

1993 Assembly Bill 551

Date of enactment: **April 9, 1994**
Date of publication*: **April 22, 1994**

1993 WISCONSIN ACT 251

AN ACT to repeal 146.50 (6m); to renumber 146.55 (2m); to amend 146.50 (5) (d) 1 to 3, 146.50 (6) (a) 1, 146.50 (6m) (a), 146.50 (13) (b), 146.55 (2) (a), 146.55 (2m) (title) and 166.03 (2) (a) 1; and to create 85.07 (7), 146.50 (3), 146.50 (5) (g), 146.50 (6n), 146.50 (8m), 146.50 (13) (c), 146.53, 146.55 (2m) (b) and 146.55 (8) of the statutes, relating to: emergency medical services and granting rule-making authority.

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

SECTION 1. 85.07 (7) of the statutes is created to read:

85.07 (7) FEDERAL FUNDS. Beginning in 1994, the department shall annually prepare a plan to use, for purposes of state and local emergency medical services, at least 25% of any federal funds transferred under 23 USC 153 (h). The department shall prepare the plan after consulting with the council on highway safety, the department of health and social services and the emergency medical services board. Funds expended under the plan may not be used to supplant other federal and state funds used for emergency medical services purposes. Funds may not be expended under the plan unless any necessary federal approval of the plan has been obtained.

SECTION 2. 146.50 (3) of the statutes is created to read:

146.50 (3) EXCEPTION TO TREATMENT. This section and the rules promulgated under this section may not be construed to authorize the provision of services or treatment to any individual who objects for reasons of religion to the treatment or services, but may be construed to authorize the transportation of such an individual to a facility of the individual's choice within the jurisdiction of the emergency medical service.

SECTION 3. 146.50 (5) (d) 1. to 3. of the statutes are amended to read:

146.50 (5) (d) 1. If issued an emergency medical technician — basic training permit, he or she may perform

the actions authorized ~~under this section and~~ under rules promulgated by the department, ~~if any,~~ for an emergency medical technician — basic, but only if an emergency medical technician directly supervises him or her.

2. If issued an emergency medical technician — intermediate training permit, he or she may perform the actions authorized ~~under this section and~~ under rules promulgated by the department, ~~if any,~~ for an emergency medical technician — intermediate, but only if a medical director or training instructor is present and giving direction.

3. If issued an emergency medical technician — paramedic training permit, he or she may perform the actions authorized ~~under this section and~~ under rules promulgated by the department, ~~if any,~~ for an emergency medical technician — paramedic, but only if a medical director or training instructor is present and giving direction.

SECTION 4. 146.50 (5) (g) of the statutes is created to read:

146.50 (5) (g) An emergency medical technician license shall be issued to the individual licensed, and the department may not impose a requirement that an individual be affiliated with an ambulance service provider in order to receive an emergency medical technician license or to have an emergency medical technician license renewed.

SECTION 5. 146.50 (6) (a) 1. of the statutes is amended to read:

146.50 (6) (a) 1. Be 18 years of age or older; be capable of performing the actions authorized ~~under sub. (6m)~~

1993 Assembly Bill 551

in rules promulgated under sub. (13) (c) for an emergency medical technician — basic, an emergency medical technician — intermediate or an emergency medical technician — paramedic, for which licensure is sought; and, subject to ss. 111.321, 111.322 and 111.335, not have an arrest or conviction record.

SECTION 6. 146.50 (6m) of the statutes, as affected by 1993 Wisconsin Act ... (this act), is repealed.

SECTION 7. 146.50 (6m) (a) of the statutes is amended to read:

146.50 (6m) (a) An emergency medical technician — basic who is licensed under sub. (5) is authorized to administer basic life support ~~and~~ to handle and transport sick, disabled or injured individuals ~~and, under the direction and supervision of a physician, to use advanced airway techniques.~~

SECTION 8. 146.50 (6n) of the statutes is created to read:

146.50 (6n) AUTHORIZED ACTIONS OF EMERGENCY MEDICAL TECHNICIANS. An emergency medical technician may undertake only those actions that are authorized in rules promulgated under sub. (13) (c).

SECTION 9. 146.50 (8m) of the statutes is created to read:

146.50 (8m) QUALIFICATIONS FOR MEDICAL DIRECTORS. The department shall promulgate rules that set forth qualifications for medical directors. Beginning on July 1, 1995, no ambulance service provider that offers services beyond basic life support services may employ, contract with or use the services of a physician to act as a medical director unless the physician is qualified under this subsection.

SECTION 10. 146.50 (13) (b) of the statutes is amended to read:

146.50 (13) (b) The department shall promulgate rules under ~~sub.~~ subs. (8) (b), (c) and (e) ~~and (8m).~~

SECTION 11. 146.50 (13) (c) of the statutes is created to read:

146.50 (13) (c) The department shall promulgate rules that specify actions that emergency medical technicians may undertake after December 31, 1995, including rules that specify the required involvement of physicians in actions undertaken by emergency medical technicians.

