WISCONSIN LEGISLATIVE COUNCIL

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Emergency Medical Service Providers

Prepared by: Andrea Brauer, Staff Attorney

Wisconsin law authorizes multiple approaches to the delivery of emergency medical services (EMS). An EMS provider may be organized as a municipal agency, frequently within a municipality's fire department, or may be organized as a private company or nonprofit corporation. Services may be staffed with paid or volunteer members, or a combination of both. The Department of Health Services (DHS) plays a large role in approving and supporting EMS plans, and generally oversees the network of emergency response to facilitate integration with local hospitals.

FUNDING OF EMS PROGRAMS

EMS programs are funded from a variety of sources. Although they can bill patients for services, additional funding is often needed, especially in rural areas that have a lower call volume. EMS programs are often supported by the local government and may also qualify for grants. DHS administers an EMS Funding Assistance Program, which provides funding to many EMS programs for qualifying expenses, such as supplies, equipment, and certain personnel training.[1] The Wisconsin Office of Rural Health provides a list of EMS funding resources on its website here: http://www.worh.org/ems/secure.

EMS PERSONNEL

Individual EMS personnel must be credentialed by DHS, and must generally also have a current registration with the National Registry of Emergency Medical Technicians (EMT). DHS issues EMS credentials at the following levels of progression: emergency medical responders (or "first responders"); EMTs; advanced EMTs; EMT-intermediates; and paramedics. Paramedics may further apply for a critical care and tactical EMS endorsement. DHS also issues training permits and certifications for the performance of defibrillation. In general, EMS personnel may provide services only in accordance with the Wisconsin EMS Scope of Practice, which is developed by DHS and is available on its website here: https://www.dhs.wisconsin.gov/ems/licensing/scope.htm.[2]

EMS PROGRAMS

EMS personnel are generally required to practice on behalf of a licensed EMS program. All licensed EMS programs must have a program medical director and operate according to a DHS-approved "operational plan." The operational plan describes the level of service that may be provided, including patient care protocols. It also outlines other program policies such as how the program will dispatch EMS personnel, how transport destinations will be determined, when care may be refused or responses may be cancelled, and how drivers will be trained. An EMS program that plans to provide ambulance services or non-transporting EMT services must also submit written letters of endorsement from the local hospital and municipality to DHS. Based on the information submitted at the time of application, DHS determines each EMS program's primary service area and service level, as described below.[3]

Primary Service Areas and Mutual Aid

An ambulance service provider is generally only authorized to conduct business within its primary service area, which is designated by DHS based on an agreement between the provider and the local governmental units. An ambulance service provider must maintain written mutual aid agreements with other ambulance service providers operating within or adjacent to its primary service area. DHS monitors these agreements to ensure continuous coverage across the state.[4]

Program Service Levels

DHS licenses EMS programs based upon levels of service. An emergency medical responder service provider may act only at the emergency medical responder (or "first responder") level of care before arrival of an ambulance. A non-transporting EMT service provider may provide EMT services before arrival of an ambulance but may not transport patients. An ambulance service provider may transport patients and provide 911 emergency response. Each ambulance service provider is licensed at a specific level of care, as an EMT, advanced EMT, EMT-intermediate, or paramedic ambulance. Paramedic ambulances may obtain additional approval to provide critical care and specialty care.[5]

Ambulance Staffing Requirements

When an ambulance transports a sick, disabled, or injured individual, generally at least two EMTs, or one EMT and one training permit holder, must be present. One of the EMTs must also generally be licensed at the same level of care as the ambulance service. For example, an EMT-intermediate ambulance service could be staffed with one EMT-intermediate and another EMT at any level.

Thus, staffing requirements are based on the level of service for which an ambulance is licensed under its operational plan rather than the service provided at the scene, subject to the following exceptions. An ambulance service provider may deviate from staffing requirements if all 911 response ambulances are busy, it has an approved reserve ambulance vehicle, and other conditions are met. There are also allowances for "rural ambulance service providers," where all of the municipalities in the primary service area have a population of less than 10,000 or, if DHS grants a waiver, a population of less than 20,000. For these providers, the second staff person may generally be an emergency medical responder rather than an EMT, except that this does not apply to paramedic ambulances. In addition, if DHS approves, a rural ambulance service provider may upgrade its service at any time to the highest level of staffing that is available, but may advertise only the level of service that it is able to provide 24 hours per day.[6]

Community EMS

2017 Wisconsin Act 66 established standards for the provision of "community EMS," under which qualifying EMTs and paramedics may perform actions that are otherwise outside of the scope of their license, in accordance with a delegation from a health care provider and under an approval by DHS. To qualify, licensed EMTs and paramedics must have at least two years of experience, complete a training program approved by DHS, and follow protocols and supervisory standards established by DHS or a medical director. EMS providers must also submit patient care protocols to DHS and meet other criteria specified by DHS.

Community paramedics and EMTs are generally authorized to provide services that are not duplicative of services already being provided to the patient and that are: (1) approved by a hospital, clinic, or physician for which the practitioner is an employee or contractor; or (2) incorporated into patient care protocols of a DHS-approved community EMS provider for which the practitioner is an employee or volunteer. In addition, an EMS provider's patient care protocols may not authorize community paramedics or EMTs to engage in practice that would require a credential from certain licensing boards, such as the practice of medicine, nursing, or physical therapy.[7]

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[1] s. 256.14 (4) and (5), Stats.
[2] s. 256.15 (2) and (5) to (10) and (13), Stats.; and ss. DHS 110.05 to 110.15, Wis. Adm. Code.
[3] s. 256.12 (2), Stats.; and ss. DHS 110.32 to 110.35 and 110.52, Wis. Adm. Code.
[4] s. 256.15 (5) (a), Stats.; s. DHS 110.34, Wis. Adm. Code.
[5] s. 256.12 (2), Stats.; s. DHS 110.32, Wis. Adm. Code.
[6] s. 256.15 (4) and (4m), Stats.; s. DHS 110.50, Wis. Adm. Code.
[7] ss. 265.205 to 256.215, Stats.