to organize their fire protection.

### STATUTORY DUTY TO ESTABLISH A FIRE DEPARTMENT

#### Cities

All cities with a population of 4,000 or more must provide fire protection services by creating a fire board, which oversees the city's fire departments, with some variations.

A first-class city is required to create a board of fire and police commissioners. The board oversees the fire departments within the city. Its responsibilities include appointing chiefs and approving other fire department personnel, reviewing fire department operations, and adopting rules for application and training. The salary and compensation of all members of the department is set by the common council of the city. Currently, Milwaukee is the only first-class city in Wisconsin. [s. 62.50, Stats.]

A non-first-class city with a population of 4,000 or more may choose whether to create a board of police and fire commissioners or to contract with a village, town, another city, or county. The contract can be for the provision of fire or police services, or both. If the city enters into this type of contract, it must still pay for its own services and must also still have its own board of police and fire commissioners. There is an exception if the city chooses to create a joint police department with a village, in which case it must create a joint board of commissioners to govern the joint department. The board oversees the fire departments within the city, appoints the chief of the fire department, and is involved in selecting subordinates, who are appointed by the chief subject to approval by the board. [s. 62.13, Stats.]

A non-first-class city may also choose to merge its fire and police departments by creating a combined protective services department. In a combined department, the same person may be required to provide fire and police duties. A first-class city does not have this option. [s. 62.13 (2e), Stats.]

A non-first-class city with a population of less than 4,000 is not required to have a board of police and fire commissioners. However, it may choose to create such a board by ordinance adopted by the majority of all members of the city council or may choose to provide fire protection services through a fire company organized under ch. 213, Stats. Chapter 213, Stats., fire companies are described below. [ss. 62.13 (2) (a) and 213.05, Stats.]

#### Villages

A village with a population of 5,500 or more is required to provide fire protection services in one of the following manners, by: (a) creating its own fire department; (b) contracting with a

city, town, or village for fire protection services; (c) creating a joint fire department with a city, town, or village; or (d) utilizing a fire company organized under ch. 213, Stats. In the alternative, a village is authorized to provide police and fire response services through a combined protective services department. In this type of combined department, the personnel are cross-trained to perform both police protection and fire protection services. If a village creates its own fire department or a joint fire department, it must create a board or joint board of fire commissioners to govern the fire department. [ss. 61.65 (2) (a) and (b) and 61.66, Stats.]

A village with a population that is less than 5,500 is not required to provide fire protection services. However, such a village may choose to create a fire department or contract for fire protection services under its constitutional home rule authority. It can also choose to provide fire protection services through a fire company established under ch. 213, Stats., as described below. [s. 213.05, Stats.]

## **Towns**

A town is required to provide fire protection for the town but may do so in any manner, including by establishing a town fire department, establishing a joint fire department with another town, contracting with any person, establishing a combined protective services department which merges police and fire protection, or utilizing a fire company established under ch. 213, Stats. [ss. 60.55 (1) (a) and 60.553, Stats.]

If a town establishes a joint fire department with a village, it must create a joint board of fire commissioners with the village. Otherwise, a town is not required to establish a fire board, and the statutes do not specify how the fire department must be structured. [s. 60.55 (1) (a) 2., Stats.]

## **ORGANIZATION OF FIRE DEPARTMENTS**

### **Municipal Fire Departments**

The statutes identify a variety of ways in which fire departments can be organized. Fire departments that are subdivisions of cities, villages, or towns are considered municipal agencies. However, because some of the statutes give local governments multiple options, fire departments can also be organized as private corporations or ch. 213, Stats., fire companies, which are not subdivisions of the state. [ss. 60.553, 61.66, 62.13 (2e), and 213.02 through 213.08, Stats.; DSPS, *Wisconsin Fire Service Guidebook*, 6<sup>th</sup> Ed. at page 9 (July 2014).]

### **Chapter 213 Fire Companies**

Any group of 15 or more private individuals residing in any city or village may form a body and create a fire company under ch. 213, Stats., for the protection of property. A fire company organized under ch. 213, Stats., is a nonstock corporation created for the purpose of providing fire protection services. This type of fire company contracts with the local municipality to provide fire protection services but is responsible for handling its own administration, budget, and expenses. Most of the ch. 213, Stats., fire companies in existence today were formed prior to the incorporation of the municipality. [ss. 213.02 to 213.08, Stats.; DSPS, *Wisconsin Fire Service Guidebook*, 6<sup>th</sup> Ed. at page 9 (July 2014).]

## **Fire Protection Districts**

Many rural areas also utilize fire protection districts. The term “fire protection district” is not used in the statutes. This is a voluntary nonprofit municipal corporation or inter-governmental entity that can be created under the discretion towns and villages have in choosing how to organize their fire departments. The members of the fire district choose their own structure. DSPS recommends that they enter into a written agreement, which identifies the service area, relationship between the board and the fire department, scope of fire department operations, district governance, fiscal and budget specifications, liability, and the length of the agreement. Because fire protection districts are voluntary and are based on these agreements, their setup and functions can vary. [DSPS, *Wisconsin Fire Service Guidebook*, 6<sup>th</sup> Ed. at page 7 (July 2014).]

## **Types of Fire Departments in Wisconsin**

According to data from DSPS, there are 832 registered fire departments in Wisconsin. Of those, 40 are career departments, 658 are volunteer, 121 are combination, two are affiliates of a fire department, and 11 are categorized as federal, state, or military.

## **REGULATORY FRAMEWORK**

### **State Regulation**

Fire departments and firefighters are regulated by both state and federal law. State regulations, codified in ch. SPS 330, Wis. Adm. Code, apply only to fire departments that are agencies or political subdivisions of the state. This includes municipal fire departments created by local governmental units. It incorporates standards of the National Fire Protection Association (NFPA) and imposes training requirements as well as vehicle, equipment, and protective clothing standards. [s. 101.055 (3) (a), Stats.]

DSPS is the state agency tasked with enforcing state standards and performs periodic audits for compliance. To facilitate oversight, DSPS has separated Wisconsin into four fire prevention districts. A fire prevention coordinator, who is available to support the local fire chief or inspector, oversees each fire prevention district. The fire prevention coordinator is typically the fire departments’ main point of contact with DSPS and is available for technical consultation and training. [DSPS, *Wisconsin Fire Service Guidebook*, 6<sup>th</sup> Ed. at page 10 (July 2014).]

Although DSPS does not enforce ch. SPS 330, Wis. Adm. Code, for non-governmental fire protection units, DSPS oversees certain aspects that are common to all fire departments, such as fire inspection and incident reporting requirements.

