2017 SENATE BILL 149

March 29, 2017 –Introduced by Senators MOULTON, BEWLEY, CARPENTER, COWLES, FEYEN, HANSEN, MILLER, NASS, OLSEN, PETROWSKI, RINGHAND, L TAYLOR, VINEHOUT and WIRCH, cosponsored by Representatives LOUDENBECK, SHANKLAND, ALLEN, ANDERSON, BERCEAU, BERNIER, BOWEN, E BROOKS, BRANDTJEN, CONSIDINE, FELZKOWSKI, KERKMAN, KREMER, KULP, MEYERS, MURPHY, MURSAU, NOVAK, QUINN, RIPP, ROHRKASTE, SINICKI, SNYDER, TAUCHEN, C TAYLOR, TITTL, VRUWINK, WACHS, SCHRAA and SKOWRONSKI. Referred to Committee on Health and Human Services.

AN ACT to amend 256.01 (3) and 256.12 (2) (a); and to create 256.04 (10), 256.15 (6p), 256.205, 256.21 and 256.215 of the statutes; relating to: community paramedics, community emergency medical technicians, community emergency medical services providers, and services provided by emergency medical technicians.

Analysis by the Legislative Reference Bureau

This bill creates an approval process for community paramedics, community emergency medical technicians, and community emergency medical services providers. The bill also specifies that an emergency medical technician who is acting upon a delegation by a health care provider does not violate the actions authorized by the Department of Health Services for emergency services when performing actions in accordance with the delegation.

The bill establishes criteria for an approval as a community paramedic or community emergency medical technician, including completion of a training program approved by DHS. An individual may provide services as a community paramedic or community emergency medical technician only if he or she is a volunteer for or an employee of an ambulance service provider or nontransporting emergency medical technician provider that has approval as a community emergency medical services provider or if he or she is an employee of or under contract with a hospital, clinic, or physician. A community paramedic or community emergency medical technician is required to follow any protocols and supervisory
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standards established by DHS or by a medical director. A community paramedic or
community emergency medical technician may perform services 1) for which he or
she is trained under the training program; 2) that are not duplicative of services
already being provided to a patient; and 3) that are either approved by the hospital,
clinic, or physician for which he or she is an employee or contractor or that are
incorporated in the patient care protocol submitted by the community emergency
medical services provider.

The bill also establishes criteria for ambulance service providers and
nontransporting emergency medical technician providers to be approved as
community emergency medical services providers including establishing,
submitting to DHS, and maintaining patient care protocols for use by community
paramedics or community emergency medical technicians and providing a list of
each community paramedic or community emergency medical technician of the
community emergency medical services provider. A community emergency medical
services provider may include in its patient care protocols only those services that
do not require a license, certificate, or other credential from any of the following
examining boards: medical; physical or occupational therapy; podiatry; nursing;
chiropractic; dentistry; optometry; pharmacy; psychology; marriage and family
therapy, professional counseling, and social work; or hearing and speech or as an
acupuncturist.

For further information see the state and local fiscal estimate, which will be
printed as an appendix to this bill.

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

SECTION 1. 256.01 (3) of the statutes is amended to read:

256.01 (3) “Ambulance service provider” means a person engaged primarily in
the business of transporting sick, disabled, or injured individuals by ambulance to
or from facilities or institutions providing health services.

SECTION 2. 256.04 (10) of the statutes is created to read:

256.04 (10) Prepare recommendations on training and approval qualifications
for community paramedics and community emergency medical technicians.

SECTION 3. 256.12 (2) (a) of the statutes is amended to read:

256.12 (2) (a) Any county, city, town, village, hospital, ambulance service
provider, or combination thereof may, after submission of a plan approved by the
department, conduct an emergency medical services program using emergency medical technicians — paramedics for the delivery of emergency medical care to sick, disabled, or injured individuals at the scene of an emergency and during transport to a hospital, while in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, and during transfer of a patient between health care facilities. An ambulance service provider may, after submission of a plan approved by the department, conduct an emergency medical services program using emergency medical technicians — paramedics for the delivery of emergency medical care to sick, disabled, or injured individuals during transfer of the individuals between health care facilities. Nothing in this section prohibits an emergency medical services program from using community paramedics and community emergency medical technicians for services described in ss. 256.205 (6) and 256.21 (6) or from providing nonemergency services in accordance with sub. (6p). Nothing in this section shall be construed to prohibit the operation of fire department, police department, for-profit ambulance service provider, or other emergency vehicles using the services of emergency medical technicians — paramedics in conjunction with a program approved by the department. Hospitals that offer approved training courses for emergency medical technicians — paramedics should, if feasible, serve as the base of operation for approved programs using emergency medical technicians — paramedics.

**SECTION 4.** 256.15 (6p) of the statutes is created to read:

256.15 (6p) **DELEGATION FROM A HEALTH CARE PROVIDER.** An emergency medical technician who is acting upon a delegation by a health care provider does not violate the actions authorized for emergency services under sub. (6n) for actions taken in accordance with that delegation.
SECTION 5. 256.205 of the statutes is created to read:

256.205 Community paramedics. (1) DEFINITION. In this section, “community paramedic” means an individual who has obtained an approval issued under sub. (2).

