



2019 SENATE BILL 667

January 8, 2020 - Introduced by Senators MARKLEIN, NASS, OLSEN, STROEBEL and TESTIN, cosponsored by Representatives TRANEL, NOVAK, KURTZ, OLDENBURG, VANDERMEER, BROOKS, DITTRICH, HORLACHER, KNODL, KRUG, KULP, MURSAU, QUINN, TUSLER and BORN. Referred to Committee on Health and Human Services.

1 **AN ACT** *to amend* 256.15 (4m) (d); and *to create* 256.12 (5) (c), 256.15 (1) (ij),
2 256.15 (4) (a) 4. and 256.15 (10m) of the statutes; **relating to:** ambulance
3 staffing and emergency medical personnel.

Analysis by the Legislative Reference Bureau

Generally, this bill changes ambulance staffing requirements and makes other changes related to emergency medical personnel.

The bill allows an ambulance that is engaged in an interfacility transport to be staffed with one emergency medical technician and one individual who has a certification in cardiopulmonary resuscitation. Currently, an ambulance may be staffed with any of the following: any two emergency medical services practitioners, licensed registered nurses, licensed physician assistants or physicians, or any combination of those individuals; one emergency medical services practitioner plus one individual with a emergency medical services practitioner training permit; or, for certain rural ambulance service providers, one emergency medical technician and one emergency medical responder.

Current law allows a rural ambulance service provider to upgrade the service level of an ambulance to the highest level of license of any emergency services practitioner staffing that ambulance if approved by the medical director. The bill prohibits the Department of Health Services from requiring the rural ambulance service provider to stock an ambulance with equipment to perform all functions that the emergency medical services practitioner with the highest level of license may perform in order to upgrade its ambulance service level.

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Under the bill, an ambulance service provider or emergency medical services program may not prohibit an emergency medical responder or emergency medical services practitioner who is employed by or volunteering with it from being employed by or volunteering with another ambulance service provider or emergency medical services program.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 256.12 (5) (c) of the statutes is created to read:

2 256.12 (5) (c) 1. If the department requires the signature of a clerk of a
3 municipality before allowing an ambulance service provider to receive funds under
4 this subsection, the department shall allow the clerk to submit an electronic
5 signature.

6 2. If the department requires an ambulance service provider to submit the
7 population of its service area, the population shall be derived using census data. The
8 department may only require an updated and signed population form after a census
9 every 10 years, except that the department may require an updated and signed
10 population form if the service area of the ambulance service provider changes.

11 **SECTION 2.** 256.15 (1) (ij) of the statutes is created to read:

12 256.15 (1) (ij) “Interfacility transport” means any transfer of a patient between
13 health care facilities or any nonemergent transfer of a patient.

14 **SECTION 3.** 256.15 (4) (a) 4. of the statutes is created to read:

15 256.15 (4) (a) 4. If the ambulance is engaged in an interfacility transport, one
16 emergency medical technician who is in the patient compartment during transport
17 of the patient and one individual who has a certification in cardiopulmonary
18 resuscitation, through a course approved by the department.

19 **SECTION 4.** 256.15 (4m) (d) of the statutes is amended to read:

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1 256.15 (4m) (d) A rural ambulance service provider that is intending to
2 upgrade its service under par. (b) shall submit to the department an update to its
3 operational plan including a description of its intention to upgrade. The department
4 may not require a rural ambulance service provider to stock an ambulance with
5 equipment to perform all functions that the emergency medical services practitioner
6 with the highest level of license may perform in order to upgrade the ambulance
7 service level under par. (b).

8 **SECTION 5.** 256.15 (10m) of the statutes is created to read:

9 256.15 (10m) EXCLUSIVE ARRANGEMENTS PROHIBITED. An ambulance service
10 provider or emergency medical services program may not prohibit an emergency
11 medical responder or emergency medical services practitioner who is employed by
12 or volunteering with the ambulance service provider or emergency medical services
13 program from being employed by or volunteering with another ambulance service
14 provider or emergency medical services program.

15 **SECTION 6. Effective date.**

16 (1) This act takes effect on the first day of the 7th month beginning after
17 publication.

18

(END)