

FISCAL ESTIMATE FORM

1999 Session

- ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

LRB #

INTRODUCTION #

Admin. Rule # HFS 112

Subject

LICENSING OF EMERGENCY MEDICAL TECHNICIANS—PARAMEDIC (EMTs—PARAMEDIC)

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

Increase Costs - May be possible to Absorb Within Agency's Budget Yes No

- Increase Existing Appropriation Increase Existing Revenues
 Decrease Existing Appropriation Decrease Existing Revenues
 Create New Appropriation

Decrease Costs

Local: No local government costs

1. Increase Costs
 Permissive Mandatory
 2. Decrease Costs
 Permissive Mandatory

3. Increase Revenues
 Permissive Mandatory
 4. Decrease Revenues
 Permissive Mandatory

5. Types of Local Governmental Units Affected:
 Towns Villages Cities
 Counties Others _____
 School Districts WTCS Districts

Fund Sources Affected

- GPR FED PRO PRS SEG SEG-S

Affected Ch. 20 Appropriations

Assumptions Used in Arriving at Fiscal Estimate:

This order revises the Department's rules for licensing emergency medical technicians-paramedic (EMTs-paramedic). Revision of the rules will not affect the expenditures or revenues of state government or local governments.

The rules are amended to incorporate current medical practices; update training requirements; clarify, correct and improve rule language for interfacility patient transports, EMT-paramedic licensing and training sections; add a requirement for biennial renewal of the certification of training center instructor-coordinators; and update the required elements of an EMT-paramedic operational plan that must be submitted to the Department as a condition for licensure as an EMT-paramedic ambulance service.

Under the revised rules, Department staff will have some additional workload because of the need to review EMT-paramedic ambulance service operational plans and their revisions and to certify training course instructor-coordinators every 2 years. On the other hand, Department staff will have reduced workload because these functions will be done through electronic submission, which will result in less review time per application.

Of the 79 EMT-paramedic ambulance service providers statewide, one is operated by state government and 38 by local governments. Although the revised rule increases the minimum number of hours required for EMT-paramedic training hours, this revision only updates the requirement in line with the amount of training time already in place at the training centers. The revised rule also allows for more flexible staffing for EMT-paramedic service, which potentially could result in lower local costs.

Long-Range Fiscal Implications:

Prepared By: / Phone # / Agency Name

DHFS/Jon Morgan, 266-9781

Authorized Signature / Telephone No.

John Kiesow, 266-9622

Date

5-9-00



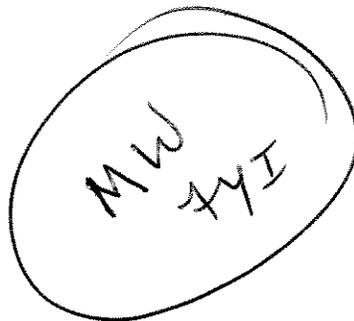
Wisconsin State Fire Chiefs Association, Inc.

Together We Can Make A Difference

- Education
- Prevention
- Safety
- Suppression
- EMS

January 26, 2001

The Honorable Rodney Moen
Wisconsin State Senator
Room 8 South, State Capitol
P.O. Box 7882
Madison, WI 53707



JAN 29 2001

Dear Senator Moen,

As a member of the Wisconsin legislature, I appreciate your consistent efforts in supporting the highest level of fire safety in our state. For this reason, I want to provide you with an update to the ongoing debate regarding the adoption of our state codes, and the position that Wisconsin State Fire Chiefs' Association is taking on behalf of fire safety in Wisconsin.

Last year, the Wisconsin State Fire Chiefs' Association and other members of the Wisconsin fire service recommended to the Wisconsin Department of Commerce that it adopt the National Fire Protection Association's NFPA 1, *Fire Prevention Code* and its companion document, NFPA 101, *Life Safety Code*. Organizations representing the fire service and numerous emergency services organizations have joined in support of NFPA 1 and 101 including the Wisconsin Fire/EMS Legislative Leadership Coalition. This coalition is made up of the Wisconsin State Fire Chiefs' Association, the Wisconsin Fire Chiefs' Education Association, the Wisconsin Fire Inspectors' Association, the Wisconsin Society of Fire Service Investigators, the Wisconsin Chiefs' International Arson Investigators Association, the Wisconsin State Fire Fighters' Association, Professional Fire Fighters' of Wisconsin, Inc., and the Wisconsin EMS.

We have recently learned that the Department of Commerce intends to move forward immediately with the adoption of the International Code Council's (ICC) version of these codes, the *International Fire Code* as well as the *International Building Code*. The Department is taking this action despite a vote by the Fire Safety Code Council, an advisory committee to the Department of Commerce, to conduct a complete side-by-side review of both the IFC and NFPA codes before rendering a final decision.

The Wisconsin Department of Commerce's efforts to fast track adoption of these codes is in complete disregard to the concerns of our association, and the rest of the Wisconsin fire service. In fact, the state fire chiefs have gone on record as opposing the adoption of these codes because we know that unlike the ICC, NFPA 1 and 101 are time-tested, proven documents developed by a consensus process with significant fire service input. NFPA 101 is also the most comprehensive code addressing existing properties – which is of paramount concern to the fire service – and it is used in all 50 states.

P.O. Box 44743, Madison, WI 53744-4743
Phone: 1-800-375-5886 Fax: 608-274-8262

The Honorable Rodney Moen
January 26, 2001
Page Two

Members of the Wisconsin fire service support NFPA's codes and standards because of the unique, inclusive, consensus process used to develop its codes and standards. Every person in the state of Wisconsin, including members of the Wisconsin Senate and House, along with their constituents, has the right to fully participate and vote in NFPA's code-and standard-development process. Yet, despite the immense value of the NFPA codes and standards, and the process by which they are developed, the Wisconsin Department of Commerce is taking steps to adopt the fire and building codes developed by the International Code Council (ICC). The ICC does not allow organizations such as the Wisconsin State Fire Chiefs' Association to vote on its codes. In fact, the ICC only allows government code enforcers – primarily building code officials – to vote during the code development process. In our opinion, the issues affected by safety codes are simply too important to leave in the hands of building code officials alone.

Furthermore, adoption of the ICC codes would come at a significant cost to Wisconsin taxpayers. Adoption of the aforementioned NFPA codes would occur at no cost to the taxpayers. NFPA will provide all Wisconsin government enforcers who attend our free training sessions complimentary copies of these documents. This no-cost offer will be repeated each time the state adopts updated editions of the codes. This ensures that every jurisdiction in the state, regardless of its size or resources, will have up-to-date codes and receive training from the top experts in the field. There really is no other code organization willing to make this commitment.

In summary, we ask that you support Wisconsin fire service members by opposing the Department of Commerce's actions to fast track the ICC codes. Please urge the Department of Commerce to fairly consider NFPA's fire prevention and building codes by allowing a fair comparison to determine which codes are truly in the best interest of our citizens. Attached is a "Myths versus Facts" piece that will give you the further information on this matter.

Sincerely,



Del Yaroch
President
Wisconsin State Fire Chiefs' Association

Attachment

Myths Versus Facts

Myth: The Wisconsin Department of Commerce (DoC) claims that it stopped the comparison between the IFC and NFPA 1/101 because the Wisconsin State Fire Chiefs' Association (WSFCA) withdrew its support for IBC.

Fact: The WSCFA never supported the IBC. It did, however, agree to the adoption of a modified Comm. 14 and the IBC as a placeholder only until a thorough comparison was completed between the IFC and NFPA 1/101.

Myth: According to the DoC, WSFCA has never raised technical objections to the IFC.

Fact: This is simply not true. WSFCA and other members of the Wisconsin fire service have repeatedly emphasized to the DoC that the IFC pales in comparison to NFPA 1 and 101 when it comes to technical provisions addressing existing buildings and fire fighter safety.

Myth: DoC claims that the Fire Safety Code Council strongly endorsed adoption of the IFC and IBC.

Fact: After intense discussion and debate, the FSCC voted by a narrow 5-4 margin to adopt IFC/IBC. All fire service representatives on the FSCC, with the exception of the Madison representative, voted in support of the NFPA suite of codes and against adoption of IFC/IBC.

Myth: The DoC maintains that the Wisconsin fire service has representation on the Commercial Code Council.

