



WISCONSIN STATE SENATE

RODNEY C. MOEN

SENATOR - 31ST DISTRICT

Senator Mary Lazich, Member
Senate Committee on Health, Utilities
and Veterans and Military Affairs
Room 304, 100 N. Hamilton

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, Utilities and Veterans and Military Affairs

Info: Laura Rose, Legislative Council

From: Senator Rod Moen, Chair

Re: Paper Ballot Motion

Date: June 19, 2001

Attached please find a paper ballot motion objecting to certain provisions of Clearinghouse Rule 00-091, relating to licensing of emergency medical technicians-paramedic and approval of emergency medical technicians-paramedic operational plans.

Please return your ballots to my office by **4:00 PM today**. 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:

The Senate Committee on Health, Utilities, Veterans and Military Affairs objects only to the following part of the proposed modification to Clearinghouse Rule 00-091 which was submitted to the Committee by the Department of Health and Family Services on June 6, 2001.

The language in proposed s. HFS 112.07(2)(u)1.a which states:

"If responding separately, the required crew members shall be simultaneously dispatched for responses to all prehospital emergency transports and intercepts. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HFS 112.04(4) for EMTs-paramedic prior to the arrival of a second paramedic, licensed registered nurse, licensed physician assistant, or physician, as long as arrival of the second paramedic, licensed registered nurse, licensed physician assistant, or physician is expected within a reasonable and prudent time. After the patient has been assessed and stabilized, one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician may be released by protocol or verbal order from a physician. Transport of the patient may then occur with one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician and, at a minimum, one EMT-basic. Ambulance services responding with EMT-paramedics, licensed registered nurses, licensed physician assistants, or physicians from two different locations or who release one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician after assessment, shall describe in their operational plan how this staffing will take place to ensure a timely response and adequate care."

Aye

No

Signature: _____

Date: _____

Mary A. Rajich

6-19-01

IF MOTION PASSES, RULE WOULD READ AS

FOLLOWS:

Pages 19-20 of June 6th version:

(u) Written commitment by an ambulance service provider using EMTs-paramedic that the ambulance service provider shall ensure the ambulance is staffed with a minimum of 2 persons who are qualified under one of the following:

1. When a patient is being transported in a prehospital setting:
 - a. Any 2 EMTs-paramedic, licensed registered nurses, licensed physician assistants or physicians, trained in the use of all skills the service is authorized to provide and designated by the medical director, or any combination thereof. ~~If responding separately, the required crew members shall be simultaneously dispatched for responses to all prehospital emergency transports and intercepts. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HSS 112.04(4) for EMTs-paramedic prior to the arrival of a second paramedic, licensed registered nurse, licensed physician assistant, or physician, as long as arrival of the second paramedic, licensed registered nurse, licensed physician assistant, or physician is expected within a reasonable and prudent time. After the patient has been assessed and stabilized, one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician may be released by protocol or verbal order from a physician. Transport of the patient may then occur with one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician and, at a minimum, one EMT-basic. Ambulance services responding with EMTs-paramedic, licensed registered nurses, licensed physician assistants, or physicians from two different locations or who release one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician after assessment, shall describe in their operational plan how this staffing will take place to ensure a timely response and adequate care.~~
 - b. One EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician trained in the use of all skills the service is authorized to provide and designated by the medical director and one EMT-intermediate, EMT-basic IV or one EMT-basic if the medical director specifically requests and so authorizes in the EMT-paramedic operational plan. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HSS 112.04(4) for EMTs-paramedic. The staffing configuring option specified in this subdivision paragraph is valid for services beginning EMT-paramedic service on or after January 1, 2000. 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.

