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CLEARINGHOUSE RULE 00-091

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated September 1998.]

2. Form, Style and Placement in Administrative Code

- a. The definitions provided in the note following s. HFS 112.03 (19) (d) are substantive in nature and should be included in the text of the rule.
- b. In s. HFS 112.03 (27), ““Primary service area”” should replace “It” in the second sentence.
- c. Section HFS 112.03 (35) refers to a curriculum which is “identified as essential and for training EMTs-paramedic” By whom has the curriculum been identified as essential? Where can a person obtain a copy or precise description of this curriculum?
- d. Section HFS 112.04 (1) (a) refers to a “service.” Is this a reference to an “ambulance service” as defined in s. HFS 112.03 (3)? If so, that term should be used. If not, “service” should be defined.
- e. It is suggested that the term ““cardiopulmonary resuscitation” or “CPR”” be defined in s. HFS 112.03 and then the acronym “CPR” may be used throughout the rule.
- f. In s. HFS 112.04 (5) (b) 2., “current” should be deleted. In addition, by what mechanism does the department intend to monitor whether a person with an EMT license maintains valid CPR certification throughout the license period?

g. Section HFS 112.04 (5) (f) 1. b. uses the term “paramedic medical director.” Is this someone other than the “medical director” which is a defined term? If so, a definition should be provided. If not, “medical director” should be used instead.

h. In the title to s. HFS 112.06 (1), “APPROVAL” should be changed to “CERTIFICATION.”

i. Section HFS 112.06 (1) (c) sets forth several affirmative requirements for training centers which should not be included in that section, since the provision intends to be a listing of application materials. The rule should be reorganized to set forth certain of these items as requirements which must be met to gain certification of a training center rather than items which must be included in its application. For example, s. HFS 112.06 (1) (c) 3. requires the application to include “identification and documentation of the qualifications of the Wisconsin licensed physician who will function as medical director of the training center, with responsibility for medical coordination, direction and conduct of the EMT-paramedic training program.” The rule should be reorganized to clearly require each EMT-paramedic training center to have a medical director who must be a Wisconsin-licensed physician and the rule should set forth the responsibilities of the medical director. As further examples, s. HFS 112.06 (1) (c) 1., in the second sentence, sets forth specific training requirements which must be met, and subd. 5. sets forth a listing of the responsibilities of a “field preceptor.” This comment also applies to s. HFS 112.06 (3) (b).

j. Section HFS 112.06 (1) (b) states that any “organization” may apply for certification as an EMT-paramedic training center. However, par. (c) 1. requires the application to contain a description of the capabilities of the “training center.” It appears that “training center” should be changed to “organization,” since at the time that the application is submitted, the organization has not yet become a training center.

k. In s. HFS 112.06 (1) (c) 5., it appears that the term “field preceptor” should be changed to “preceptor,” which is a defined term.

l. Should s. HFS 112.07 (2) (e) set forth any guidelines regarding the determination of the “service area” of a licensed ambulance service provider?

m. Section 112.07 (2) (i) requires an EMT-paramedic operational plan to include “a description of the relationship of the proposed EMT-paramedic services to other emergency medical and public safety services in the geographic area covered in the plan.” Does the rule require that there be a relationship? If so, that requirement should be affirmatively stated in the rule. Likewise, par. (m) requires the plan to contain “a description of the method of data collection” Is there a requirement that certain data be collected? If so, what date must be collected and by whom must it be collected?

n. The rule should explain what is meant by “mutual aid and backup agreements” referred to in s. HFS 112.07 (2) (s). Are such agreements required? If so, that requirement should be clearly set forth in the rule in detail.

o. In s. HFS 112.07 (5) (b), is the “operational plan” referred to the same as the operational plan required and described under sub. (2)? If not, the rule should set forth the required elements of the operational plan which is required for special event EMT-paramedic coverage. This comment also applies to sub. (6) (b) and (c).

p. Section HFS 112.07 (7) (a) 5. refers to “the other physicians involved in the plan.” Is there a requirement that other physicians be involved? If so, that requirement should be set forth clearly in the rule.

q. Section HFS 112.07 (7) (a) 7. refers to the implementation of the “findings and recommendations of the quality assurance program.” Should the rule should set forth a requirement that a quality assurance program be established, that it contain findings and recommendations and that those findings and recommendations be implemented?

r. The requirements that must be met by an “on-line medical control physician” included in s. HFS 112.07 (7) (b) should be placed in a separate section of the rule. (Section HFS 112.07 (7) is entitled “medical director roles and responsibilities.”) In addition, must the EMT-paramedic operational plan contain documentation verifying that the requirements set forth in s. HFS 112.07 (7) (b) have been met?

s. In s. HFS 112.07 (7), the note following par. (c) contains substantive material and should be placed in the text of the rule.

t. In the title to s. HFS 112.08 (1), the phrase “LICENSEE, PERMIT HOLDER, CERTIFIED TRAINING CENTER OR CERTIFIED EMT-PARAMEDIC INSTRUCTOR-COORDINATOR” should be changed to “LICENSE, PERMIT, TRAINING CENTER CERTIFICATION OR EMT-PARAMEDIC INSTRUCTOR-COORDINATOR CERTIFICATION.”