Fact: In reality, there is only one Wisconsin fire service representative on the entire Commercial Code Council. The vast majority of this council is made of building-related officials such as American Institute of Architects, Associated General Contractors, Wisconsin Building Inspectors, City of Milwaukee (building representative), Wisconsin Realtors, Wisconsin Society of Professional Engineers, the building owners and Wisconsin Department of Administration, insurance industry representatives, Wisconsin Manufacturers and Commerce, and the Associated Builders and Contractors of Wisconsin.

Myth: The DoC maintains that WSFCA's recommendation to incorporate NFPA 1/101 with the IBC so that the most restrictive rule would always apply in order to avoid conflicts was not possible and unworkable.

Fact: In fact, the drafts of the amended Wisconsin Commercial Building (Chapter 61.03(2)) and Fire Prevention Codes (66.0003(2)), which adopt the IBC and IFC, state, "where

rules of the department specify conflicting requirements, types of material, methods, processes or procedures, the most restrictive rule shall govern.”

Myth: The DoC claims that the NFPA 1/101 would not work due to compatibility problems with regard to state health care facilities.

Fact: In addition to meeting requirements by the Wisconsin building code, all health care facilities in Wisconsin and, in fact in the United States, are required to meet the provisions of NFPA 101. Further, NFPA 1/101 are the only fire and life safety codes that are being used successfully with all three model building codes in the United States.

Myth: The DoC states that it cannot adopt NFPA 1 because it will undergo numerous changes due to the agreement between NFPA and the Western Fire Chiefs’ Association to develop a harmonized fire code.

Fact: The original purpose of the review was to compare the 2000 editions of NFPA 1/101 and the IFC. It makes no sense to cancel a review of these codes based on the fact that the 2003 edition of the NFPA 1/Uniform Fire Code may change. Future editions of all codes are always subject to change. With this rationale, any comparisons of model codes would never take place for fear that the codes might change in a future edition.

In addition, the DoC was conducting comparisons in 1998 based on drafts of the IFC and IBC based on drafts. WSFCA conducted its own comparison on NFPA 1/101 and IFC in 1998, and asked DoC to participate; yet DoC indicated at that time that it had already made the decision to adopt the ICC suite of codes.

Myth: The DoC says it cannot continue using the current WI building code and fire prevention code because it prevents them from enhancing public safety.

Fact: The current Wisconsin Commercial Building Code has been in existence since 1914. Therefore, DoC has no basis to make claims that public safety cannot be enhanced if it does not immediately adopt the ICC suite of codes. A review of the ICC and NFPA codes will take only two years. Furthermore, the adoption of the ICC suite of codes would do nothing to address the key public safety issues of fire fighter safety and technical provisions regarding existing buildings.

Myth: The DoC has stated that the “Wisconsinisms” (amendments) to NFPA 1/101 would be far too numerous and cause major compatibility problems.

Fact: The fact of the matter is that the proposed amendments to the IFC and IBC are numerous. There are currently over 225 pages of amendments to the ICC suite of codes being considered for adoption.

Myth: According to the DoC, the ICC suite of codes is *the* preferred suite of codes to adopt for Wisconsin.

Fact: The ICC codes do not provide adequate provisions for existing buildings or fire fighter safety. Conversely the NFPA 101 is undisputedly the most comprehensive existing buildings code in the world, which is of paramount concern to the fire service.

In addition, adoption of the ICC codes would come at a significant cost to the taxpayers of Wisconsin. Adoption of the aforementioned NFPA codes would occur at no cost to the taxpayers. NFPA will provide all Wisconsin government enforcers who attend our free training sessions complimentary copies of these documents. This offer not only includes the NFPA 1, 101 and 5000 (Building Code), but also the major reference documents. This no-cost offer will be repeated each time the state adopts updated editions of the codes. In fact, on numerous occasions in the past, NFPA has provided these complimentary services to Wisconsin code enforcers, saving thousands of taxpayers' dollars. In addition to the cost savings, this NFPA service ensures that every jurisdiction in the state, regardless of its size or resources, will have up-to-date codes and receive training from the top experts in the field. No other code organization is willing make this commitment.

Myth: DoC claims that chapter 66 of the draft of the amended Wisconsin fire prevention code, which adopts the IFC, adequately addresses fire fighter safety and retroactivity issues.

Fact: There was absolutely no mention of fire fighter safety in the draft of the amended Wisconsin fire code until the WSFCA met with the DoC to bring this to their attention. Even after the WSFCA expressed these concerns, the DoC provided window dressing to the issue by simply adding the words "fire fighter" under the safety section in the *Purpose of Code* of the amended code. There are no substantive changes to the amended code that properly address the fire fighter safety of the WSFCA.

Conversely, as mentioned earlier, NFPA 101 addresses specific fire fighter safety and retroactivity issues.

Myth: The DoC claims that it strongly supports the Wisconsin fire service and values their input in the code adoption process.

Fact: The actions of the DoC do not support this claim for the following reasons:

- DoC coordinators involved with the code adoption process did not attend the Wisconsin Fire Inspectors' Association Conference. A clear signal that DoC did not value the WFIA's input during this timely discussion of the issues.
- The DoC has cancelled the agreed-upon review of the NFPA 1/101 and IFC codes.
- The membership of the DoC advisory councils is weighted disproportionately to building interests with virtually no representation from the Wisconsin fire service.

- The DoC has used the two percent audit dues in its own interests and against the interests of the Wisconsin fire service. Example: It has used the proceeds from the collection of these dues to attend the ICC conference.
- The DoC made the decision to drop the County Code Seminars to help educate the Wisconsin fire service on critical issues.
- Guidelines provided to the Wisconsin fire service for conducting the fire audits in order to collect the two percent dues are vague and subject to interpretation by DOC.

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White, Melissa

From: Forbes McIntosh [mcintosh@broydrick.com]
Sent: Tuesday, February 27, 2001 2:45 PM
To: Melissa White
Subject: Flexible Staffing of Paramedics



Paramedic.doc

The compromise we have sent to the Professional Firefighter Union of Wisconsin. As you can see, the organizations involved have given up a lot in this endeavor. However, we truly believe this compromise should remedy the union's concerns and at the same time promote the expansion of paramedic services.

If you have any questions, please feel free to call me at 255-0566 or my cell at 332-5205.

Thank you.

Flexible Staffing of EMT-Paramedics
Tuesday, February 27, 2001

Current rule requires that two paramedics be present whenever a patient is transported using skills that fall within the scope of practice of an EMT-P (above that of a current EMT-I). The Department of Health and Family Services has proposed, held public hearings on, and presented to the Wisconsin Legislature, a change that would allow the medical director of an ambulance to staff that ambulance with one EMT-P and one EMT-Basic or EMT-I.

This proposal has been met with resistance by the Firefighter's labor union in Wisconsin, Professional Firefighters of Wisconsin (PFFW). Because of this resistance, the Wisconsin EMS Association, Wisconsin State Fire Chiefs, Wisconsin ACEP and the State Medical Society offer the following compromise to increase staffing from two to three crew members on ambulances throughout the State of Wisconsin who wish to staff with crews other than two paramedics.

1. Except as permitted in 2, 3 and 4, when an ambulance is transporting a patient using Paramedic skills, a **two person crew** be required. The crew must consist of two paramedics with no less than one paramedic in the patient compartment at all times.
2. If the medical director for the ambulance so specifies in the operational plan for the service, the ambulance may operate with a **three person crew**. The crew must consist of not less than one paramedic and two additional crew members. No less than one paramedic and one EMT-Basic or EMT-I, RN, PA, or MD, must be in the patient compartment with the patient at all times.
3. If the medical director for the ambulance so specifies in the operational plan for the service, the ambulance may operate with one Paramedic and one EMT-Basic as long as another crew of one Paramedic and one EMT-Basic are on duty and available to be summoned as needed to assist in the care of the patient.
4. A single EMT-Paramedic at the scene of a medical emergency may operate to their scope of practice as long as an ambulance meeting the requirements of 1,2 or 3 above is enroute to the scene.

Respectfully Submitted,

Wisconsin EMS Association

Wisconsin State Fire Chief's Association

Wisconsin Chapter of the American College of Emergency Physicians

State Medical Society of Wisconsin

Memorandum

To: Wisconsin Legislators
From: Don Hunjadi
Executive Manager
Date: Monday, March 19, 2001
Re: **Support for CR 00-091**
Flexible Staffing for Paramedics

The Senate Health Committee will hold a public hearing on Wednesday, March 28, 2001 at 1:30 PM in Room 411 South - State Capitol on DHFS rule modifications (CR 00-091) relating to allowing the physician, charged with the medical direction of an ambulance service, to direct the staffing of that ambulance in a manner that is prudent for the local community.