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: _____

R. C. Moore

Date: _____

6-19-2001

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: _____

[Handwritten Signature]
6/19/01

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Aye

No

Signature: 

Date: JUNE 19, 2001

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Aye

No

Signature: _____

Date: _____

John D. Roberts
6-19-01

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Aye

No

Signature: _____

Date: _____

[Handwritten Signature]
[Handwritten Date: 6/19/01]

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Aye

No

Signature: _____

Roger Burke

Date: _____

6-20-01

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Aye

No

Signature: Mark Meyer

Date: 6/19/01

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Aye

No

Signature:

Steve Fitzgerald

Date:

19 June 01

Ch. HFS 112, EMT-Paramedic Rule

Problem

Basically, some of the Department's proposed rule language that has been objected to guides the activities of single paramedics before assistance arrives. Without such language, paramedics may be unclear what their legal scope of practice is in such situations.

The existing paramedic rule, at s. HFS 112.07 (2) (o), prescribes what sorts of things a single paramedic can do for an injured person while the paramedic awaits assistance from someone of at least equal training and skill. Essentially, the rule allows a paramedic to perform EMT-Intermediate skills through the following language:

"Provide assurances that at least 2 licensed EMTs-paramedic will be present whenever a licensee functions as an EMT-paramedic. A physician, registered nurse or physician's assistant trained in advanced cardiac life support and designated by the medical director may replace one of the EMTs-paramedic. A single paramedic operating in an approved EMT-paramedic program may perform all of the skills authorized under s. HFS 111.04 (4) for EMTs-intermediate and advanced skills authorized under ss. HFS 110.10 and 110.11 for EMTs-basic at the scene of a medical emergency in the pre-hospital setting, if use of the EMT-paramedic in this manner is described in the EMT-paramedic operational plan and approved by the program medical director;" (emphasis added)

The Department's final proposed rule had 2 major staffing provisions in s. HFS 112.07 (2) (u) 1. controlling what a paramedic could do when a patient is being transported. Section HFS 112.07 (2) (u) 1. a. addressed *existing* paramedic services, while subd. par. 1. b. applied to *new* paramedic services. Senator Moen's Committee objected to all but the first sentence of subd. par. a.:

"1. When a patient is being transported in a prehospital setting, the ambulance service provider shall ensure that the ambulance is staffed with a minimum of 2 persons who are qualified under one of the following:

a. Any 2 EMTs-paramedic, licensed registered nurses, licensed physician assistants or physicians, trained in the use of all skills the service is authorized to provide and designated by the medical director, or any combination thereof. ~~If responding separately, the required crew members shall be simultaneously dispatched for responses to all prehospital emergency transports and intercepts. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HFS 112.04 (4) for EMTs-paramedic prior to the arrival of a second paramedic, licensed registered nurse, licensed physician assistant, or physician, as long as arrival of the second paramedic, licensed registered nurse, licensed physician assistant, or physician is expected within a reasonable and prudent time. After the patient has been assessed and stabilized, one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician may be released by protocol or verbal order from a physician. Transport of the patient may then occur with one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician and, at a minimum, one EMT-basic. Ambulance services responding with EMTs-paramedic, licensed registered nurses, licensed physician assistants, or physicians from two different locations or who release one EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician after assessment, shall describe in their operational plan how this staffing will take place to ensure a timely response and adequate care.~~

b. One EMT-paramedic, licensed registered nurse, licensed physician assistant, or physician trained in the use of all skills the service is authorized to provide and designated by the medical director and one EMT-intermediate, EMT-basic IV or one EMT-basic if the medical director specifically requests and so authorizes in the EMT-paramedic operational plan. A single paramedic, licensed registered nurse, licensed physician assistant, or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HFS 112.04 (4) for EMTs-paramedic. The staffing configuring option specified in this subdivision paragraph is valid for services beginning EMT-paramedic service on or after January 1, 2000. Any subsequent or additional EMS providers operating a paramedic level service in the same service area shall meet or exceed the staffing levels of the previous or currently operating providers.”

The preceding objected to language, denoted by strikeout of all but the first sentence of subd. par. a., included language similar to that in existing ch. HFS 112 that specifies what a single paramedic can do for patients while waiting for other medical personnel to arrive. Since the Department had placed this important language in subd. par. a., it was objected to along with the broader language of the subdivision paragraph. Unfortunately, the proposed ch. HFS 112 contains no other language that specifies the scope of practice of a single paramedic who is first on the scene of an accident. Consequently, without administrative rule language specifying what a single paramedic who is first on the scene can do for a patient, unnecessary ambiguity will be introduced into paramedics’ practices. This would be a significant step back from current paramedic practice.