4. Adequacy of References to Related Statutes, Rules and Forms

a. Section 146.50 (5) (d) 3. and (6n) do not provide authority for promulgation of the rule but rather are statutory provisions which are interpreted by the rule. Therefore, they should not be cited as authority to promulgate the rule.

b. Section HFS 112.03 (10) refers to “the requirements identified under s. HFS 112.06 (1) (c) 4.” However, no requirements are set forth in that section. Should a different cross-reference be provided?

c. Section HFS 112.04 (5) (b) 5. should contain a cross-reference to any other portions of the rule which set forth any additional eligibility requirements for being licensed as an EMT-paramedic.

d. Section HFS 112.07 (3) (b) contains a reference to “sub. (3).” It appears that that reference should instead be to “sub. (2).”

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. The rule analysis should mention that s. 146.50 (6) (b) 2., Stats., provides that rules for training, education or examination requirements for EMT license renewals are to be promulgated in conjunction with the Technical College System Board. The analysis should indicate whether that collaboration occurred.

b. In s. HFS 112.03 (19) (a), “of EMTs” should be changed to “the EMTs.”

c. In s. HFS 112.03 (27), “aide” should be changed to “aid.” Also, what is “first-in emergency medical care”?

d. In s. HFS 112.04 (1) (d), how is it to be determined if training is “equivalent” and if it is “acceptable” to the department?

e. In s. HFS 112.04 (1) (f), what is meant by “successful completion” of the examination? Should the rule set forth a percentage score which must be achieved? In addition, why does the rule refer to a “department approved” written examination when it appears, under sub. (2), that the department administers all examinations?

f. In s. HFS 112.04 (1) (g), how is it determined whether a course in cardiopulmonary resuscitation is approved by the department?

g. In s. HFS 112.04 (4) (b) 2., how is it to be determined which additional medications have been approved by the department?

h. In s. HFS 112.04 (5) (e) 1. (intro.), it appears that the number “3” should be replaced by the number “4” in order to treat all time periods. [For example, see s. HFS 112.04 (5) (e) 3.]

i. Section HFS 112.06 (1) (b) states that any organization may apply for certification to provide EMT-paramedic training or to offer “training courses.” However, there does not appear to be any difference between the two. The remainder of the rule appears to only set forth requirements for a complete training program and does not appear to allow for the provision of only a portion of the EMT-paramedic training program. This point should be clarified.

j. Who must sign the “commitment” referred to in s. HFS 112.06 (1) (c) 2.?

k. In s. HFS 112.06 (1) (c) 5. b., could a medical director designate a person to act as a preceptor if the person did not have at least two years of full-time experience? Is this provision a redundant restatement of subpar. d.? This point should be clarified. In addition, subpar. e. should set forth the specific records which must be maintained by the field preceptor and the length of time which those records must be maintained.

l. The rule should contain a note following s. HFS 112.06 (2) (a) 4. which identifies the organizations which are recognized and approved by the department for providing CPR instruction to health care professionals or provide an agency contact for such information.

m. Section HFS 112.06 (2) (a) 7. should specify the length of time the course records must be maintained.

n. The rule should contain a note following s. HFS 112.06 (2) (a) 8. providing information regarding the workshops referred to in that provision.

o. In s. HFS 112.06 (2) (b), “valid” should be inserted after “be.” In addition, at the end of that sentence, the following should be added: “if the necessary requirements for renewal have been met.”

p. In s. HFS 112.06 (2) (d) 1., what is meant by “equivalent licensure”? Is this in conflict with par. (a) 1.?

q. Is there a time limit by which an application for renewal of certification must be submitted under s. HFS 112.06 (2) (d)?

r. In s. HFS 112.06 (3) (b) 1., the material prior to the third comma should be rewritten as follows: “A statement that, at a minimum, all of the items included in the Wisconsin Revision of the National Standard Paramedic Curriculum will be included in the EMT-paramedic training course.” In addition, the rule should set forth the number of hours that are required to be devoted to classroom training, clinical training and supervised field experience. In addition, why does that subdivision make the submission of a copy of the course curriculum optional when pars. (d) and (e) appear to require submission of the curriculum?

s. Section HFS 112.06 (3) (b) 2. d. appears to require an EMT-paramedic training center to include clinical experience within a teaching hospital. Is this accurate? If so, that requirement should be clearly set forth in the rule.

t. How is it to be determined how often it is “necessary” for a training center to resubmit its curriculum and training plans to the department, as required under s. HFS 112.06 (3) (e)?

u. The last sentence of s. HFS 112.06 (4) (a) implies that approval of additional skills or medications by the department is mandatory. That paragraph should be rewritten to clarify that a training course may not include any additional skills or medications unless the department approves that training. In addition, the phrase “additional skills or medications” should be changed to “training on skills or medications which is not included in the National Standard Curriculum for Training EMTs-paramedic.”

v. How is it to be determined whether the content and behavioral objectives are “at least equivalent to” the Wisconsin Revision of the National Standard Curriculum for Training EMTs-paramedic, as required under s. HFS 112.06 (4) (b)?

w. Section HFS 112.06 (4) (c) speaks of subsequent applications for course approval. For what period of time is initial course approval valid?

x. The rule should clarify the meaning of the terms “clinical training,” “supervised field training” and “patient care setting,” used in s. HFS 112.06 (4) (d). In addition, what are the “minimum skill and patient assessment requirements identified by the department” referred to in that paragraph?

y. How is it to be determined what equipment and supplies “are necessary to effectively render EMT-paramedic services,” as required under s. HFS 112.07 (2) (q)?

z. In s. HFS 112.07 (2) (u) 2., has the scope of practice statement been incorporated by reference under s. 227.21, Stats.?

aa. Must an amendment, referred to in s. HFS 112.07 (4) (c), be approved by the department before it may be implemented?

ab. In the final provision of the rule-making order setting forth the effective date of the order, “and recreation of the” should be inserted after “and.”