Several organizations representing EMTs, firefighters, fire chiefs, physicians, nurses, local government, farmers and elderly advocates signed a position statement supporting the modifications included in the proposed HFS 112 rule (Position Statement attached). The Wisconsin EMS Association and these groups recognize the department's revisions will improve Wisconsin's EMS system and save lives.

The Wisconsin EMS Association does advocate for two or more paramedics to staff a paramedic ambulance, however most Wisconsin communities can neither afford, find nor retain the number of paramedics required by current law. Therefore, it is common sense that dictates each community under the administration of the medical director of an ambulance service be allowed to provide the best possible emergency response and patient care to it's citizens.

It is unfortunate that many Wisconsin communities are unable to provide the best in emergency care simply because they cannot afford to have two paramedics on duty at all times. However, it is a tragedy when a life is lost because of an outdated administrative rule happened to get in the way.

The current rule requiring two paramedics was written in 1974, when pre-hospital medicine was new. It may have made sense back then – especially when you realize that the only provider who could start IVs, defibrillate, and provide medications were paramedics.



EMT - Paramedic Flexible Staffing
Page 2

Today, however, lay-people with very little training use defibrillators. EMT-Basics provide several medications and use advanced airways. EMT-Intermediates, depending on their training, are providing up to 15 different medications. There are no restrictions on the number of providers at these levels. Yet, we still require the same standards for the Paramedic we did in 1974, even though the landscape has completely changed.

The current language contained in HFS 112 has resulted in many areas of our state not having Paramedics available. It also likely has resulted in the compromise of patient care. While the EMT-Basics or EMT-Intermediates that are available in these areas certainly do a high quality job of providing patient care, doesn't it make sense to make it as easy as possible to have the highest level of care available?

The Wisconsin EMS Association is committed to the excellence of EMS. Therefore, we are committed to the department's efforts to provide the best in emergency response and patient care for all of Wisconsin, through the proposed revisions to HFS 112 contained in CR 00-091.

Thank you.

Position Statement

Flexible Paramedic Staffing

We the undersigned organizations and/or agencies understand the proposed rules to HFS 112, as submitted by the Department of Health and Family Services, regarding the issue of paramedic staffing on Wisconsin ambulances.

We the undersigned organizations and/or agencies understand the positive impact of these proposed rules on town, villages, and cities in Wisconsin.

We the undersigned organizations and/or agencies agree with, and support the proposed rule that allows the physician, charged with the medical direction of an ambulance service, to direct the staffing of that ambulance in a manner that is prudent for the local community.

We the undersigned organizations and/or agencies support the Department of Health and Family Services in allowing for the flexibility to staff an ambulance with one paramedic, along with an additional required crew member, as a legal ambulance crew for a paramedic-level ambulance in the State of Wisconsin.

Original signatures on file

American Association of Retired Persons
Coalition of Wisconsin Aging Groups
Wisconsin Alliance of Cities
Wisconsin Chapter of the American College of Emergency Physicians
Wisconsin Chapter of the Emergency Nurses Association
Wisconsin Counties Association
Wisconsin EMS Association
Wisconsin Farm Bureau Federation
Wisconsin Fire Chief's Association
Wisconsin Fire Chief's Education Association
Wisconsin League of Municipalities
Wisconsin State Firefighters Association
Wisconsin State Medical Society
Wisconsin Towns Association

Herbert Hanson
W997 Hwy 92
Brooklyn, Wisc. 53521
PH: 608-455-6778

Herb & Karen Hanson

March 20, 2001

RE: CR 00-091

Dear Sir or Madam:

During the early portion of my 32-year, law enforcement career, my employing agency was charged with providing "ambulance service" to our community. Ambulance service was defined as rendering first aid and then speeding to the hospital. It is clear to me that we had angels riding on our shoulders. We were ill-equipped, under-trained and very lucky. Times have changed. My former employer no longer directly provides this service. They contract with a **full time** fire dept. to provide paramedic services. It would be fantastic if *all areas in the State of Wisconsin could afford this, but they cannot!*

Currently I am a Green County Board Supervisor and a Brooklyn Town Board Supervisor. Both of these government bodies serve a relatively small population. Resources are very limited. In the Town of Brooklyn, we have service contracts with four (4), volunteer staffed, fire/EMS districts. The municipalities still have to fund the costs associated with purchasing the ambulance, housing costs for the service, non billable or un-collectable costs for day-to-day operations. Lacking the urban advantage of having a large tax base to spread the service cost over, it is next to impossible to fund the paramedic level of care that citizens deserve. We are blessed to have dedicated people who take time from their personal schedules to become EMT-Basics and EMT-Intermediates and then volunteer their time and skills to save others. It would be wonderful if every EMS unit could staff every run with two paramedics, as the law now requires. This is not realistic or practical.

The Department of Health and Family Service's proposed rule change is most appropriate. It does not undermine the basic premise of providing emergency care. It is not arbitrary. It requires approval by the medical director to review and approve implementation of the rule. Today, if an EMS service is on a run and only one of the volunteers is a licensed paramedic, the skills he/she possesses cannot be applied because there is not a second paramedic present. This is not reasonable. All residents deserve the best protection and service possible. Residing in a rural area that cannot afford full time EMS protection should not preclude residents from obtaining the best possible service when it is available. **In the interest of all Wisconsin residents, please support DFHS proposed Administrative Rule providing flexible staffing of EMS-Paramedic services.** Who knows, someday you or one of your family members could have **YOUR** life saved by this decision.

Sincerely,



Herbert Hanson

Green County Board Supervisor, Town of Brooklyn Supervisor, Ret'd Police Lieutenant

Care, Safety, Security and Welfare for ALL

W **D** City of Wisconsin Dells

DEPARTMENT OF HEALTH AND SAFETY

*Health and Safety
Risk Management
Emergency Medical Services
Emergency Management
Municipal Code Enforcement*

March 22, 2000

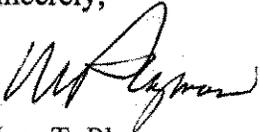
Wisconsin EMS Association
21332 Seven Mile Road
Franksville, WI 53126

To Whom It May Concern:

The purpose of this letter is to inform the association and other interested parties of our intentions to develop and utilize a one-paramedic system in the Wisconsin Dells Area. We have formed a Regional EMS Committee in cooperation with St. Clare Hospital, Baraboo District Ambulance Service and Wisconsin Dells EMS and have in fact completed 2 of 3 phases in working towards the delivery of paramedic pre-hospital care in this mostly rural area. This committee has met monthly since July of 1998 on this project and phase 3 can only be completed with the passage of a one-paramedic rule and our operational plan.

Although we are cognizant that there are times when two paramedics are needed, there are many more times that one paramedic can have a significant impact on patient outcomes, especially in rural areas.

Sincerely,



Marc T. Playman
Director of Health and Safety
City of Wisconsin Dells

*Marc T. Playman - Director
P.O. Box 655
Wisconsin Dells, WI 53965
Phone 608-253-2808 Fax: 608-253-2806
E-Mail DellsEMS@dellsnet.com*



State of Wisconsin
Department of Health and Family Services

Scott McCallum, Governor
Phyllis J. Dubé, Secretary

May 22, 2001

MAY 23 2001

The Honorable Rodney C. Moen
Chairperson
Wisconsin Senate Committee on Health, Utilities and Veterans and Military Affairs
Room 8 South
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Moen:

On April 16, 2001, you notified me of your Committee's request that our Department modify Clearinghouse Rule 00-091, relating to licensing of emergency medical technicians-paramedic and approval of emergency medical technicians-paramedic operational plans. In response to your request, our Department proposes to modify language in s. HFS 112.07 (1) (u) 1. relating to the EMT-paramedic staffing requirements of ambulance service providers. Subdivision 1. specifies that when a patient is being transported in a prehospital setting, the ambulance service provider must ensure that the ambulance is staffed with at least two persons. Subdivision paragraphs a. and b. specified two alternative staffing configurations. Previously, subd. par. a. only specified that those two persons staffing the ambulance be any combination of EMTs-paramedic, licensed registered nurses, licensed physician assistants or physicians and that those persons be designated by the medical director of the ambulance service and trained in the use of all skills the ambulance service is authorized to provide. Subdivision paragraph b. specified a staffing configuration composed of one of the professionals listed in subd. par. a. and one EMT-intermediate or EMT-basic, if the medical director specifically requests and authorizes that staffing configuration in the ambulance service provider's EMT-paramedic operational plan.