Proposed Solution

The Department requests that JCRAR request the Department to modify the proposed rule to allow the single paramedic to do what they currently can do under existing rule. The Department’s preferred language is highlighted below:

“(u) Written commitment by an ambulance service provider using EMTs-paramedic that the ambulance service provider shall ensure the ambulance is staffed with a minimum of 2 persons who are qualified under one of the following:

1. When a patient is being transported in a prehospital setting:

a. Any 2 EMTs-paramedic, licensed registered nurses, licensed physician assistants or physicians, trained in the use of all skills the service is authorized to provide and designated by the medical director, or any combination thereof. ***Prior to the arrival of a second paramedic, licensed registered nurse, licensed physician assistant or physician, a single paramedic, licensed registered nurse, licensed physician assistant or physician performing in the staffing configuration specified in this subdivision paragraph may perform all of the skills authorized under s. HFS 111.04 (4) for EMTs-intermediate as long as arrival of the second EMT-paramedic, licensed registered nurse, licensed physician assistant or physician is expected within a reasonable and prudent time. In addition, an EMT-paramedic may administer the following medications and perform the following procedures: nitroglycerin sublingually; furosemide; albuterol; ipratropium; epinephrine 1:10,000 and 1:1,000; atropine; amiodarone; lidocaine; glucagon; diazepam; morphine sulfate; endotracheal intubation; intraosseous infusion; and needle chest decompression.***

b. One EMT-paramedic, licensed registered nurses, licensed physician assistants, or physician trained in the use of all skills the service is authorized to provide and designated by the medical director and, at a minimum, one EMT-basic. A single paramedic performing in this staffing configuration may perform all of the skills authorized under s. HSS 112.04(4) for EMTs-

paramedic. This staffing option is valid for services beginning EMT-paramedic service on or after January 1, 2000 when the medical director of the service specifically requests and authorizes this staffing in the operational plan. 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.”

Joint Position Statement Flexible Paramedic Staffing

We the undersigned organizations and/or agencies understand the proposed rules to HSS 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 towns, 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

AARP (American Association of Retired Persons) Coalition of Wisconsin Aging Groups

Jim Lombardo told the members of these organizations that if HSS 112 is changed, he will staff a paramedic unit at each nursing home and assisted living facility.

State Medical Society of Wisconsin

Clueless about what happens outside an Emergency Room

Wisconsin Alliance of Cities

Only concerned about how much a paramedic costs them

Wisconsin Chapter of the American College of Emergency Physicians

Have they ever worked on an ambulance?

Wisconsin Emergency Nurses Association

Can they even spell ambulance?

Wisconsin EMS Association

Just who do they represent? What makes up a majority of their membership?

Wisconsin Farm Bureau

Newsflash... HSS 112 has nothing to do with farm equipment or cattle futures.

Wisconsin Fire Chief's Association

I suppose the price of a paramedic has nothing to do with this endorsement.

Wisconsin Fire Chief's Education Association

(see above)

Wisconsin League of Municipalities

Can you say budget?

Wisconsin State Firefighters Association

Can you say volunteer?

Wisconsin Towns Association

It seems that a lot of penny pinchers have signed on to this statement... Why?

WHAT IS BEST FOR THE PATIENT?

SUMMARY OF EMT LEVELS IN WISCONSIN

There are currently 4 major license levels of EMS care in Wisconsin: EMT-Basic, EMT-basic IV, EMT-Intermediate, and EMT-Paramedic. A summary of the levels is found below.