### **Federal Regulation**

Fire departments that are private employers are generally exempt from state safety standards and must instead comply with the standards established by the Occupational Safety & Health Administration (OSHA). These fire departments include ch. 213, Stats., fire companies and private companies that have contracted with a village or town to provide fire protection. OSHA is the agency that enforces compliance with its standards. [29 C.F.R. s. 1910.156; 29 U.S.C. 652 s. 3.]

## 2% FIRE DUES PROGRAM

Any city, village, or town with a fire department is eligible to receive a portion of the fire insurance premiums collected by insurers doing business in the state, commonly known as the 2% fire dues program. Every year, all insurers conducting fire insurance business in Wisconsin must pay the state 2% of all premiums they have collected for insurance loss by fire. The state also contributes 2% of premiums paid to the local government property insurance fund for the insurance of public property, other than state property. DSPS is tasked with distributing the fire dues annually. [ss. 101.573 (1) and 601.93 (1m), Stats.]

DSPS reports the total amount of 2% fire dues distributed for the previous six years as follows:

Fiscal Year 2011 = \$14,849,925.74

Fiscal Year 2012 = \$16,098,609.70

Fiscal Year 2013 = \$15,889,402.12

Fiscal Year 2014 = \$17,977,549.14

Fiscal Year 2015 = \$17,136,066.39

Fiscal Year 2016 = \$18,575,142.40

A city, village, or town seeking fire dues must meet certain criteria. Although private employers are generally exempt from state fire standards, they too must meet these criteria to be eligible to receive dues under the program. To qualify, the fire department must: (a) be organized to provide continuous fire protection and have a designated chief; (b) be able to ensure the response of at least four firefighters, none of whom is the chief, to a first alarm for a building, whether singly or in combination with another fire department under a mutual aid agreement; (c) provide a training program prescribed by DSPS (which is discussed further below); (d) provide facilities capable, without delay, of receiving an alarm and dispatching firefighters and apparatus; (e) keep the required record of fires; and (f) satisfy certain fire inspection duties. [s. 101.575 (3) and (4), Stats.]

If the fire department dues are granted, DSPS pays the dues to the city, village, or town, which must then distribute the funds to the municipal or contracted fire department. The fire department may only utilize the fire dues for the following purposes: purchasing fire protection equipment, performing fire inspection and public education, training firefighters and inspectors, or funding pension funds or other special funds for disabled or superannuated firefighters. [s. 101.575 (6), Stats.]

DSPS performs audits of fire departments for compliance with the above standards. If a fire department is noncompliant, DSPS will pay the dues for that year and issue a notice of noncompliance. No future dues will be paid until the fire department comes into substantial compliance. [s. 101.575 (1) (am), Stats.]

## **FIREFIGHTER TRAINING REQUIREMENTS**

Individual firefighters are not required to obtain a license or certification at the state or federal level. They are, however, required to satisfy training criteria before performing any firefighting duties. OSHA sets the training requirements for firefighters employed by private fire departments, while state law sets the training requirements for firefighters employed by municipal fire departments. Individual fire departments may also impose additional requirements as a condition of employment. [s. SPS 330.003 (1) and (2), Wis. Adm. Code; 29 C.F.R. ss. 1910.155 and 1910.156.]

### **Training Requirements for Public Employees**

Firefighters who work for municipal fire departments must comply with state law, which requires firefighters to meet the minimum requirements specified by: (a) the WTCS Board, (b) an approved state apprenticeship program, (c) an in-house training program approved by the WTCS Board, or (d) NFPA 1001. NFPA 1001 identifies topics to be covered by the training but does not identify a specific number of training hours. By statute, neither DSPS nor the technical colleges may require more than 60 hours of training for members of volunteer and paid fire departments maintained by a city, town, or village. [s. SPS 330.08 (1), Wis. Adm. Code; ss. 38.04 (9) and 101.055 (3) (d), Stats.]

The technical colleges offer fire certifications at multiple levels. The lowest certificate level that would satisfy the firefighting training requirement is designated as “Fire Fighter I” and requires completion of two 30-hour courses. Higher levels of certification exist and include a Fire Fighter II designation as well as officer and instructor certifications. See Appendix A for the technical colleges’ Wisconsin Fire Training Flow Chart.

Each of the technical colleges in Wisconsin is required to make a firefighter training program available to members of volunteer and paid fire departments maintained by a city, town, or village that is located within the technical college’s district. The technical colleges may not charge a fee for these training programs, which are funded by the 2% dues program. [ss. 38.04 (9) and 38.12 (9), Stats.]

### **Training Requirements for Private Employees**

Firefighters who are employees of privately owned fire departments are exempt from state training requirements and are instead required to comply with OSHA’s standards. Under OSHA, the employer must assure that employees who are expected to work as firefighters are physically capable of performing duties that may be assigned to them during emergencies. The employer is also required to provide training and education for all of its firefighters that is commensurate with the duties and functions that the firefighters are expected to perform. [29 C.F.R. s. 1910.156 (b) (2) and (c).]

The federal regulations do not specifically articulate the training that is required. Instead, the Appendix to the regulations notes that specific training and education requirements are not given because the necessary type, amount, and frequency of training and education “will be as varied as are the purposes for which fire brigades are organized.” [*Id.*; Appendix A to Subpart L of Part 1910.]

## **Training Provided by Fire Departments**

Effectively, all fire departments must maintain ongoing training programs for their firefighters. DSPS requires fire departments to provide training, at least biannually, which prepares firefighters to safely perform their duties, perform emergency operations, and handle special hazards to which the firefighter may be exposed. The fire departments must also provide monthly training consistent with established fire ground operating procedures. If any of this training includes live firefighting exercises, it must be conducted in compliance with NFPA 1403. [s. SPS 330.07, Wis. Adm. Code.]

All municipal fire departments are required to provide this type of training program. In addition, entitlement to fire dues is contingent upon the fire department providing this ongoing training. This means that all privately owned fire departments are required to provide this type of training program if they wish to receive fire dues.

If privately owned fire departments do not wish to receive fire dues, they must still offer ongoing training as specified by OSHA. OSHA requires the fire department to offer training at least annually, or more frequently if necessary, to assure that each member is able to perform the assigned duties satisfactorily and safely. Firefighters who are expected to perform interior structural firefighting must be provided with an education session or training at least quarterly. The quality of this training must be similar to those conducted by known training schools, such as the Maryland Fire and Rescue Institute or others that are named in the regulations. [*Id.*]

# PART III – EMERGENCY MEDICAL RESPONSE

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DHS regulates the delivery of EMS. Unlike fire protection, state statutes do not require local governments to provide EMS. Instead, these services may be provided by local governments or fire departments but may also be provided by hospitals or private companies. DHS plays a large role in approving EMS plans and generally oversees the network of emergency response to facilitate integration with local hospitals. DHS also licenses EMTs and other emergency medical professionals.