The Department proposes modifying subd. par. b. by adding language specifying that the second person in the staffing configuration can be either an EMT-intermediate, EMT-basic IV or EMT-basic. The Department proposes that the flexibility of this staffing configuration only be allowed for ambulance services beginning EMT-paramedic service on or after January 1, 2000. Furthermore, any subsequent ambulance service providers operating a paramedic-level service in a given service area must either meet or exceed the staffing levels maintained by previous or preexisting ambulance service providers.

Wisconsin.gov

The Department also proposes modifying subd. par. a. to specify that if the responding staff are in separate vehicles, they must be dispatched simultaneously and that, upon arrival, one of the responding paramedics may perform all of the skills specified under s. HFS 112.04 (4) for EMTs-paramedic prior to the arrival of the second paramedic, if the second paramedic's arrival is within a reasonable and prudent time. The proposed language also allows the release of one of the paramedics after the patient has been assessed and stabilized if either the ambulance service's protocol allows for such release or a physician has verbally assented to the release. Patient transport is allowed if the patient is accompanied by one EMT-paramedic and, at least, one EMT-basic. The Department proposes that if ambulance services respond with EMTs-paramedic from two different locations or release one of the paramedics prior to patient transport, the service must describe in their operational plans how their staffing will take place to ensure a timely response and adequate care en route to the hospital.

Finally, regardless of the staffing configuration specified in either subd. par. a. or b., the proposed rules state that a single paramedic may perform all of the skills authorized under s. HFS 112.04 (4) for EMTs-paramedic.

Sincerely,

A handwritten signature in cursive script, reading "Phyllis J. Dubé".

Phyllis J. Dubé
Secretary

Higgins Ambulance Service

631 East Grand Avenue
Wisconsin Rapids, WI 54494
(715) 423-4610

March 23, 2001

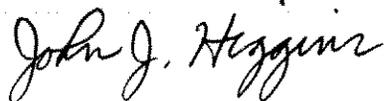
Senator Rod Moen
Room 8 South
State Capital
P.O. Box 7882
Madison, WI 53707-7882

RE: HFS 112 (Clearinghouse rule 00-091)

Dear Senator Moen,

This letter is written in strong support of the proposed changes to HFS 112 (Clearinghouse rule 00-091). Physicians in rural communities, serving as medical directors, have knowledge and oversight in regards to the emergency medical needs for their area. Under the direction of local medical directors, flexible Paramedic staffing, as proposed by this legislation, would have a positive impact on the emergency medical care available to small towns, villages and cities in Wisconsin. Higgins Ambulance Service urges your support for this legislation as written.

Respectfully,



John J. Higgins
Owner, EMT-EI
Higgins Ambulance Service

cmr

Moore, Kevin

From: Howard Thompson [hthomp01@mn.mediaone.net]

Sent: Saturday, March 24, 2001 12:33 AM

To: rep.rhoades@legis.state.wi.us

Subject: Wisconsin EMS

Dear Kitty,

I am currently a volunteer EMT for the Prescott Ambulance Service in Prescott, WI. I am very much for having the flexibility to staff ambulances with one paramedic and an additional EMT. Currently we do not have paramedics here in Prescott, but would like to see this added to our service. We do not have the financial resources or the need to staff ambulances with two paramedics at this time. Prescott is a small community, but it is growing at a very fast rate. Thank you for your time.

Sincerely,

Howard K. Thompson
Volunteer EMT of Prescott, WI

03/28/2001

Nebl, Tonia

From: Rhoades, Kitty
Sent: Friday, March 23, 2001 8:14 PM
To: Nebl, Tonia
Subject: FW: Wisconsin EMS

~~_____~~
-----Original Message-----

From: Clifford Mottaz [mailto:Clifford.Mottaz@uwrf.edu]
Sent: Friday, March 23, 2001 6:45 AM
To: 'rep.rhoades@legis.state.wi.us'
Subject: Wisconsin EMS

Kitty, thank you for your inquiry about the pending changes in the law governing the number of paramedics required to operate a paramedic-level ambulance service. Here are some thoughts:

1. The majority of a run is spent in transit. The driver does not need to be trained at the paramedic level.
2. If a run would be broken down by task, one would discover that relatively few of them are actually at the paramedic level. In addition to this, often only one of these tasks can be completed at a time. So, the paramedic can perform the paramedic-level tasks and the other EMT (basic or intermediate) can perform the tasks for which they are trained.
3. Requiring just one paramedic will allow many more ambulance services to be licensed at this level. As you probably know, adding extensive training almost always splits ambulance service personnel. Some are always gung ho because they are at a point in their lives when they can devote endless hours to the cause. Other members have too many other obligations to do this. Requiring just one paramedic allows a certain portion of a squad to pursue additional training and another portion not to do so.
4. Paramedic training is VERY expensive. The expense alone prohibits some services from pursuing more training. One paramedic instead of two cuts the cost in half and may make it affordable.
5. A change in the current law will allow more patients to receive paramedic care than do right now. That seems to me to be a good thing.
6. Good services, such as the River Falls Ambulance Service, run with three EMT's. Having one trained at the paramedic level and two at the intermediate level would be adequate for any task.

Thanks for asking. This is democracy in action! I love it.

Dr. Carole Mottaz (Ed.D)

Nebi, Tonia

From: Rhoades, Kitty
Sent: Friday, March 23, 2001 8:22 PM
To: Nebi, Tonia
Subject: FW: Paramedic Staffing

~~if least this to you. Some thing register for the hearing~~

-----Original Message-----

From: Loesch, Joseph [mailto:joseph.loesch@xcelenergy.com]
Sent: Friday, March 23, 2001 10:50 AM
To: 'rep.rhoades@legis.state.wi.us'
Subject: Paramedic Staffing

Kitty,

Just a quick note to thank you for all of your good work on the proposed rule change for Paramedic staffing. I will be drafting a letter of support for Bill Brookshaw to sign and forward to you. Although my job makes it difficult for me to travel to Madison, I would like to help in any way I can (gather statistics etc.). Again, thanks for your support and keep up the good work!

Joe Loesch
Ellsworth Ambulance

Nebi, Tonia

From: Rhoades, Kitty
Sent: Friday, March 23, 2001 8:22 PM
To: Nebi, Tonia
Subject: FW: "One paramedic rule change"

-----Original Message-----

From: Thomas Barthman [mailto:secondalarm@hotmail.com]
Sent: Thursday, March 22, 2001 8:42 PM
To: rep.rhoades@legis.state.wi.us
Cc: secondalarm@hotmail.com
Subject: "One paramedic rule change"

To: Kitty Rhoades
State Representative
30th assembly District

From: Lieutenant Thomas J. Barthman
Hudson Fire Department
(home address)
219 S. 7th Street
Hudson, WI. 54016

Re: Proposed change in EMS staffing rules

Thank you very much for the chance to address this issue. I am very happy that you are always interested in the thoughts and feelings of your constituents.

I am in support of the rule change that would allow a higher level of care to rural EMS. I do however have some peripheral concerns that would have to be addressed for this to work in rural Wisconsin.

The idea of one paramedic and one basic or intermediate EMT makes good sense. But, with the added expense of the paramedics it is usually fiscally impossible to staff with part time or volunteer medics. With our proximity to the Twin Cities I feel that there may not be a great number of medics that will essentially volunteer their time.

If the situation becomes fiscal rather than an issue of needed manpower we will begin to see strictly two person crews with little or no first responder support. In my opinion this wouldn't necessarily make things better. To gain level of care areas may find a lack of effective number of responders.

The amount of training is skyrocketing in all levels of EMS. Level of care is improving at every level. With this comes more and more demand on our volunteer and part time EMS workers. This forces the issue of full time crews. Again we go back to the issue of expense...and the circle continues. Although I feel that the change to more full time workers would be generally a good thing, I can't see a conservative community such as Hudson understanding anything but the expense of such a venture. This may sound cruel and judgmental but I feel I'm on the mark.

Regardless of the change in manning requirement, we must still be able to send adequate personnel to emergency scenes. If this requires a rescue or fire (two tiered response) unit to respond with the EMT/paramedic unit on "hot" calls to assure efficient service to the customer then so be it. But again this is expensive and I think it will be a major stumbling block in the potential change. This is the system used in the metro to assure enough support to the medics. This is an area which I feel also needs to be addressed, beyond the one medic rule. Lets not overlook some of the real needs on the street just to get paramedics into the rural. It has always

been the expense issue that has really prevented paramedics in the past. I don't see this as any different rule change or not.