(2) DEPARTMENTAL APPROVAL. No person may use the title “community paramedic” unless he or she obtains an approval from the department issued under this section to provide services as a community paramedic. To be eligible for an approval by the department as a community paramedic, an individual shall meet all of the following criteria:

(a) The individual is licensed as an emergency medical technician — paramedic, that license is not suspended or revoked, and the individual is not the subject of an action under s. 256.15 (11).

(b) The individual has the equivalent of 2 years of service as an emergency medical technician — paramedic.

(c) The individual successfully completes a training program that has been approved by the department under sub. (3).

(d) The individual submits an application for the approval on a form specified by the department.

(e) The individual satisfies any other requirements established by the department.

(3) TRAINING PROGRAM. The department shall, after consulting the board, approve training programs for community paramedics that include clinical experience, that provide flexibility in addressing local service needs, and that meet any other criteria established by the department.
(4) Affiliation. A community paramedic may provide services under sub. (6) only if he or she is a volunteer for or an employee of a community emergency medical services provider, as defined in s. 256.215 (1) (a), or if he or she is an employee of or under contract with a hospital, clinic, or physician.

(5) Requirements. (a) A community paramedic shall follow any protocols and supervisory standards established by the department or by a medical director.

(b) A community paramedic is subject to certification, disciplinary, complaint, and other regulatory requirements that apply to emergency medical technicians under s. 256.15.

(6) Services Provided. Notwithstanding the actions authorized for emergency services under s. 256.15 (6n), a community paramedic may provide services for which he or she is trained under a training program approved by the department under sub. (3), that are not duplicative of services already being provided to a patient, and that are approved by the hospital, clinic, or physician for which the community paramedic is an employee or contractor or are incorporated in the patient care protocols under s. 256.215 (2) (b).

SECTION 6. 256.21 of the statutes is created to read:

256.21 Community emergency medical technicians. (1) Definition. In this section, “community emergency medical technician” means an individual who has obtained an approval issued under sub. (2).

(2) Departmental Approval. No person may use the title “community emergency medical technician” unless he or she obtains an approval from the department issued under this section to provide services as a community emergency medical technician. To be eligible for an approval by the department as a community emergency medical technician, an individual shall meet all of the following criteria:
(a) The individual is licensed as an emergency medical technician of any level, that license is not suspended or revoked, and the individual is not the subject of an action under s. 256.15 (11).

(b) The individual has the equivalent of 2 years of service as an emergency medical technician at any level.

(c) The individual successfully completes a training program that has been approved by the department under sub. (3).

(d) The individual submits an application for the approval on a form specified by the department.

(e) The individual satisfies any other requirements established by the department.

(3) Training Program. The department shall, after consulting the board, approve training programs for community emergency medical technicians that include clinical experience, that provide flexibility in addressing local service needs, and that meet any other criteria established by the department.

(4) Affiliation. A community emergency medical technician may provide services under sub. (6) only if he or she is a volunteer for or an employee of a community emergency medical services provider, as defined in s. 256.215 (1) (a), or if he or she is an employee of or under contract with a hospital, clinic, or physician.

(5) Requirements. (a) A community emergency medical technician shall follow any protocols and supervisory standards established by the department or by a medical director.

(b) A community emergency medical technician is subject to certification, disciplinary, complaint, and other regulatory requirements that apply to emergency medical technicians under s. 256.15.
(6) Services provided. Notwithstanding the actions authorized for emergency services under s. 256.15 (6n), a community emergency medical technician may provide services for which he or she is trained under a training program approved by the department under sub. (3), that are not duplicative of services already being provided to a patient, and that are approved by the hospital, clinic, or physician for which the community emergency medical technician is an employee or contractor or are incorporated in the patient care protocols under s. 256.215 (2) (b).

SECTION 7. 256.215 of the statutes is created to read:

256.215 Providers of community emergency medical services. (1)

Definitions. In this section:

(a) “Community emergency medical services provider” means an emergency medical services provider that has approval from the department for its personnel to provide community emergency medical services under sub. (2).

(b) “Community emergency medical technician” has the meaning given under s. 256.21 (1).

(c) “Community paramedic” has the meaning given under s. 256.205 (1).

(d) “Emergency medical services provider” means an emergency medical services program under s. 256.12 that provides services as a nontransporting emergency medical technician provider or an ambulance service provider licensed under s. 256.15 (5).

(2) Approval. No emergency medical services provider may advertise as providing community emergency medical services or may advertise having community paramedics or community emergency medical technicians unless the emergency medical services provider has approval from the department under this subsection. To be eligible for approval to provide community emergency medical
services, an emergency medical services provider shall satisfy all of the following criteria:

(a) The emergency medical services provider is licensed by the department at any emergency medical services level.

(b) The emergency medical services provider establishes, submits to the department, and maintains patient care protocols corresponding to the appropriate service level to be used by a community paramedic or a community emergency medical technician. The emergency medical services provider may include in a patient care protocol only those services that do not require a license, certificate, or other credential under subch. II, III, IV, or VII of ch. 448 or ch. 441, 446, 447, 449, 450, 451, 455, 457, or 459 to provide.

(c) The emergency medical services provider agrees to provide to the department a list identifying each community paramedic and community emergency medical technician providing community emergency medical services as a volunteer or employee of that emergency medical services provider. If the emergency medical services provider is approved under this subsection as a community emergency medical services provider, the emergency medical services provider shall provide and update its list of community paramedics and community emergency medical technicians.

(d) The emergency medical services provider meets other requirements as specified by the department.