An EMS Board is attached to DHS. The board is required to periodically review EMS statutes and rules, and make recommendations on the criteria for selecting a state medical director, requirements for personnel and equipment, and the formula for allocating funding assistance to providers. The Board is required to seek involvement in its deliberations from the technical college system, the Department of Transportation, and EMT personnel. The 11 voting members of the board are appointed for three-year terms, and must have expertise in EMS issues, represent various geographic areas of the state, and represent the various types of EMS providers. [ss. 15.195 (8) and 256.04, Stats.]

## EMS PLANS AND PROVIDER LICENSES

EMS may be provided by local governmental units, fire departments, hospitals, or private companies. However, all EMS providers must first obtain a license from DHS and may only operate under a plan or program approved by DHS. [s. 256.12 (2) (a), Stats.; s. DHS 110.32, Wis. Adm. Code.]

During the license application process, the service provider must submit information to DHS showing how it plans to operate. Initially, the applicant must submit a feasibility study (although this requirement does not apply to applicants seeking to offer only first responder services). After DHS approves the feasibility study (if required), the applicant is required to submit an operational plan. The operational plan includes, among other information: signed patient care protocols, a list of medications the provider will use, a list of the levels of service to be provided, and operational policies. If the applicant is applying to provide general ambulance services, or non-transporting EMT services, the applicant must also submit written letters of endorsement from the local hospital and municipality within the primary service area. [s. 256.12 (2) (a), Stats.; ss. DHS 110.32 and 110.35, Wis. Adm. Code.]

### Levels of EMS Provider Licenses

DHS issues the following levels of service provider licenses, which are specific to the scope of practice allowed:

- A first responder service provider may act at the first responder level of care before arrival of an ambulance but may not transport patients.
- A non-transporting EMT service provider may act at all EMT levels up to its licensed level of care before arrival of an ambulance but may not transport patients.

- An ambulance service provider may provide 911 emergency response and may transport patients. DHS issues multiple levels of ambulance provider licenses, which further specify the level of care that may be provided: EMT-basic, EMT-intermediate technician, EMT-intermediate, or EMT-paramedic. Only certain EMT-paramedic ambulance service providers may provide critical care and specialty care.

[s. 256.16 (2) (a), Stats.; s. DHS 110.32 (1), Wis. Adm. Code.]

## **Primary Service Area and Mutual Aid Agreements**

An ambulance service provider is generally only authorized to conduct business within its primary service area, which is designated by DHS based on the agreement between the provider and the local governmental units. A provider is responsible for its primary service area but must also maintain written mutual aid agreements with other ambulance service providers operating within or adjacent to its primary service area. Mutual aid means emergency medical care provided by an outside ambulance service provider when the local provider has already committed its resources to other emergency responses. [s. 256.15 (1) (iw) and (5) (a), Stats.; ss. DHS 110.34 (4) and (10), Wis. Adm. Code.]

## **New Exception for Out-of-State Licensees**

In 2015, legislation was enacted that created a new exception for out-of-state licensees. Ambulance service providers and personnel licensed in another state may provide incidental service of 10 or fewer patient transports per year that originate and terminate within Wisconsin. Out-of-state providers and personnel may also act in response to a request for multi-state mutual aid. [s. 256.15 (2) (b) and (c), Stats.; 2015 Wis. Acts 25 and 83.]

## **STAFFING REQUIREMENTS**

All ambulances must be staffed with a minimum number of licensees when responding to an emergency. Each license level has its own specific staffing requirements but generally at least two EMTs must be present. [s. 256.15 (4), Stats.; s. DHS 110.50, Wis. Adm. Code.]

Legislation enacted in 2015 creates a new exception to staffing requirements in certain rural areas. The new legislation allows certain ambulances to respond with one EMT and a first responder rather than requiring the presence of two EMTs. This exception applies in two contexts. First, it applies if the primary service area contains no municipalities with a population of 10,000 or greater. Second, it also applies if the primary service area contains no municipalities with a population of 20,000 or greater, and the ambulance service provider has received a waiver from DHS. A waiver may be granted if the provider can show all of the following: (a) it has undertaken efforts to recruit and train EMTs capable of being licensed; (b) despite efforts, sufficient licensed EMTs are not available; and (c) the local municipality that is served will otherwise be unable to meet the two EMT staffing requirements. Even if a waiver is granted, the ambulance service provider must still attempt to staff an ambulance with two licensed EMTs whenever possible. [s. 256.15 (4) (e) and (f), Stats.; 2015 Wis. Act 113.]



The specific staffing requirements for the different ambulance service provider license levels are as follows:

- An EMT-basic ambulance must be staffed with either two licensed EMT-basics, or one licensed EMT-basic and one individual with an EMT-basic training permit. If the provider meets the population or waiver requirements as specified in the new legislation, the second staff person may be a first responder rather than an EMT-basic or a training permit holder.
- An EMT-intermediate technician ambulance must be staffed with at least one EMT-intermediate technician and one individual licensed at the EMT-basic level or above. If the provider meets the population or waiver requirements as specified in the new legislation, the second staff person may be a first responder rather than an EMT.
- An EMT-intermediate ambulance must be staffed with at least one EMT-intermediate and one individual licensed at the EMT-basic level or above. If the provider meets the population or waiver requirements as specified in the new legislation, the second staff person may be a first responder rather than an EMT.
- The staffing requirement for a paramedic ambulance depends on the date on which the service provider was licensed. If licensed prior to January 1, 2000, the EMT-paramedic ambulance must be staffed with at least two EMT-paramedics. If licensed after January 1, 2000, the EMT-paramedic ambulance must be staffed by at least one EMT-paramedic and one EMT at any level, unless the provider is in the same primary service area where paramedic service was or is provided by two EMT-paramedics, in which case the ambulance must be staffed with two EMT-paramedics. If an EMT-paramedic ambulance uses a two paramedic system, in which paramedics respond separately from different locations, the provider must dispatch both EMT-paramedics immediately and simultaneously. Critical care ambulances must be staffed with at least one person licensed at the critical care paramedic level and one person licensed at any EMT level. The new legislation does not create an exception to staffing requirements for paramedic or critical care ambulances.