Again, I am in support of this rule change. I do want full advanced life support available in rural Wisconsin. But I feel the big picture is not always being looked at. Please consider operations in the field and not just the ability of allowing one paramedic on an ambulance.

Thank you for the chance to address this issue. I hope that you will contact me again in the future when issue effect my chosen career. I do appreciate what you are doing for us.

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March 26, 2001

To the Honorable Senator Ron Moen,
And Members of the Senate Health Committee

Before you there is discussion on the merits and possible ramifications of adopting HS 112 as drafted by the Bureau of EMS and Injury Prevention of DHFS. Specifically, the issue is whether or not to allow individual EMS medical directors and EMS systems the flexibility of staffing ambulances with less than two Paramedics.

As Chairman of the Physician Advisory Committee to the Bureau of EMS as well as the Medical Advisor to the Wisconsin EMS Association I can assure that the medical professionals involved in EMS have extensively debated this issue. Along with the American College of Emergency Physicians and Wisconsin Fire Chiefs Association the consensus is clearly in favor of adopting the proposed changes.

More importantly, as medical director of the Eau Claire Fire Department in Eau Claire Wisconsin I can assure you that such passage will not affect the manner in which we staff our ambulances. I agree that two paramedics are optimal at the bedside of the seriously ill and injured during transport. However, many advanced life support services across the state simply can't afford that luxury and to have only one paramedic is far preferable than none. Today, more than ever it is critical that systems be allowed the flexibility to utilize limited resources in the most efficient and effective manner.

Even today with the current rule, two paramedic delivery services are often forced to use the second paramedic as a driver during transport to the hospital. The recent compromises discussed with organizations such as the Professional Fire Fighters of Wisconsin have merit and in combination with rescinding this ancient 2 Paramedic rule will offer more opportunity for the citizens of Wisconsin to receive the finest Emergency Medical Care.

I therefore request you adopt the current draft of HS 112 with the assurance that the impact of this change will be closely examined in the future to ensure that as with any change there is oversight, review and validation.

Sincerely,

Keith Wesley, MD FACEP

Medical Co-Director
Eau Claire County EMS
Eau Claire Fire & Rescue

Medical Advisor: Wisconsin EMS Association
Chairman, Physician Advisory Committee
Bureau of EMS and Injury Prevention, DHFS

Director, EMS Education
Sacred Heart Hospital
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Fax: 608/267-0645

E-mail: league@lwm-info.org
www.lwm-info.org

To: Senator Rodney Moen, Chair
Members of the Senate Committee on Health, Veterans and Military Affairs

From: Curt Witynski, Assistant Director, League of Wisconsin Municipalities

Date: March 27, 2001

Re: **Support Clearinghouse Rule 00-091, Relating to Flexible Staffing for EMS-Paramedic Services**

The League of Wisconsin Municipalities joins the Wisconsin EMS Association and twelve other statewide organizations in support of CR 00-091, allowing an ambulance service medical director to staff the ambulance in a manner prudent for the local community. The League supports this rule because it will allow more Wisconsin communities to provide EMS-Paramedic services. The state's current policy of requiring two EMT-Paramedics on a paramedic ambulance at all times has precluded many Wisconsin communities from offering this highest level of emergency response. Although EMS-Paramedic services are prevalent in larger municipalities, smaller cities, villages and rural areas of Wisconsin have difficulty offering an EMS-Paramedic service due to the high costs associated with finding and hiring a sufficient number of trained paramedics. CR 00-091 allows for the flexibility to staff an ambulance with one paramedic, along with an additional required crewmember, as a legal ambulance crew for a paramedic-level ambulance.

Simply put, allowing flexibility in Wisconsin's EMS-Paramedic services will enhance emergency response and save lives. Wisconsin's larger cities need this flexibility to improve existing paramedic services. Smaller cities and other communities need this rule so that EMS-Paramedic services can be created.

Thank you.



TO: Senator Rod Moen, Chair
Members, Senate Committee on Health, Utilities, Veterans & Military Affairs

FROM: Eric Jensen, JD
Director, State & Public Affairs

DATE: March 28, 2001

RE: Support for Clearinghouse Rule 00091 – Flexible Paramedic Staffing

On behalf of the more than 9000 physician members of the State Medical Society of Wisconsin, and the patients they serve across the state, thank you for the opportunity to provide testimony in support of proposed CR 00091.

Today, if a community wishes to put just one of the most highly trained emergency medical technicians – EMT-Paramedics – on an ambulance and allow that paramedic to perform to the level of her/his training, law requires the community to put at least two paramedics on that ambulance 24 hours a day, 7 days a week, 365 days a year. Of approximately 450 EMS services across Wisconsin, just 80 – mostly in cities – are able to meet the “two-paramedic” requirement. Citizens in those communities benefit from the advanced, life-saving training paramedics receive.

However, many communities – mostly rural – cannot provide any paramedic services because they cannot find or cannot fund enough paramedics to meet the 2-paramedic requirement. EMT-Basics and EMT-Intermediates provide high quality emergency care, but their training simply does not allow them to provide the same number of services as paramedics. In rural areas, where ambulance rides are longer, the advanced care paramedics provide is even more vital. We believe Wisconsin’s rural citizens deserve the opportunity to benefit from the same paramedic-level emergency care most of our urban citizens now enjoy. CR 00091 will give many smaller and rural communities in Wisconsin the chance to provide their citizens the most advanced EMS care possible.

In addition, CR 00091 would give EMS medical directors the authority to staff ambulances with paramedics according to the needs and abilities of a particular community – not according to an inflexible statewide rule. We do not wish to see communities currently meeting the 2-paramedic requirement reducing their overall paramedic staffing levels, but we believe giving medical directors staffing flexibility will give many communities the chance to improve paramedic coverage. To address this concern, we support a compromise recently proposed by the Wisconsin EMS Association, the Wisconsin Fire Chief’s Association, the Wisconsin Chapter of the American College of Emergency Physicians and other supporters of flexible staffing, that has so far been rejected by opponents of proposed CR 00091. We urge your support for proposed CR 00091.

Date: March 28, 2001
To: Senator Rodney Moen
Members, Senate Committee on Health, Utilities, Veterans and Military
Affairs

From: Michael Curtis, MD and Mark Bogner, MD
Wisconsin Chapter, American College of Emergency Physicians

Subject: WACEP support for proposed HFS 112

On behalf of the Wisconsin Chapter of the American College of Emergency Physicians (WACEP), representing nearly 350 emergency physicians throughout the State of Wisconsin, I am pleased to testify in support of HFS 112.

Currently, HFS 112 mandates that all paramedic ambulances have a minimum of two paramedics on board, in order for either paramedic to function to their level of licensure. Consequently, in Wisconsin, the paramedic is the only health care provider who must have a second provider of equal training at his or her side in order to provide the care they are trained to provide. Wisconsin is the only state having this requirement for paramedics.

Few people question the positive benefit of two paramedics working together at the scene of a complicated medical emergency. Unfortunately, the inflexibility of this rule imposes a barrier to the delivery of paramedic-level care in many areas of the state, particularly in rural areas. Moreover, it seems difficult to justify staffing for the "worst case scenario" when a single paramedic who is assisted by another skilled provider can manage nearly all medical emergencies requiring paramedic level skills.

The proposed changes would allow some services that cannot presently support it to upgrade to the paramedic level. It would allow paramedics who staff first responder vehicles or fire engines to use their skills while awaiting the arrival of an ambulance. It would provide the medical director with the flexibility needed to adapt to changing situations while maintaining an appropriate level of service for patients' needs. WACEP supports this flexibility.

WACEP does not support, however, communities reducing their current commitment to paramedic level services. Our understanding is that this is a significant concern for the Professional Fire Fighters of Wisconsin. Because of this concern, we worked with the Fire Fighters, the Wisconsin EMS Association, the Wisconsin Fire Chief's Association, and the State Medical Society to reach a compromise on the issues presented by the proposed rule. WACEP supported the compromise proposed by WEMSA as a workable alternative to the proposed rule. We understand that this compromise was rejected by the Fire Fighters.

WACEP believes the benefits of the flexible staffing permitted through this rule – expanding paramedic services to rural areas and smaller towns, far outweigh the what we believe to be remote possibility that any community would reduce their current level of support for paramedic services. WACEP requests that you support proposed HFS 112.