License Level	Training Hours	Skills	Medications
EMT-basic	120-140 hours	<ul style="list-style-type: none"> ◆ Basic life support ◆ Defibrillation ◆ Non-visualized airways 	<ul style="list-style-type: none"> ◆ Aspirin ◆ Epinephrine ◆ Glucagon ◆ Nebulized Albuterol ◆ Assist with patient's meds
EMT-basic IV (Current EMT-I)	60 additional hours	<p><u>Above skills plus:</u></p> <ul style="list-style-type: none"> ◆ IV administration ◆ Blood glucose analysis 	<p><u>Additional medications:</u></p> <ul style="list-style-type: none"> ◆ Atrovent ◆ Dextrose (IV) ◆ IV solutions ◆ Narcan ◆ Nitroglycerin
EMT-Intermediate (Proposed)	350 hours above basic level	<p><u>Above skills plus:</u></p> <ul style="list-style-type: none"> ◆ ECG interpretation ◆ Intraosseous infusion ◆ Needle decompression 	<p><u>Additional medications:</u></p> <ul style="list-style-type: none"> ◆ Adenosine ◆ Atropine ◆ Epinephrine 1:10,000 ◆ Lasix ◆ Lidocaine ◆ Morphine ◆ Valium
EMT-Paramedic	1000 hours above basic level	<p><u>Above skills plus:</u></p> <ul style="list-style-type: none"> ◆ 12 lead ECG interpretation ◆ Medication administration via several pathways ◆ Cardiac pacing ◆ Cardioversion ◆ Rapid sequence intubation (RSI) ◆ Many other advanced skills 	<p><u>Additional medications:</u></p> <ul style="list-style-type: none"> ◆ Medications approved by the service medical director and the EMS Section

Emergency medical service (EMS) in Wisconsin is provided by 445 ambulance services utilizing approximately 17,000 emergency medical technicians (EMTs). These EMTs range from full-time paid professionals affiliated with fire departments and private providers to volunteers who receive no compensation, but respond as part of their commitment to the community.

There are currently 4 major license levels of EMS care in Wisconsin: EMT-Basic, EMT-basic IV, EMT-Intermediate, and EMT-Paramedic. The level of care provided in an area is dependent on a number of factors that include financial and staff commitments, number and type of ambulance runs in the area served and other medical resources in the area. As a result, EMT-Basic service is the norm in most rural areas, EMT-Paramedic service is predominant in urban areas and EMT-basic IV and EMT-Intermediate service is found in both rural and urban settings.

Staffing of an ambulance is dependent on the license level of the provider. All legal crews require two licensed EMTs or a physician, physician assistant or a registered nurse can take the place of an EMT as part of a legal crew.

EMT-BASIC - 259 providers or 58% of total EMS services in WI.

Curriculum - 120-140 hour course on basic care and limited medications.

Staffing - Minimum of two EMTs-Basic or one EMT-Basic and an individual with an EMT-Basic training permit (someone currently in an EMT course, but who has not yet completed the course).

Scope of Practice - Skills and medications include what is taught in the 1994 National DOT EMT-Basic Standard Curriculum plus WI additions and includes:

Skills

- Non-invasive emergency procedures
- Administration of oxygen
- CPR
- Splinting
- Wound management
- Use of airway adjunctive equipment including non-visualized advanced airway
- Automatic external defibrillation
- Assisting the self-administration of patient's medications

Drugs

- Oral glucose preparations
- Activated charcoal
- Epinephrine
- Aspirin for chest pain
- Nebulized Albuterol for asthma
- Glucagon (IM) for diabetic emergencies

CURRENT EMT-INTERMEDIATE - 98 providers or 22% of total EMS services in WI.

(Will become EMT-Basic IV level when new EMT-Intermediate is in place.)

Curriculum - 100 hour course beyond the EMT-Basic course. The course includes greater detail on assessing patient condition, the use of intravenous fluids and some additional medications.

Staffing - Minimum of one EMT-Intermediate and one EMT-basic.

Scope of Practice - all EMT-Basic skills and medications plus those listed in the National DOT EMT-Intermediate National Standard Curriculum and Wisconsin curriculum additions including:

Skills

- Endotracheal intubation (additional module)
- IV administration
- Blood glucose analysis

Drugs

- Atrovent
- Dextrose (IV)
- IV solutions
- Narcan
- Nitroglycerine

NEW EMT-INTERMEDIATE - Currently 8 pilot services (2%).