[s. 256.15 (4), Stats.; s. DHS 110.50 (1), Wis. Adm. Code.]

An ambulance service provider may only deviate from these staffing requirements if all 911 response ambulances are busy, it has an approved reserve ambulance vehicle, and one of the following is true: (a) the service provider obtains DHS approval and the reserve backup ambulance is stocked and equipped appropriately, or (b) in a two paramedic system, if only one paramedic is available, the ambulance is operated at the next lower EMT level. [s. DHS 110.50 (3), Wis. Adm. Code.]

Staffing requirements also exist for the other types of service providers. Non-transporting EMT service providers are subject to the same staffing requirements as ambulance service providers at the same level. First responder service providers must have at least one certified first responder on the scene. [s. DHS 110.50 (1) (e) through (h), Wis. Adm. Code.]

## EMS PERSONNEL TRAINING REQUIREMENTS

All individuals who work as EMS personnel must hold a license issued by DHS. DHS issues multiple levels of credentials and identifies the scope of practice that each credential type may engage in. The individual must also be “credentialed” with the EMS provider. This essentially means that the provider must submit a form to DHS registering the individual as one of its personnel to show the individual’s affiliation with the provider. [ss. DHS 110.05 and 110.52, Wis. Adm. Code.; see also DHS, [\*Wisconsin EMS Scope of Practice\*](#) (2016).]

### Licensure Requirements

The training required to obtain a license is established by DHS and varies by license level. DHS issues certification for a first responder, and licensing at the following EMT levels of progression: EMT-basic, EMT-intermediate technician, EMT-intermediate, and EMT-paramedic. EMT-paramedics may further apply for critical care and tactical EMS endorsement. DHS also issues training permits and certifications for performance of defibrillation. DHS does not require a specific number of training hours for each level, but instead requires curriculum to be based on competencies, in order to be capable of performing all actions in each level’s scope of practice. [s. 256.15, Stats.; ss. DHS 110.06, 110.20, and 110.21, Wis. Adm. Code.]

Regardless of license level, all applicants must have a current registration with the National Registry of Emergency Medical Technicians (NREMT) at or above the application practice level. To qualify for NREMT registration, the individual must complete a national certification exam. In addition to NREMT registration, all applicants must have completed training in applicable Wisconsin curriculum within the last 24 months or may, in the alternative, submit proof of licensure or training from another state. [s. DHS 110.06, Wis. Adm. Code.]

In addition to the training requirements specified by DHS, all applicants must be certified in cardiopulmonary resuscitation (CPR). For all license levels, the individual must be 18 years or older and have no prior conviction that is substantially related to the practice of an EMS professional. [*Id.*]

In addition to the above general requirements, EMT-intermediate and EMT-paramedic applicants must be certified in advanced cardiac life support and pediatric advanced life support, pediatric education for pre-hospital professionals at the advanced life support level, or an equivalent approved by DHS. EMT-paramedics who apply for critical care and tactical EMS endorsement must also complete additional training. [s. 256.15 (6), Stats.; s. DHS 110.06 (1), Wis. Adm. Code.]

Volunteers or employees of public agencies are exempt from licensing fees. [s. 256.15 (6) (a), Stats.]

### Continuing Education

EMS personnel must renew their credential every two years and, before each renewal, complete continuing education, which varies based upon license level:

- A first responder must complete an 18-hour first responder refresher course.
- An EMT-basic must complete a 30-hour EMT-basic refresher course.

- An EMT-intermediate technician must complete a 30-hour EMT-basic refresher course and a 12-hour EMT-intermediate technician refresher course.
- An EMT-intermediate must complete a 48-hour EMT–intermediate refresher course, or in the alternative obtain recertification through exam by NREMT.
- An EMT-paramedic must complete a 48-hour EMT-paramedic refresher course, or in the alternative obtain recertification through exam by NREMT.
- EMT-paramedics with a critical care endorsement must complete a 48-hour EMT-paramedic refresher course and 24 hours of additional training as specified by DHS.

Completion of an initial training course above the current license level may also satisfy the refresher course requirement. [ss. DHS 110.07 and 110.08, Wis. Adm. Code.]

## **EMS FUNDING ASSISTANCE PROGRAM (FAP)**

All ambulance service providers that are public agencies, volunteer fire departments or nonprofit corporations are entitled to receive annual funding from DHS through its EMS funding assistance program. Some of these funds are available to purchase the training required for licensure as an EMT–basic and renewal of licensure as an EMT-basic. [s. 256.12 (4), Stats.]

Funds are also available for purchase of ambulance service vehicles or vehicle equipment, EMS supplies or equipment, or emergency medical training for personnel. DHS distributes an identical base amount for each ambulance service provider and then adds a supplemental amount based on the population of the primary service area. These funds may only be used to supplement existing, budgeted moneys. For state fiscal year 2017, each service provider that applies will receive a base amount of \$3,588 plus \$.03 per capita to be used for these purposes. [s. 256.12 (4) and (5), Stats.; DHS Numbered Memo 16-03, *SFY 2017 Emergency Medical Services (EMS) Funding Assistance Program* (Mar. 22, 2016).]