Wisconsin Counties Association

MEMORANDUM

TO: Honorable Members of the Senate Committee on Health
FROM: Jennifer Sunstrom, Legislative Associate JS
DATE: March 28, 2001
SUBJECT: Flexible Paramedic Staffing

The Wisconsin Counties Association (WCA) respectfully requests your support for Clearinghouse Rule 00-091, which creates flexibility in staffing paramedics on ambulance crews.

WCA believes that the proposed rule change will have a positive impact on the ability of smaller communities and rural areas to provide EMS-Paramedic services to Wisconsin's citizens.

Attached please find a letter by the Director of Emergency Government for Rusk County, which urges support for flexible paramedic staffing.

Thank you for considering our comments.



RUSK COUNTY EMERGENCY GOVERNMENT

James B. Turner, Director
311 Miner Avenue East
Ladysmith, WI 54848-1829
Telephone (715) 532-2121
FAX (715) 532-2175

February 7, 2001

Ms Jen Sunstrom
Wisconsin Counties Association

RE: Position Statement on Flexible Paramedic Staffing

Dear Ms Sunstrom

I have reviewed the position statement you faxed me. I am also familiar with HFS 112.

I absolutely support the proposed revision for flexible paramedic staffing. The rules in effect prior to this proposal have forced rural counties to live with a strange inversion of need versus availability of service. The further you get from a major hospital and the longer transport time to definitive care becomes, the greater the need for advanced level pre-hospital care becomes. Nevertheless, under prior regulation, paramedic level service has been restricted to essentially urban areas where hospitals are more numerous and transport times are short.

Paramedic level service is unlikely to be adopted in all jurisdictions because of economic reasons, training requirements, etc. The proposed rule change, however, at least makes the option available for those jurisdictions who see the need and resolve to meet it.

I strongly urge the Wisconsin Counties Association to join in the Position Statement on Flexible Paramedic Staffing.

Most sincerely yours

A handwritten signature in cursive script that reads "James B. Turner".

James B. Turner, Director

cc File

Green County EMS Commission

C/O Courthouse – 1016 16th Avenue
Monroe, WI 53566-1703
Phone: 608-328-9464
Fax: 608-328-9414

Keith Ingwell,
Green County Emergency Mgmt./EMS Director
Email: ingwik@tds.net

Mindy Allen,
Green County EMS Project Mgr.
Email: gcemscommission@tds.net

March 28, 2001

Dear Sir or Madam:

The Green County EMS Commission would like to take this opportunity to submit written testimony pertaining to the proposed rules of HFS 112 regarding Flexible Staffing for Paramedics.

We support flexible staffing for Paramedic ambulance services. Many representatives of the Professional Firefighters Association have opposed this rule during their testimonies at previous hearings and meetings. Among the arguments given to support two paramedic staffing were:

1. The ability to “lean-on” a partner and provide moral support.
2. The ability to provide a higher level of care with two paramedics
3. EMT-Basic services have not advanced to the intermediate level – why would they advance to the Paramedic level if allowable to staff with one paramedic.

Although, these are all valid arguments, we would like to offer an alternative point of view to each of these.

1. All levels of EMTS, including in-hospital providers, would “like” to have moral support and a partner to confer with. Utilizing standing orders and advice from Medical Direction should give responding EMS personnel enough reassurance and support to make sound judgments.
2. Obviously, two paramedics could give a higher level of care to a patient in need. However, there are instances when paramedic interventions are not necessary. Additionally, it is not financially feasible for many rural Wisconsin services to have the option of two paramedics. Allowances are needed for tiered response and the decision for one vs. two paramedics left to the discretion of the Medical Director.
3. Many EMT-Basic services, which have the ability to advance to the Intermediate level, have chosen not to achieve a higher level for various reasons. While this argument is valid, it does not account for the same reasons that every aspect in EMS advances to a higher level over time. The same reasons, that over time, additional knowledge and technologies have advanced all of us to higher levels. We feel that rural Wisconsin patients should have the same access to paramedic care that patients receive who reside in districts that provide fulltime paid two paramedics. This is accomplished by allowing flexible staffing.

Previously HFS 112 required a minimum of two paramedics. For all intents and purposes, this requirement, which was unique in all of the fifty states, effectively removed the ability to offer paramedic level care from economic feasibility for the vast majority of rural areas and smaller municipalities. It also provides a major barrier to training. By greatly restricting the employment opportunities for prospective students, training availability is greatly reduced while instructional cost is extraordinarily high.

Allowing advanced life support systems to be staffed with one paramedic and one EMT will dramatically expand the availability of ALS in the non-urban areas of the state. Despite claims to the contrary, by those with a vested economic interest in maintaining a "closed shop", elimination of the two-paramedic rule will greatly improve overall patient care by making Advanced Life Support available to far more of Wisconsin than what is currently available.

We would like to thank those responsible for giving us the opportunity to voice our opinions on these important issues. We urge you to consider our volunteer status in our rural communities while making your decisions on these rules. The citizens we serve depend on our continued success and viability. In the interest of our deserving citizens, **please support the Flexible Staffing of Paramedics.**

Sincerely,



Mindy Allen,
Green County EMS Project Manager

On behalf of the Members of the Green County EMS Commission:

Albany First Response
Albany EMS
Argyle EMS
Belleville EMS
Blanchardville EMS
Brodhead First Response
Brodhead EMS
Brooklyn First Response
Brooklyn EMS
Browntown First Response
Juda First Response
Monroe First Response
Monroe EMS
Monticello First Response
New Glarus EMS
South Wayne First Response

March 28, 2001

Re: Rule change regarding # of paramedics on an ambulance

Dear Committee Members:

I am testifying in support of this proposed rule change in order to offer some perspective. This rule change is about saving lives. The patients we are talking about are real human beings who have names and faces. One of those faces was that of my dad.

On September 7, 1994, my life and the lives of my family were drastically changed. My dad was found slumped over the steering wheel of his car which he had pulled over to the side of the road on the on-ramp of the Interstate in Wisconsin Dells. Ultimately, he suffered a major heart attack and died.

We keep being told that two paramedics are better than one paramedic. I don't deny that. Two doctors are better than two paramedics, but does that mean we should staff ambulances with physicians instead? Clearly one paramedic is better than no paramedic, and presently 80% of the state does not get a paramedic.

I ask you --- If your spouse, your parent, or your child needed advanced emergency treatment, which would you rather have? One paramedic or NO paramedics? For me, the answer is clearly ONE paramedic.

The unions want to say that the public has an expectation that there will always be two paramedics on an ambulance. I don't believe that.

- 1) People think that the word EMT is interchangeable with paramedic. Just like the word doctor and physician mean the same thing, and attorney and lawyer mean the same thing, people have the same understanding when it comes to EMT and paramedic. I'm an educated person. I graduated cum laude from the UW Law School, and this was the understanding that I had.
- 2) People have no idea that there exist different training and skill levels in the ambulance staff that will affect the level of patient care they or their loved ones receive.
- 3) People believe that when the ambulance arrives the people on board will use every life saving technique to help their loved ones, short of what a doctor has the training and authority to do.

While those beliefs might seem unreasonable to you, I can guarantee you that is the true expectation that people have. A few days after we had buried my dad, I went to the police department to get a copy of the rescue report. I wanted to know exactly everything they had done to save my father. I wanted to make sure that they had left no stone unturned, so to speak, in trying to save his life.

(MORE)

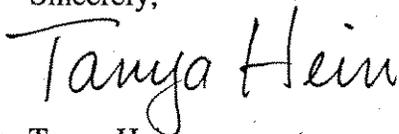
At the Assembly hearing last week, I learned several things.

- 1) I learned that the city that provided ambulance service did not have paramedic staff, only EMTs.
- 2) I learned that this community did not have paramedic staff because they could only afford to have one, but this rule did not allow them to hire one because it says they must have 2 paramedics or no paramedics.
- 3) I learned that 80% of the state is denied access to paramedics because of this rule which makes it cost prohibitive.
- 4) I learned that if this present rule didn't exist, there would have been a paramedic on that ambulance that day to treat my dad.
- 5) I learned that a paramedic could have administered advanced medical treatment to my dad that might have saved his life.