(Full implementation to begin by 12/2001)

Curriculum - 350 hour course beyond the EMT-Basic course. The course includes greater detail on assessing patient condition, the use of a few new procedures and some additional medications, primarily cardiac and pain relieving drugs.

Staffing - Minimum of one EMT-Intermediate and one EMT-basic.

Scope of Practice - all EMT-Basic skills and medications plus those listed in the National DOT EMT-Intermediate National Standard Curriculum and Wisconsin curriculum additions including:

Skills

- ECG interpretation
- Intraosseous infusion
- Needle decompression

Drugs

- Adenosine
- Atropine
- Epinephrine 1:10,000
- Lasix
- Lidocaine
- Morphine
- Nitroglycerine
- Valium

EMT-PARAMEDIC - 78 providers or 18% of total EMS services in WI.

There are a number of EMT-Paramedic providers that only provide paramedic care for interfacility transport of patients and do not provide 911 care. There are also 10 aeromedical providers that are licensed to provide auxiliary advanced level care to all areas of the state.

Curriculum - 1000 hour course that includes expanded knowledge in anatomy and physiology and increased interventions and medications for cardiac and trauma care.

Staffing - Current rule is a minimum of two EMTs-paramedic.

Scope of Practice - All skills and medications previously listed plus those listed in the 1998 DOT EMT-Paramedic National Standard Curriculum and Wisconsin curriculum additions including:

Skills

- 12 lead ECG interpretation
- Intraosseous infusion
- Needle chest decompression
- Medication administration via several pathways
- Cardiac pacing
- Cardioversion
- Rapid sequence intubation (RSI)
- Many other advanced skills

Drugs

- Medications approved by
Service Medical Director
& EMS Section

Proposed Change in Paramedic Staffing

The current EMT-paramedic rule requires that 2 EMTs-paramedic staff an ambulance service providing care at the paramedic level. The proposed rule does not require a change in current staffing, but it allows for an alternative staffing option of 1 EMT-paramedic and 1 EMT-basic or EMT-intermediate. The proposed rule requires that the service medical director must specifically request this staffing and write it in to the service's operational plan that must be approved by DHFS.

COUNCIL ON HEALTH OF THE PUBLIC

Report to the Board of Directors

March 31, 2000

SUBJECT: Paramedic Systems Changes in Wisconsin: Allowing One Paramedic Operations Where Necessary

ACTION REQUESTED

The council recommends the following policy be adopted:

The State Medical Society of Wisconsin:

1. Affirms the primary goal of assuring the safety and quality of care of patients and EMS providers.
2. Believes that the preferred staffing for Advance Life Support (ALS) is two paramedics.
3. Understands that one paramedic would be beneficial to areas not currently served by a two-paramedic system. It would be prudent to allow services the ability to upgrade to a one-paramedic system if they are able to commit the resources.
4. Believes that no service should have its level of staffing decreased by this action.

The purpose of the State Medical Society of Wisconsin is to advance the health of the people of Wisconsin.

BACKGROUND

The State EMS Association requested the State Medical Society's support for proposed paramedic systems administrative rule changes (HFS 112.07). Part of the proposed change would allow for changes in the staffing requirements for paramedic systems so that rather than requiring two paramedics on every call, one paramedic and one EMT-basic could be used, if the medical director authorizes this staffing. The above policy would support the proposed statutes changes, however, it emphasizes that upgrading from no paramedics to a one paramedic level of service is desirable, while downgrading from a two paramedic system (i.e. in Madison, Milwaukee, Eau Claire and most other cities) to a one paramedic system would not be supported.

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PFFW POSITION

ON ONE VERSUS TWO

PARAMEDIC STAFFING LEVELS

*Proposed
Compromise*

1. Cities, villages or towns with a population of more than 5,000 and currently have paramedics would not have the option to reduce down to one paramedic.
2. The municipality or town in No. 1 above is the one in which the paramedic system is licensed.
3. Communities with a population of less than 5,000 would have the option of having either one or two paramedics.
4. Once the population of a community exceeds 5,000 then two paramedics would be required. These communities would have 24 months to meet the two paramedic requirement.
5. If a county were to operate a paramedic system and has a population of less than 20,000 they would have the option of using 1 paramedic. When the population exceeds 20,000 the county would have 24 months to meet the two paramedic requirement.
6. If the current paramedic license holder is required to have two paramedics and transfers the license, the new license holder is required to meet the same staffing requirements as the original license holder.
7. Any municipality or county utilizing one paramedic would need to be accompanied by and EMT-I.