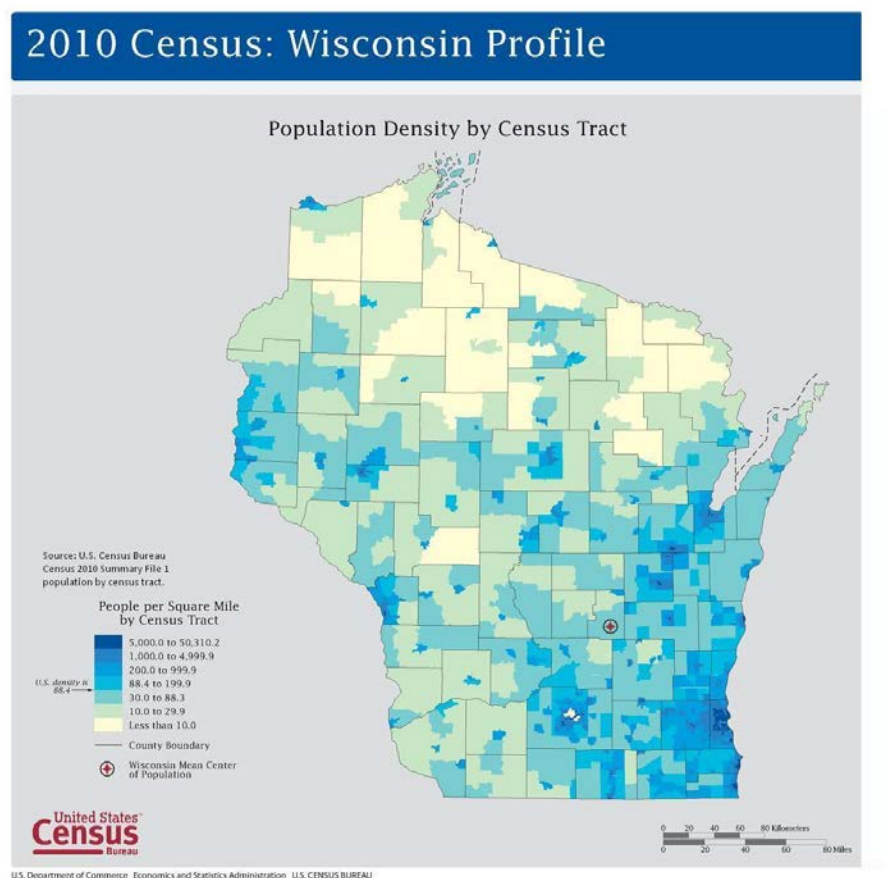
## PART IV – DATA ON RURAL AREAS

In Wisconsin, fire and EMS personnel serve a population of 5,686,986, over an area of 54,158 square miles. There are different methods of measuring whether an area is rural, but roughly 29.8% of Wisconsin residents are considered to live in rural areas by the U.S. Census Bureau, covering 96.5% of Wisconsin's land area. By that measure, the urban land area covers 3.5% of Wisconsin. [U.S. Census Bur., *Wisconsin: 2010, Population and Housing Unit Counts*, Tables 1 and 2 (Sept. 2012).]

For the 2010 census, the U.S. Census Bureau classified all areas as rural if the population density was less than 50,000 people or was outside a cluster of developed areas with between 2,500 and 50,000 people. [U.S. Census Bur., *Selected Appendixes: 2010, Population and Housing Unit Counts*, App. A (June 2012).]

### Map 1 Population Density

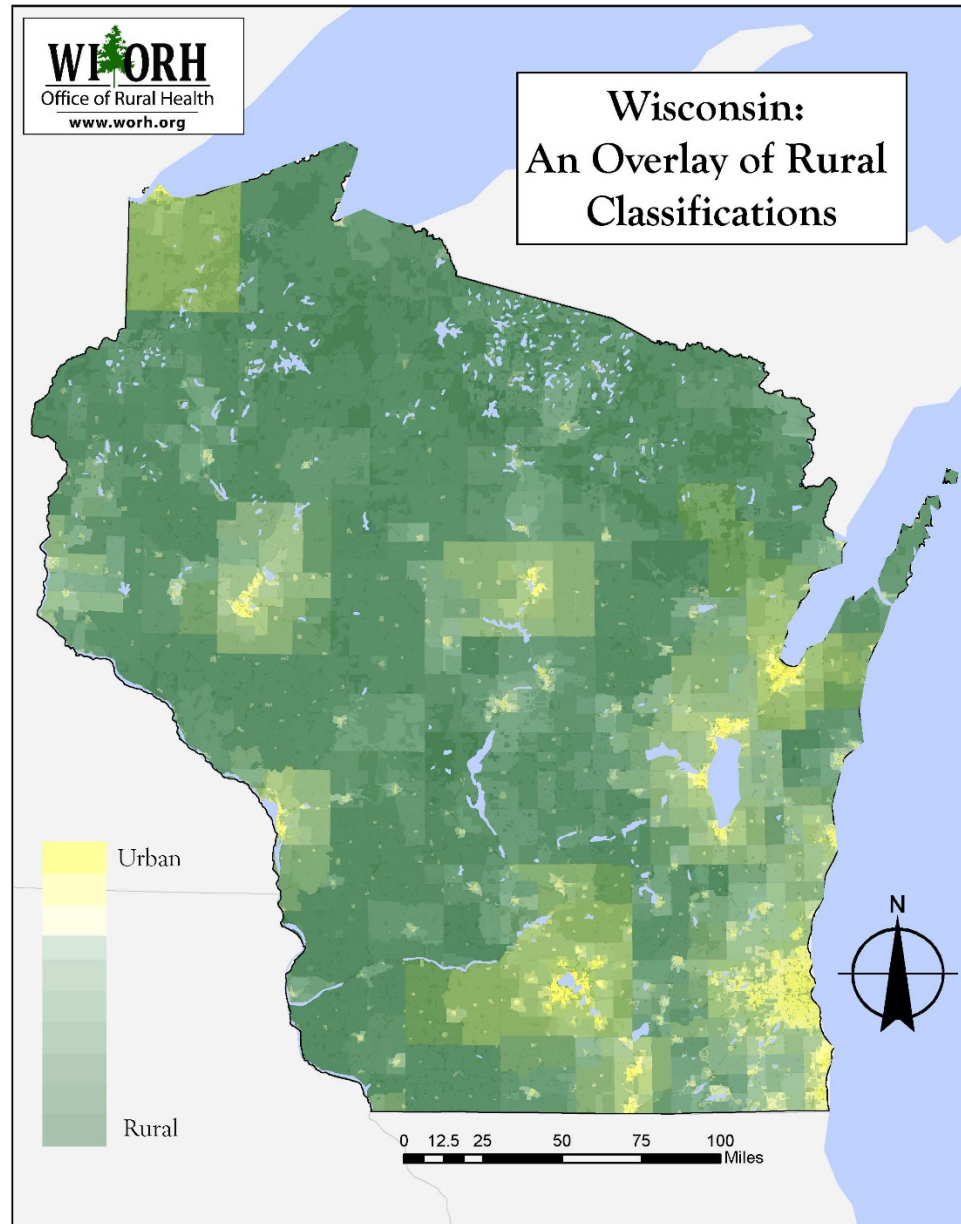
Map 1 shows the population density of Wisconsin residents as of the 2010 national census.



Source: U.S. Census Bureau.

## Map 2 Rural Classifications

Map 2 shows an overlay of various rural classifications. The overlay includes Wisconsin's housing density in 2000, and measures of county populations, relative rurality, census tract scaling, and rural-urban commuting areas.



This maps was created by overlaying several semi-transparent rural classification schemes, along with a map of Wisconsin's housing density in 2000.