I will end as I started. Wednesday, September 7, 1994 changed my life forever. My dad and I had shared our birthdays just two weeks before. He had just turned 56. I had just turned 21. And the day my dad died was the 30th birthday of one of my brothers. The next two days I spent writing an obituary for the Wisconsin State Journal, picking out a coffin and deciding what clothes my dad would wear, choosing songs and scriptures for the funeral service, and buying a cemetery plot to bury my dad's body.

I want you to think about my dad and ask yourself, what if there had been a paramedic at the scene that day? What if? That's a question that you don't have to ask if you happen to die in Madison or Milwaukee. It's not fair, that 80% of the state doesn't enjoy this same peace of mind. I think it is absolutely criminal NOT to change this rule that so CLEARLY has the potential to save countless lives throughout the rest of the state. But if you choose not to change this rule, make sure that you are in Milwaukee or Madison when you have a heart attack or other major trauma or maybe you'll end up dead too.

Sincerely,



Tanya Hein
6808 East Pass 101
Madison, WI 53719

Professional Fire Fighters of Wisconsin, Inc.

7 North Pinckney Street • Suite 135 • Madison, Wisconsin 53703-2840 • 608/251-5832

Fax 608/251-8707

Member of INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS
Member of WISCONSIN STATE A.F. of L.-C.I.O.



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State Sec.-Treas.

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May 29, 2001

Senator Rodney C. Moen

Chairperson

Senate Committee on Health, Utilities and Veterans and Military Affairs

P.O. Box 7882

Madison, WI 53707-7882

Dear Senator Moen:

I am writing to express our concerns with the proposed language modifications to HFS 112 relating to the EMT-paramedic staffing requirements of ambulance service providers. We feel that the modifications do not adequately address concerns that we have raised!

You will recall that the proposed rule was designed primarily for the purpose of enabling communities that currently do not have paramedic service to be able to establish a service utilizing only one paramedic. Further it has been stated repeatedly that the rule was not intended to diminish service in areas already covered with two paramedics. It is our firm belief that two paramedics are crucial to proper emergency health care.

Yet there seems to be a small group that just does not know the meaning of compromise and continues to seek to weaken paramedic service in areas already served. The revised rule seems to reflect that.

However, we have come to recognize that there are probably areas of Wisconsin where it might be difficult to find the necessary personnel to staff with two paramedics. As a result we have been willing to compromise in order to help get limited paramedic service to these undeserved areas. We are pleased that most interested parties have been willing to support this.

An attempt was made in the revised rule to provide for some type of grandfather provision. It appears that the rule does not accomplish this or if it does the language is not clear. We believe that further modifications are necessary.

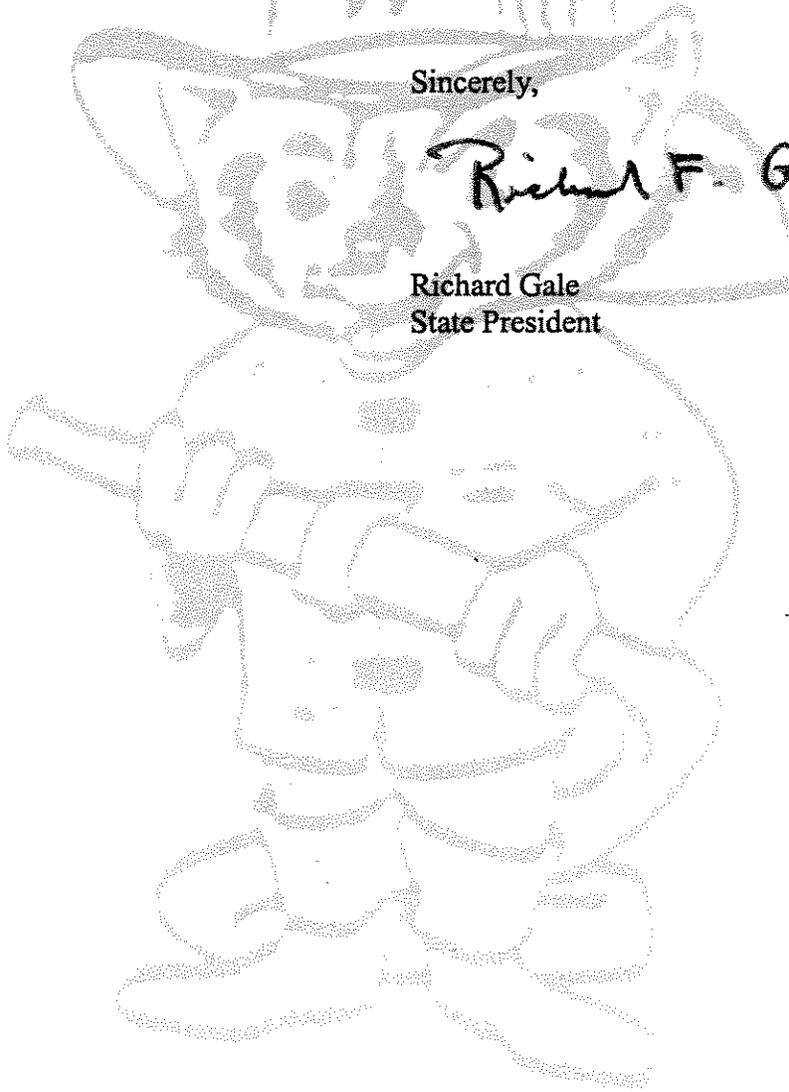
We have made several offers in recent weeks to meet with staff of the Department of Health and Family Services and other interested parties but each time we have been told that it was not necessary. As a result we do not believe the proposed revisions will prevent a downgrading of service in areas currently staffing ambulances with two paramedics.

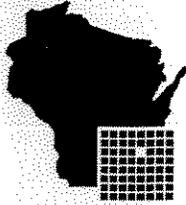
We therefore ask that you take whatever steps are necessary to insure that this does not happen. We stand ready to meet with you, the Department and any other interested parties (again) to get this rule worked out. It is not our intention to delay the rule. We understand those that want to get moving to help out the undeserved areas. Lets work together to get this done.

Sincerely,

Richard F. Gale

Richard Gale
State President





**Wisconsin Chapter
American College of
Emergency Physicians**

Date: May 31, 2001

To: Members, Senate Committee on Health, Utilities, Veteran and
Military Affairs

From: Wisconsin Chapter, American College of Emergency Physicians

Subject: Proposed HFS 112 relating to paramedic staffing.

The Wisconsin Chapter, American College of Emergency Physicians ("WACEP") strongly supports the Department of Health and Family Services' proposed rule to provide increased flexibility for paramedic staffing on ambulances. WACEP respectfully requests that the Committee support the proposed rule.

WACEP believes that it is imperative that the state take action to increase access to paramedic level services throughout Wisconsin. This rule would enable many areas of the state that are unable to staff with the currently required two paramedics the opportunity to provide paramedic level services by staffing with one paramedic and one other emergency medicine professional. Oftentimes, the communities that cannot afford to staff with two paramedics are the communities with the longest ambulance response times and the longest commutes to hospitals. The ability to provide a higher level of health care sooner will improve emergency health care and outcomes in these areas of the state.

Because successful emergency medicine often is dependent on providing the needed level of care as quickly as possible, it is not overly dramatic to say that your approval of these rules will save lives. Thank you for your consideration of this important issue.

On April 2, 2001, representatives from the Wisconsin EMS Association (WEMSA), the Wisconsin Fire Chiefs Association (WFCA), the Wisconsin Chapter of the American College of Emergency Physicians (WACEP) and the State Medical Society (SMS) met with representatives of the Professional Fire Fighters of Wisconsin (PFFW) to discuss compromise language for CR 00-091, "paramedic flexible staffing." Working from PFFW's most recent proposal (copy attached), we agreed on several points, and by this document are putting forward our proposal on the remaining issues.

- 1) Any EMS provider currently operating a paramedic service prior to January 1, 2001 shall continue to staff their primary operating vehicle (s), as specified in their most current operational plan, with two EMTs - Paramedic.

Or Alternate in place of 1)

- 1a) Any EMS provider currently operating a paramedic service prior to January 1, 2001 shall continue to do so under the administrative rule, regarding staffing, in place at that time until December 31, 2005.

Explanation -- This "grandfathering" clause is different from that proposed by PFFW. The intent of this proposal is to effectively grandfather all existing 2-paramedic ambulances by defining them to be "primary operating vehicle(s)." This will keep 2-paramedic staffing at current levels, but allow communities flexibility in deploying additional paramedics as appropriate. As an alternate in place of (1), the grandfather clause (1a) would maintain all current staffing levels within existing services until the provision sunsets after five years.