SECTION 12. 146.53 of the statutes is created to read:

146.53 State emergency medical services activities. (1) DEFINITIONS. In this section:

(a) “Ambulance service provider” has the meaning given in s. 146.50 (1) (c).

(b) “Board” means the emergency medical services board.

(c) “Emergency medical technician” has the meaning given in s. 146.50 (1) (e).

(d) “First responder” means a person who, as a condition of employment or as a member of an organization that provides emergency medical care before hospitalization, provides emergency medical care to a sick, disabled

or injured individual before the arrival of an ambulance, but who does not provide transportation for a patient.

(e) “Medical director” has the meaning given in s. 146.50 (1) (j).

(f) “Physician” has the meaning given in s. 448.01 (5).

(2) STATE EMERGENCY MEDICAL SERVICES PLAN. (a) By December 31, 1995, the department shall prepare a state emergency medical services plan. The plan shall include an identification of priorities for changes in the state emergency medical services system for the 2 years following preparation of the plan. In preparing the plan, the department shall review all statutes and rules that relate to emergency medical services and recommend in the plan any changes in those statutes and rules that the department considers appropriate. After initial preparation of the plan, the department shall keep the plan current and shall reorder priorities for changes in the state emergency medical services system, based on determinations of the board.

(b) Biennially, prior to final adoption of the state emergency medical services plan, the department shall hold at least one public hearing on a draft of the plan.

(c) The department shall provide a copy of the state emergency medical services plan biennially to the legislature under s. 13.172 (2).

(3) QUALIFICATIONS OF STATE SUPERVISOR. The board shall recommend to the department the qualifications of any individual who may be hired on or after the effective date of this subsection ... [revisor inserts date], to supervise the subunit of the department that is primarily responsible for regulation of emergency medical services.

(4) DEPARTMENTAL RULES; CONSULTATION. The department shall consult with the board before promulgating a proposed rule that relates to funding of emergency medical services programs under s. 146.55 or to regulation of emergency medical services.

(5) DEPARTMENTAL DUTIES. The department shall:

(a) Serve as the lead state agency for emergency medical services.

(b) Implement measures to achieve objectives that are set forth in the state emergency medical services plan under sub. (2).

(c) Provide quality assurance in the emergency medical services system, including collecting and analyzing data relating to local and regional emergency medical services systems, ambulance service providers, first responders and emergency medical technicians.

(d) Provide technical assistance to ambulance service providers, first responders and emergency medical technicians in developing plans, expanding services and complying with applicable statutes and rules.

(e) Set standards for all organizations that offer training to first responders and emergency medical techni-

1993 Assembly Bill 551

cians on what topics should be included in initial training and continuing training.

(f) Facilitate integration of ambulance service providers and hospitals in the same geographic area.

(g) Review recommendations of the board. The department may promulgate any rule changes necessary to implement those recommendations and may pursue any statutory changes necessary to implement those recommendations.

(h) Investigate complaints received regarding ambulance service providers, first responders, emergency medical technicians and medical directors and take appropriate actions after first consulting with the board and the state medical director for emergency medical services.

(i) Provide advice to the adjutant general of the department of military affairs on the emergency medical aspects of the state plan of emergency government under s. 166.03 (2) (a) 1. and coordinate emergency activities with the department of military affairs.

(j) Consult at least annually with the state board of vocational, technical and adult education and the department of transportation on issues that affect ambulance service providers, first responders and emergency medical technicians.

(k) Promulgate rules that set forth the authority and duties of medical directors and the state medical director for emergency medical services.

SECTION 13. 146.55 (2) (a) of the statutes is amended to read:

146.55 (2) (a) Any county, city, town, village, hospital 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 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 14. 146.55 (2m) (title) of the statutes, as created by 1993 Wisconsin Act 16, is amended to read:

146.55 (2m) (title) STATE MEDICAL DIRECTOR FOR EMERGENCY MEDICAL SERVICES PROGRAM.

SECTION 15. 146.55 (2m) of the statutes, as affected by 1993 Wisconsin Act 16, is renumbered 146.55 (2m) (a).

SECTION 16. 146.55 (2m) (b) of the statutes is created to read:

146.55 (2m) (b) The physician under par. (a) shall be called the state medical director for the emergency medical services program, shall have at least 3 years of experience in the conduct and delivery of prehospital emergency medical services as a physician practicing emergency or prehospital medicine in a hospital or agency and shall have actively participated in and had major responsibility for the development, management, execution and coordination of programs, policies and procedures in the delivery of emergency medical services.

SECTION 17. 146.55 (8) of the statutes is created to read:

146.55 (8) EXCEPTION TO TREATMENT. This section and the rules promulgated under this section may not be construed to authorize the provision of services or treatment to any individual who objects for reasons of religion to the treatment or services, but may be construed to authorize the transportation of such an individual to a facility of the individual's choice within the jurisdiction of the emergency medical service.