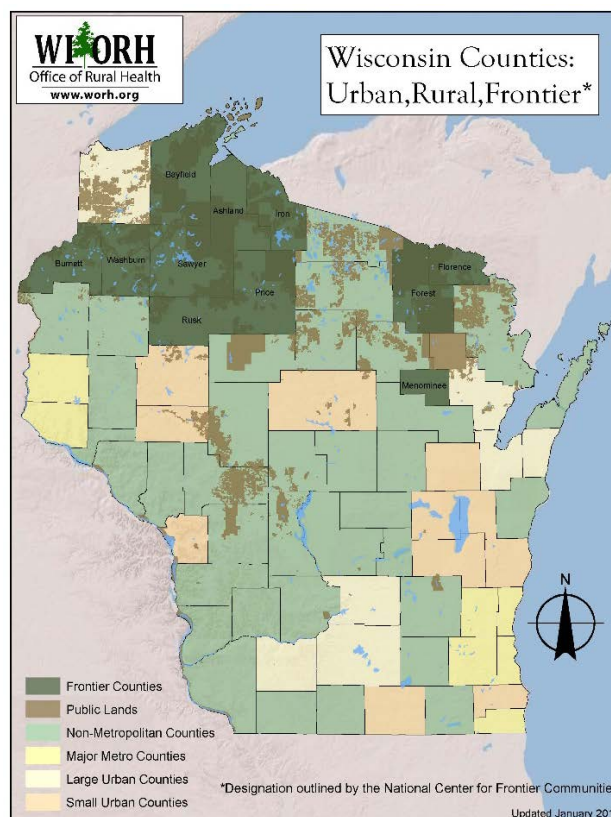
Source: Wisconsin Office of Rural Health.

### Map 3 Frontier Counties

The U.S. Census Bureau lists 12 Wisconsin counties as being 100% rural. These counties are Adams, Bayfield, Buffalo, Burnett, Florence, Forest, Lafayette, Marquette, Menominee, Pepin, Price, and Vilas Counties. Twenty counties are listed as being more than two-thirds rural. Many other counties in Wisconsin are also listed by the U.S. Census Bureau as being more than 50% rural. [U.S. Census Bur., *Wisconsin: 2010, Population and Housing Unit Counts*, Table 7 (Sept. 2012).]

Similarly, a “frontier” designation is identified by the National Center for Frontier Communities, to further distinguish the classification from the more general “rural” designation. According to the Center, frontier areas are particularly remote and geographically isolated, and the sparse populations have “extreme” distances and travel time to reach services. With some overlap in the counties identified by the U.S. Census Bureau as 100% rural, the Center worked with the Wisconsin Office of Rural Health to additionally identify Ashland, Iron, Rusk, Sawyer, and Washburn Counties as frontier counties. The Center also notes that in all but Menominee County, the proportion of the population that is age 65 or older in each of the frontier counties is greater than the national average proportion for age 65 or older. [Black, P., *Defining Rural for Wisconsin*, Wis. Ofc. of Rural Health (2016); Map, *Frontier Areas and Percent of Population Aged 65 or Older, 2010*, Nat’l Ctr. for Frontier Cmtys (June 2012).]

Map 3 shows the counties in Wisconsin that are identified as frontier counties by the Wisconsin Office of Rural Health, working with the National Center for Frontier Communities.



Source: Wisconsin Office of Rural Health.

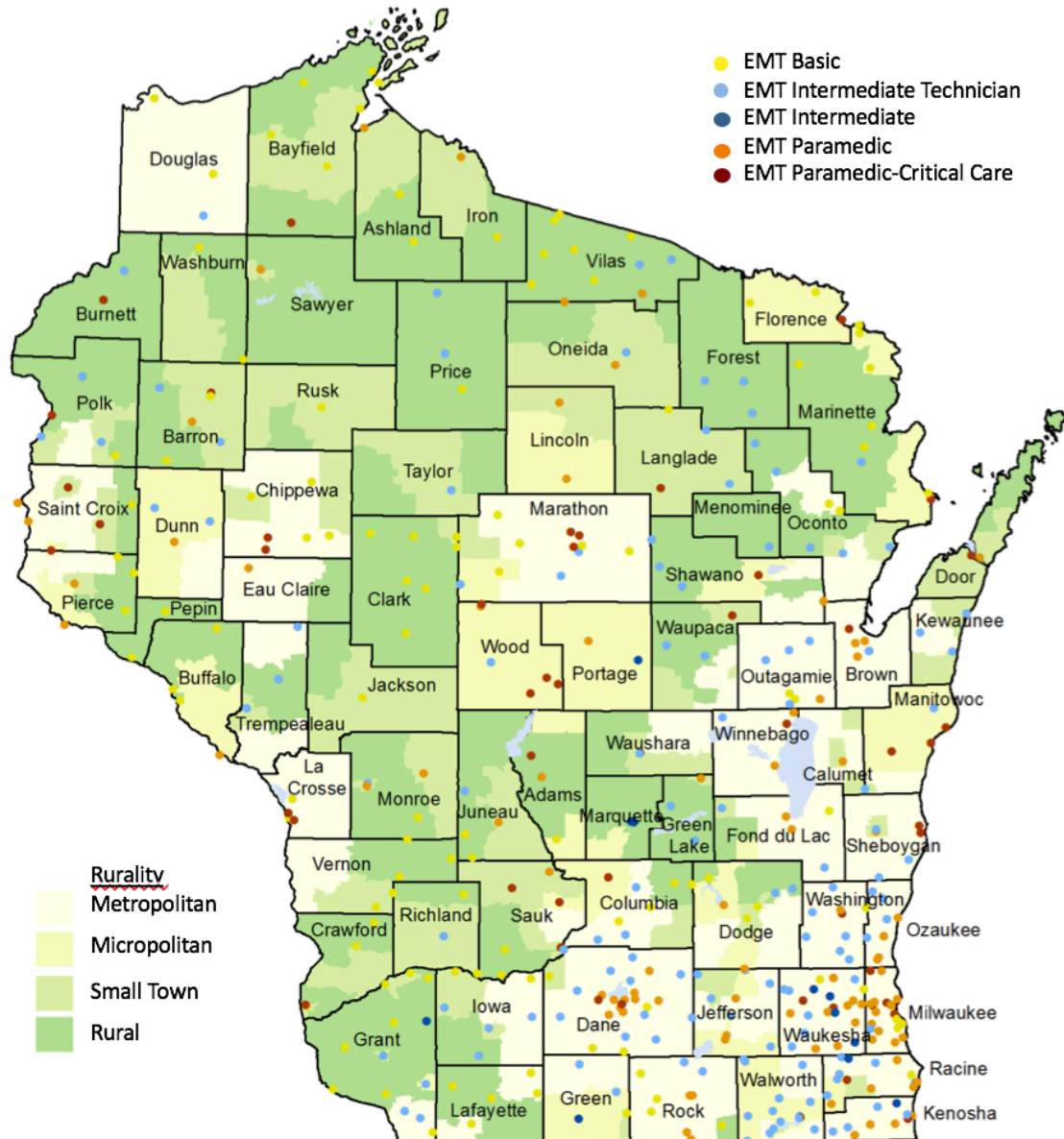


## Map 4 Licensed EMS Personnel

Map 4 shows the locations of licensed EMS providers in Wisconsin. This map does not include providers that are certified first responders.