Numbers from Joe Strohl

PFFW - EMS COVERAGE

Local	Name	Num. of Members	Number of			Population	Area (Sq Mi)	
			FR	Basic	EMT-I			Paramedic
2477	ALLOUEZ	9		0	0	12	14,967	8.3
1000	ANTIGO	18		26	0	0	8,654	5.7
257	APPLETON	82						
875	ASHLAND	20		8	1	27	8,785	13.2
3432	BEAVER DAM	14		10	17	0	1,500	4.8
583	BELOIT	57		41	0	43	36,204	16.2
2386	BELOIT-TWN OF	8		31	15	0	7,101	56
2051	BROOKFIELD	52		42	0	11	37,041	26.8
2740	CALEDONIA	33		53	0	19	22,654	45.5
1816	CHIPPEWA FALLS	22		10	25	0	13,098	9.8
1801	CUDAHY	24		29	0	0	18,915	4.8
1998	DE PERE	25		17	0	16	19,511	10.5
487	EAU CLAIRE	83		51	3	30	60,449	32
400	FOND DU LAC	56		25	0	39	41,105	18.1
2760	FRANKLIN	31		57	0	19	27,186	34.6
	GRAND CHUTE	3						
141	GREEN BAY	193		117	0	57	102,726	45
1777	GREENDALE	15		28	0	0	13,960	5.6
1963	GREENFIELD	48		34	0	19	35,632	11.5
580	JANESVILLE	78		47	0	45	59,223	28
1594	KAUKAUNA	15		6	0	17	12,732	4.7
414	KENOSHA	134		85	0	46	87,314	23.14
127	LACROSSE	90						
311	MADISON	268		209	4	78	203,211	57.8
368	MANITOWOC	42		16	8	29	34,334	17
226	MARINETTE	18						
1021	MARSHFIELD	30		17	11	17	19,984	11.6
214	MILWAUKEE	965		950	0	99	610,654	95.7
695	MENASHA	27						
1697	MENOMONIE	21		26	0	16	14,476	20.9
847	MERRILL	21		14	13	0	19,625	441.5
3341	MILW CO AIRPORT	18						3.5
2939	MT PLEASANT	33		54	0	9	22,248	35.8
275	NEENAH	37						
1440	NORTH SHORE	102		122	0	20	67,938	25
1848	OAK CREEK	33		38	0	0	25,842	28.6
2739	OCONTO	7		12	0	0	4,764	6.9
316	OSHKOSH	92		11	0	61	62,185	20.3
2775	PORTAGE	5						
	PLEASANT PRAIRE	11		18	0	37	14,077	33
321	RACINE	146		133	0	26	85,552	17.6

PFFW - EMS COVERAGE

Local	Name	Num. of Members	Number of			Population	Area (Sq Mi)	
			FR	Basic	EMT-I			Paramedic
1028	RHINELANDER	16				7,792	5.1	
1793	RICE LAKE *	10						
2717	ST FRANCIS	9	27	0	0	9,425	2.9	
3914	STURTEVANT	8	20	0	13	5,275		
483	SHEBOYGAN	69						
1633	SOUTH MILW	24	24	0	17	21,340	4.8	
484	STEVENS POINT	33	10	34	18	24,393	13.4	
2682	STURGEON BAY	9						
74	SUPERIOR	69						
423	TWO RIVERS *	15	5	4	15	13,431	5.5	
877	WATERTOWN	18	10	2	20	21,024	10	
407	WAUKESHA	87	70	0	20	62,197	21	
415	WAUSAU	53	34	40	0	38,777	14.1	
1923	WAUWATOSA	105	93	0	15	49,064	13.2	
1004	WEST ALLIS	112	95	0	20	63,712	11.3	
2025	WEST BEND	33	15	28	0	28,326	32	
1054	WI RAPIDS	27	14	11	17	19,018	12.1	
TOTAL		3683	#	2,784	216	953	2,177,421	1,364.84
Members		FR	Basic	EMT-I	Paramedic	Population	Area (Sq Mi)	
State Totals			13,341	1,581	1,729	5,234,350		
			20.87%	13.66%	55.12%	41.60%		

