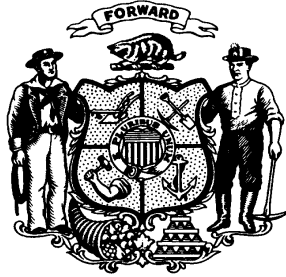


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Ms. Linda Seemeyer
Secretary, Department of Health Services
1 West Wilson Street, Room 650
P.O. Box 7850
Madison, WI 53703

Dear Ms. Seemeyer:

As you may know, the Joint Legislative Council's Study Committee on Volunteer Firefighter and Emergency Medical Technician (EMT) Shortages met five times between July and November of 2016.

The study committee heard testimony describing the difficulties ambulance staffing requirements pose for some emergency medical service (EMS) providers, especially for volunteer services. The committee heard that issues arising from volunteer shortages could be alleviated by modifications to the Department of Health Services' (DHS) regulations identifying staffing requirements.

An ambulance service provider must satisfy staffing requirements based upon the level of service for which it is licensed under its operational plan. Wisconsin statutes generally require that at least two EMTs, or one EMT and one training permit holder, be present whenever an ambulance transports a sick, disabled, or injured individual. Notwithstanding this requirement, DHS may promulgate rules establishing standards for staffing of ambulances providing services at the EMT-intermediate or EMT-paramedic levels. [ss. 256.08 (2) and 256.15 (2), (4) (a) and (c), (5) (a), and (6) (c), Stats.; s. DHS 110.50, Wis. Adm. Code.]

An ambulance service provider may only deviate from the staffing requirements specified for its license level if all 911 response ambulances are busy, it has an approved reserve ambulance vehicle, and one of the following applies: (1) the service provider

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obtains DHS approval and the reserve backup ambulance is stocked and equipped appropriately, or (2) in a two-paramedic system, if only one paramedic is available, the ambulance is operated at the next lower EMT level. [s. DHS 110.50 (1) and (3), Wis. Adm. Code.]

This means that generally an ambulance service provider cannot be flexible in providing a higher or lower level of call response even if such personnel are available. For example, if an ambulance service provider has EMT-intermediate personnel available during weekday business hours, but has EMT-paramedic personnel available on nights and weekends, the provider must be licensed at the minimum level of service that it can consistently provide (EMT-intermediate), and is generally not authorized to provide EMT-paramedic level call responses at any time. Likewise, an ambulance service provider that is licensed at an EMT-paramedic level but is short-staffed on a weekday generally may not temporarily reduce its call response, even if EMT-intermediate staffing requirements are met. The committee heard that this inflexibility causes a drain on neighboring service providers, who provide the higher or lower level of call response when needed.

The committee recommends DHS modify its regulations to allow an ambulance service to respond to calls at a higher or lower level of care than the ambulance service's license level when sufficient staff is present to satisfy staffing requirements for the service level. Such a rule would be consistent with the statutes as currently written.

More specifically, the committee recommends DHS modify s. DHS 110.50, Wis. Adm. Code, to allow an ambulance service to deviate from staffing requirements under s. DHS 110.50 (1), Wis. Adm. Code, as follows. The ambulance service may submit, as part of its operational plan, a request for authorization to respond to calls at a higher or lower level of care than its license level. DHS would review the operational plan to determine whether the plan is satisfactory, as it does under current law. If the plan is satisfactory, the ambulance service may deviate from staffing requirements as specified in its operational plan. The ambulance service must ensure that sufficient staff is present to satisfy staffing requirements for the higher or lower service level, when that level of service is provided.

For the purpose of administering this licensure, DHS could also consider specifying any additional information that must be submitted with the license application under s. DHS 110.35 (2) and (3), Wis. Adm. Code.

The study committee considers this recommendation to be necessary for the public health, safety, and welfare of all Wisconsin residents and visitors, and to be necessary for the orderly delivery of EMS by volunteers in the system who are already often overburdened.

For your information, a list of committee members is enclosed with this letter. The study committee's charge is as follows:

The Study Committee is directed to examine issues related to the shortage of volunteer firefighters and emergency medical technicians (EMTs) in the state, particularly in rural areas, and propose measures to address the shortage. Specifically, the Study Committee shall study all of the following: (a) the magnitude of volunteer shortages, the areas of the state most affected, and the potential impact of shortages on public health and safety and economic development; (b) whether current training and continuing education requirements contribute to the shortage; (c) relationships between full-time and volunteer emergency response departments and the impact that the shortage of volunteers has on nonvolunteer departments in neighboring communities; and (d) whether the creation of organizations, particularly in rural areas, may help address the shortage. The committee shall develop legislative options to meet the needs of full time and volunteer fire departments, including proposals designed to increase the recruitment and retention of volunteer firefighters throughout the state.

The study committee notes that it appreciates DHS's commitment to providing quality assurance in the emergency medical services system, and DHS's assistance to the committee in examining issues related to the shortage of volunteer EMTs. Thank you for your full consideration of these recommendations from the Study Committee on Volunteer Firefighter and Emergency Medical Technician Shortages.

Sincerely,

Senator Mary Lazich, Co-Chair
Joint Legislative Council

Representative Joan Ballweg, Co-Chair
Joint Legislative Council

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Enclosure