### Wisconsin Emergency Medical Service Providers

All Licensed Services - May 2015



EMS provider locations: <https://www.dhs.wisconsin.gov/ems/index.htm>

Rurality: WWAMI Rural Health Research Center. Rural-Urban Commuting Area Codes, 2010.  
<http://depts.washington.edu/uwruca/>

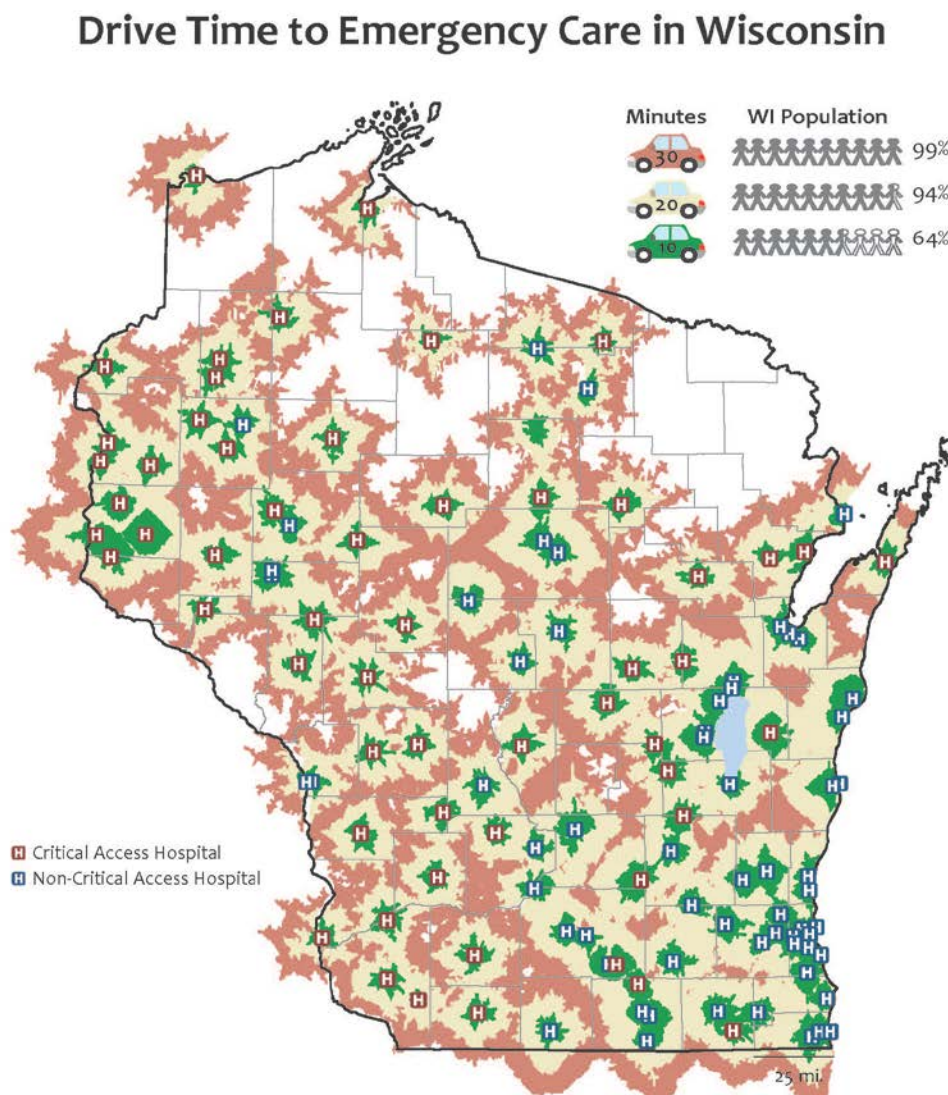
**WVORH**  
Office of Rural Health  
[www.worh.org](http://www.worh.org)

Source: Wisconsin Office of Rural Health.



## Map 5 Drive Time to Emergency Care

Map 5 shows the average drive time to trauma care centers in Wisconsin.