SECTION 18. 166.03 (2) (a) 1. of the statutes is amended to read:

166.03 (2) (a) 1. Subject to approval by the governor, develop and promulgate a state plan of emergency government for the security of persons and property which shall be mandatory during a state of emergency. In developing the plan, the adjutant general shall seek the advice of the department of health and social services with respect to the emergency medical aspects of the plan.

SECTION 19. Nonstatutory provisions. (1) MEMORANDUM OF UNDERSTANDING. The department of health and social services shall, by the first day of the 2nd month beginning after the effective date of this subsection, enter into a memorandum of understanding with the department of transportation that shall specify which of the reports that are specified in subsection (2) shall be prepared, after consultation with the emergency medical services board under section 15.195 (8) of the statutes, by the department of health and social services and which shall be prepared by the department of transportation.

(2) REPORTS ON EMERGENCY MEDICAL SERVICES. (a) In accordance with the memorandum of understanding under subsection (1), the department of health and social services or the department of transportation, after first consulting with the emergency medical services board, shall prepare the following reports and, by the following

1993 Assembly Bill 551

dates, submit the reports to the legislature in the manner provided under section 13.172 (2) of the statutes:

1. By December 31, 1994, a report that describes how emergency medical services can be organized on a regional basis, including any recommendations that the board considers appropriate regarding regional emergency medical services committees, regional emergency medical services plans and regional staff within the department of health and social services for emergency medical services. The report shall identify potential regions and also include a discussion of the desirability of awarding state funds for local emergency medical services programs to regions and requiring that those local programs compete for funds within the region.

2. By June 30, 1995, a report that sets forth recommendations for a uniform data collection system, including collection of posttransport data from hospitals, and staff that would be needed to analyze data and disseminate information gathered.

3. By December 31, 1995, a report on whether initial training and continuing training requirements of the department of health and social services should be changed, including requirements on who may conduct training, the frequency of reporting compliance with continuing training requirements, the recertification process following continuing training and the requirements for receiving training at a higher emergency medical technician level.

4. By December 31, 1995, a report on whether emergency medical services dispatchers and communicators and emergency medical services vehicle operators should be certified and, if so, what the certification requirements should be. The report shall also include a recommendation on performance standards for emergency medical services dispatchers and communicators, a recommendation on whether the performance standards should be mandatory and a recommendation on sanctions for violations of the performance standards.

5. By December 31, 1995, a report on the financial needs of ambulance service providers, first responders, as defined in section 146.53 (1) (d) of the statutes, as created by this act, and emergency medical technicians and the state in its role of assisting those ambulance service providers, first responders and emergency medical technicians and any funding sources that can be used to help meet those financial needs.

5m. By December 31, 1995, a report on whether planning and activities undertaken by various state agencies relating to emergency services should be consolidated.

6. By December 31, 1996, a report on how to use the list of emergency services capabilities of hospitals, prepared by the department of health and social services under section 146.301 (6) of the statutes, in initial training and continuing training of emergency medical technicians.

7. By December 31, 1996, a report on whether basic life support services and services of first responders, as defined in section 146.53 (1) (d) of the statutes, as created by this act, should be required to have medical control physicians.

8. By December 31, 1996, a report that sets forth recommendations, including any necessary proposed legislation, for development of a statewide trauma system.

9. By December 31, 1996, a report on whether the emergency medical services board should serve as an advisory body to the state board of vocational, technical and adult education and the department of transportation on emergency medical services issues and replace any advisory bodies to those agencies on emergency medical services that are in effect on the effective date of this subdivision.

(b) In preparing the reports under paragraph (a), the department of health and social services and the department of transportation shall coordinate work and data collection for all of the reports to the greatest extent possible so as to minimize duplication in the preparation of the reports.

(3) REASSIGNMENT OF POSITIONS. Within 30 days after the effective date of this subsection, the department of health and social services shall reassign at least 2.0 full-time equivalent positions to the subunit of the department that is primarily responsible for regulation of emergency medical services from outside that subunit in order to assist the emergency medical services board and to perform duties of the department under section 146.53 (5) of the statutes, as created by this act.

SECTION 20. Initial applicability. The treatment of section 146.53 (4) of the statutes first applies to proposed rules submitted to the legislative council staff under section 227.15 (1) of the statutes on the date on which all of the initial 11 voting members of the emergency medical services board have been appointed.

SECTION 21. Effective dates. This act takes effect on the day after publication, except as follows:

(1) The treatment of section 146.50 (5) (d) 1. to 3., (6) (a) 1. and (6n) of the statutes and the repeal of section 146.50 (6m) of the statutes take effect on January 1, 1996.

(2) The amendment of section 146.50 (6m) (a) of the statutes takes effect on the first July 1 after publication.