HFS 112 - Highlights of Changes to the EMT-Paramedic Rule

This proposed rulemaking order modifies ch. HFS 112, Wis. Adm. Code, to reflect changes in the practice of emergency medical services since the chapter was last revised. There have been significant changes in the scope of practice at the national level as well as in Wisconsin. These changes are consistent with national changes and with recent and planned future changes at all EMT license levels. Language and format in HFS 112 has also been made consistent with language at the other EMT license levels

These changes result from extensive discussions with EMS advisory bodies and other interested parties. Significant changes to the chapter include

- Development of standards for "interfacility" transport of patients to distinguish between transfers of patients from facilities and transport of prehospital 911 care patients.
- Clarification and expansion of the role of the medical director including the authority for a medical director to remove medical authority for an EMT to practice if there are concerns about the EMTs training, skills, ability or judgment
- Raising the minimum number of hours required for EMT-paramedic coursework from 750 to 1000
- Renewal requirements for instructor-coordinators
- Addition of option for flexible staffing by using fewer than 2 paramedics in certain circumstances.

My name is Wayne Steingraber. I am a dairy farmer, my wife and I own and operate a 175 acre 70 cow dairy. I am also a volunteer firefighter for the Manawa/Rural Fire Dept. I am a Supervisor in the Township of Little Wolf, and an alternate on the Manawa/Rural Fire and Ambulance Board. Most importantly, I am a devoted and loving husband and father of four.

I am here today to talk to you about why I feel the rule change to allow only one paramedic on an ambulance could benefit us. Manawa/Rural Ambulance is a paid on call Dept. that covers an area of about 100 square miles, including the City of Manawa, the Township of Little Wolf, the Township of Union, 1/3 of the Township of Lebanon, 1/3 of the Township of Royalton including the village of Royalton, and 1/2 of the Township of St. Lawrence including the village of Ogdensburg. Our crew makes one dollar per hour while on call for a twelve hour shift. If they go on a run they then make eight dollars per hour during that time. Currently we have four paramedics (that work full time in a different city, but live in Manawa) on our roster.

Being on the fire dept. we respond to all car accidents. I have seen firsthand, times when we arrive at an accident find that the victim(s) need more medical attention than our EMTs could provide, a helicopter would be called in to meet us at the scene, and we would proceed to remove the victim from the car and place them in the ambulance. All we could do then, was wait. Our EMTs are the best, but they can only do just so much. Sometimes though one of them is a qualifide paramedic, but they can only work to the ability of the other EMT on board. You always wonder if the outcome could be different if we had another paramedic. There has also been numerous times when they have called for a paramedic intersept. That is when a paramedic crew will come out and meet the ambulance on the way to the hospital. Here again you wonder if the result could be any different.

The answer in these cases could be yes, if this rule change is adopted. All we would have to do is stock the additional equipment and medical supplies so that when our paramedics are on call the can work to the ability.

Could there be any drawbacks to only having one paramedic on an ambulance? Yes, there could be, but I feel the benifits far outweigh the detriments. Especially in a small community like ours that doesn't have a large enough tax base to allow the hiring of fulltime paramedic crews.

WAYNE STEINGRABER
WAUPACA COUNTY FARM BUREAU
N6915 BRIDGE ROAD
MANAWA, WI 54949

THIS TESTIMONY WAS GIVEN BY WAYNE AT THE DHFS HEARING ON THIS RULE IN GREEN BAY ON JUNE 29, 2000.

COUNCIL ON HEALTH OF THE PUBLIC

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