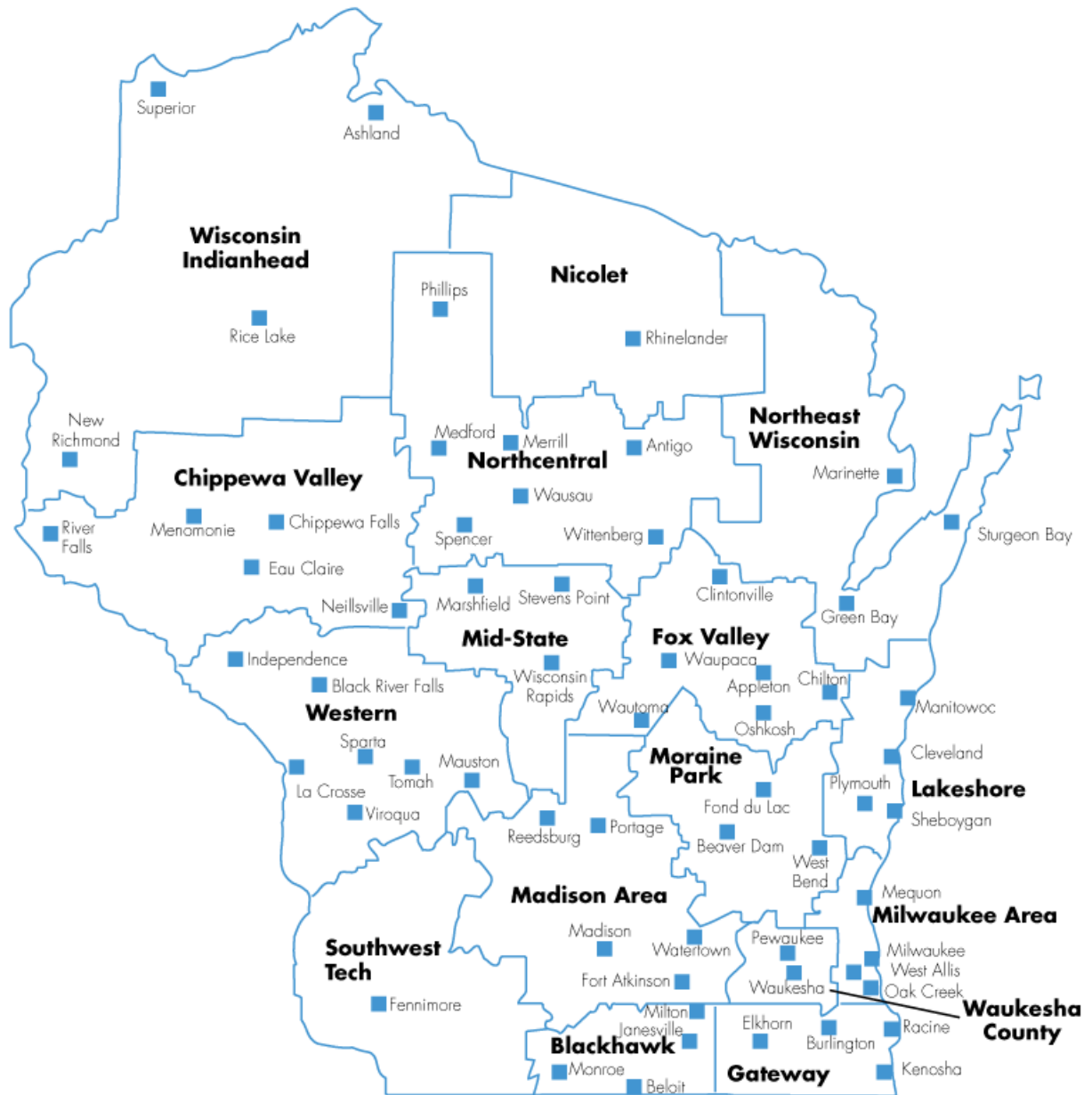
Drive-time analysis was conducted using ArcGIS Business Analyst, Navteq 2014 Quarter 3 routing data, and methodology recommended by the State Cartographer's Office. Hospital location data source: [Wisconsin Department of Health Services](#). Population data source: Wisconsin Legislative Technology Services Bureau.



Source: Wisconsin Office of Rural Health.

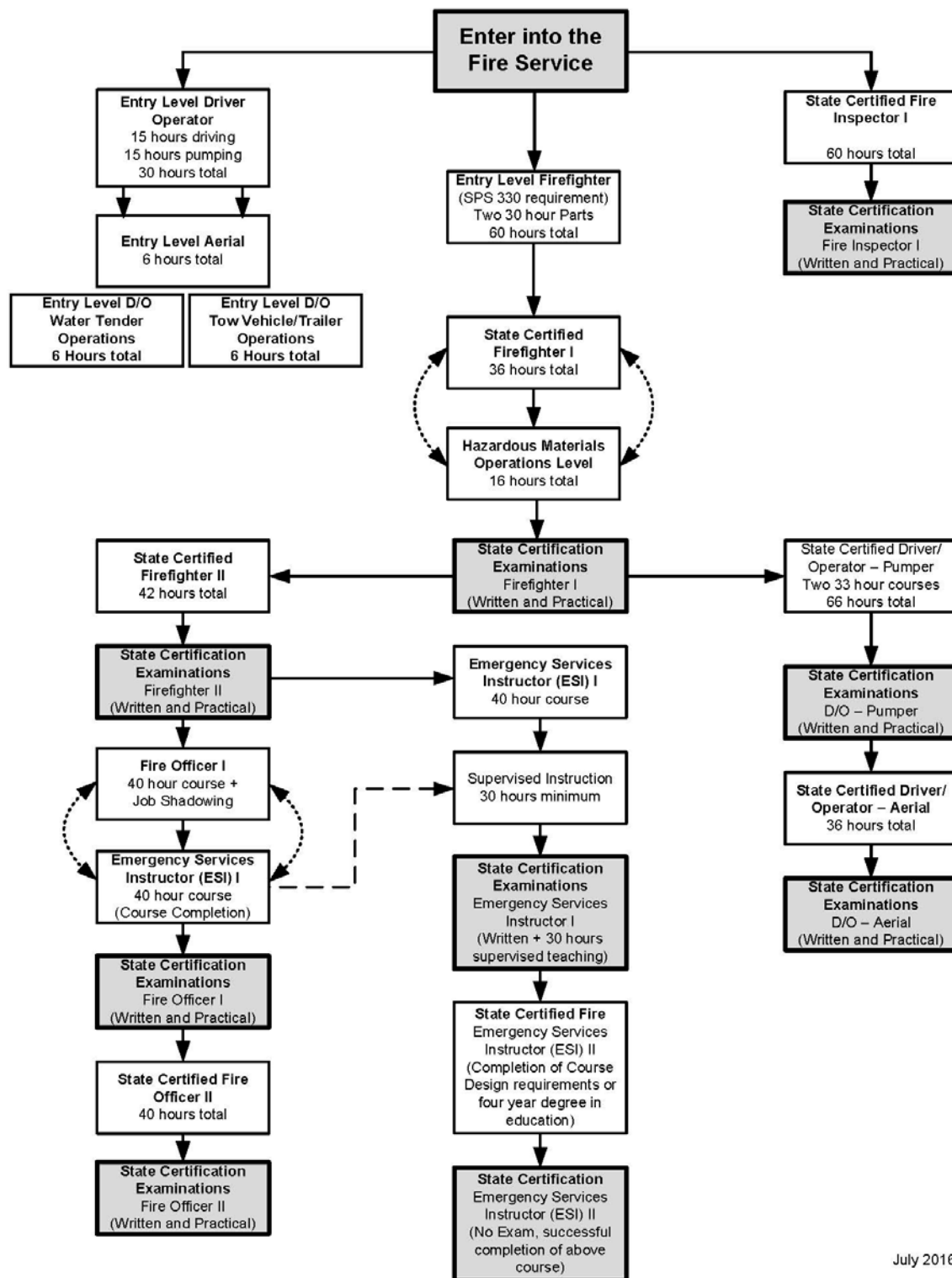
## Map 6 Wisconsin Technical Colleges

Map 6 shows the locations of Wisconsin's 16 technical colleges. The colleges have 49 campuses that each offer training for fire and EMT personnel. Some colleges also have additional outreach facilities.



Source: Wisconsin Technical College System.

# Wisconsin Fire Training Flow Chart



July 2016