- 2) The Medical Director of any EMS provider not operating a paramedic service as of January 1, 2001 may specify in their operational plan for the service to provide an alternative staffing level under the following guidelines and system criteria:
 - a. Ambulances must be staffed with a minimum of three people. There must be at least one EMT-Paramedic and one EMT-Basic in the patient compartment at all times while transporting a patient. The third person need not have any medical training.
 - b. A plan for the alternative paramedic service shall be approved by the State of Wisconsin, Department of Health and Family Service, Bureau of EMS and Injury Prevention, and shall include a comprehensive and detailed Quality Assurance/Quality Improvement program.

Explanation -- Changes within this section have been agreed to by all parties participating in discussions. This provision will allow services not currently operating at the paramedic

level to move to that level using an alternate staffing requirement of three, rather than two personnel but using only one paramedic.

- 3) If the Medical Director so specifies in the operational plan for the service, a single paramedic and an EMT-Basic who arrive at an emergency scene via a non-transport emergency response vehicle may operate within the Paramedic's scope of practice, as long as a transport vehicle meeting the criteria in paragraphs 1 or 2 above will arrive on the scene within a reasonable and prudent amount of time to transport the patient.

Explanation – The only change from PFFW's proposal on this point is substitution of the words "reasonable and prudent amount of time" for the words "ten minutes." Reasonable response times vary from community to community. In rural or combined rural/urban settings, response times are longer than in urban settings. In Milwaukee, 10 minutes may actually be too long to be reasonable. In Portage County, 20 minutes may be reasonable. The "reasonable and prudent" standard is frequently used to determine a professional standard such as this, and allows appropriate flexibility from community to community.

Finally, in response to PFFW's Item No. 4, all parties agreed at the April 2nd meeting that Item No. 4 was unnecessary and could be removed.

Professional Fire Fighters of Wisconsin, Inc.

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Cell Phone (414) 428-2583
e-mail: drury@dwave.net

DHFS Rule 112 Compromise, April 4, 2001

1. The standard of care for any EMS provider operating a paramedic level service and any service area receiving paramedic level service prior to January 1, 2000, shall require a minimum of two EMT-Paramedics to staff an ambulance. Any subsequent or additional EMS providers operating a paramedic level service in the same service area must meet or exceed the staffing levels of the previous or currently operating providers.
2. Beginning January 1, 2001, an alternative staffing arrangement for paramedic level service may be approved by the Department of Health and Family Services for EMS providers and service areas that currently are not providing or receiving paramedic level service. The alternative staffing arrangements and criteria for approval by DHFS are described in sections 3, 4, and 5 below. Any EMS provider or service area governed by section 1 above may request an alternative staffing arrangement from DHFS only as it pertains to the staffing of non-ambulance emergency vehicles described in section 4. below. The alternative staffing arrangement shall be subject to the criteria outlined in section 5. below.
3. Alternative staffing for emergency ambulances (transport vehicles).
 - a. Ambulances shall be staffed with a minimum of three persons. There must be a minimum of one EMT-Paramedic, one EMT-Basic, and a third person capable of driving the ambulance. The driver does not need to have any medical training.
 - b. When transporting a patient, the EMT-Paramedic and the EMT-Basic must be in the patient compartment at all times.
4. Alternative staffing for non-ambulance emergency vehicles (non-transport).
 - a. Non-ambulance emergency vehicles responding to medical emergencies as a paramedic first responder shall be staffed with a minimum of one EMT-Paramedic and one EMT-Basic.

b. The personnel described in 4.a. above, may operate to their scope of practice when arriving on the scene of a medical emergency prior to a simultaneously dispatched ambulance meeting the criteria in sections 1. or 3. above, if the ambulance will arrive within a reasonable and prudent time, for example 20 minutes, of the on scene arrival time of the non-ambulance emergency vehicle.

5. Criteria for approval of alternative staffing arrangements.

a. A plan for alternative staffing must be submitted to DHFS for approval.

b. The local medical director must give his/her approval for the plan. Any subsequent local medical directors must also give approval for the plan or the plan shall be revoked by DHFS.

c. The plan shall include a detailed description of how the staffing requirements and time restrictions described in paragraphs 3. and 4. above will be met.

d. The plan shall include a comprehensive and detailed quality assurance program.

e. The plan shall be submitted to the State of Wisconsin Emergency Physicians Advisory Committee for review and comment before approval by DHFS.

00-091

Rod
N



WISCONSIN STATE SENATE

RODNEY C. MOEN

SENATOR - 31ST DISTRICT

State Capitol, P.O. Box 7882, Madison, Wisconsin 53707-7882 Phone: (608) 266-8546 Toll-free: 1-877-ROD-MOEN

To: Members, Senate Committee on Health, Human Services, Aging, Corrections, Veterans and Military Affairs

Info: Laura Rose, Legislative Council

From: Senator Rod Moen, Chair

Re: Paper Ballot Motions

Date: April 12, 2001

Attached please find a paper ballot motion recommending modifications to Clearinghouse Rule 00-091, relating to licensing of emergency medical technicians-paramedic and approval of emergency medical technicians-paramedic operational plans. Also attached is a paper ballot motion recommending that the Chiropractic Examining Board withdraw Clearinghouse Rule 99-147, relating to utilization reviews.

Please return your ballots to my office by 10:00 AM on Monday, April 16, 2001. If you have any questions, please do not hesitate to contact me.

MOTION: CLEARINGHOUSE RULE 00-091, RELATING TO LICENSING OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC AND APPROVAL OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC OPERATIONAL PLANS.

Move adoption of the following motion:

Moved: That the Senate Committee on Health, Utilities and Veterans and Military Affairs recommend modifications to Clearinghouse Rule 00-091. If the Department Health and Family Services does not agree, in writing, to consider modifications to Clearinghouse Rule 00-091 by 5:00 pm on April 17, 2001, then the committee objects to the promulgation of the rule on the grounds set forth in Chapter 227.19(4)(d)(2) and moves that Clearinghouse Rule 00-091 be referred to the Joint Committee on the Review of Administrative Rules for appropriate action.

Aye
 No
SLF

Signature: _____

Scott Fitzgerald

Date: _____

16 April 01

MOTION: CLEARINGHOUSE RULE 00-091, RELATING TO LICENSING OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC AND APPROVAL OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC OPERATIONAL PLANS.

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Aye
 No

Signature: Mark Meyer

Date: 4/16/01

MOTION: CLEARINGHOUSE RULE 00-091, RELATING TO LICENSING OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC AND APPROVAL OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC OPERATIONAL PLANS.

Move adoption of the following motion:

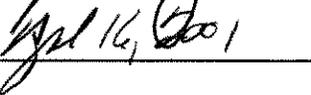
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Aye

No

Signature: _____

Date: _____

MOTION: CLEARINGHOUSE RULE 00-091, RELATING TO LICENSING OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC AND APPROVAL OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC OPERATIONAL PLANS.

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Aye

No

Signature: _____

Date: _____

RC Moe

4/16/01

MOTION: CLEARINGHOUSE RULE 00-091, RELATING TO LICENSING OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC AND APPROVAL OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC OPERATIONAL PLANS.

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Aye

No

Signature: _____

Judy Robson

Date: _____

4-16-01

MOTION: CLEARINGHOUSE RULE 00-091, RELATING TO LICENSING OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC AND APPROVAL OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC OPERATIONAL PLANS.

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Aye

No

Signature: Rayner Bredner

Date: 4/12/01

MOTION: CLEARINGHOUSE RULE 00-091, RELATING TO LICENSING OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC AND APPROVAL OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC OPERATIONAL PLANS.

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Aye

No

Signature:

Mary A. Ranjick

Date:

April 16, 2001

MOTION: CLEARINGHOUSE RULE 00-091, RELATING TO LICENSING OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC AND APPROVAL OF EMERGENCY MEDICAL TECHNICIANS-PARAMEDIC OPERATIONAL PLANS.

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Aye

No

Signature: _____

Date: _____


4-16-01

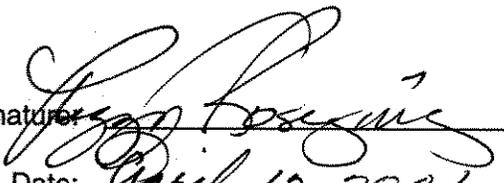
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Aye

No

Signature: 

Date: April 12, 2001