

Rules which should be opposed

Items required in new EMT-Basic operational plans. DHFS is proposing that EMT-Basic services be required to write, submit, and have approved, operational plans similar to those that EMT-I and EMT-P services have completed for many years. The requirement to use one plan for the service versus writing separate plans each time changes are made within the service is a good idea. However, several of the components required under the rules are open-ended and will cause hardship for Wisconsin's smaller and volunteer services. The intent of the rules are sound and in actuality the Wisconsin EMS Association supports every service completing these items, but on a voluntary basis. Not every service will be able to comply with portions of this rule. Some services are simply stretched to their limits, which is one of the reasons so many services are already struggling to continue their operations. The Wisconsin EMS Association suggests you oppose sections of **HFS 110.08** – specifically (l) a quality assurance and improvement plan, policies and procedures: While QA and CQI is certainly necessary and something to strive for, some services simply do not have the ability to comply at this time. If your service will struggle to implement this mandate, the Wisconsin EMS Association suggests you oppose it as written. (m) Data collection and written agreement to submit data to the department: This rule is open-ended and will require every service in Wisconsin to collect, format, and submit any data elements requested by DHFS. This means if DHFS decides that they want EMS services to report how many females between the age of 50-80 had a Hare traction splint applied, every ambulance service in Wisconsin would have to submit this information under the rules. A limit should be placed on this section so reasonable data may be collected once a need and use for the data is demonstrated. Finally, no deadline is provided in the rules for when EMT-Basic services must submit and gain approval for these new plans. A reasonable time frame should be stated before this rule (without sections L and M) is permitted.

Allowance of DHFS to enter ambulance service property at any time DHFS is proposing that they be permitted to examine any part of an ambulance service's operations, including records, vehicles, equipment and offices, at any reasonable time and without any advance notice. Even police departments are not afforded such access. They must first obtain a search warrant before entering. It is extremely concerning to the Wisconsin EMS Association that any governmental agency be afforded such blanket access without any restriction what-so-ever. The Wisconsin EMS Association suggests you oppose sections of HFS 110.09 (4) and HFS 112.08 (4).

Deadline to return training permits. DHFS is continuing a 60 day period in which to return training permits. Since many EMT students do not submit the permits until the required amount of training has been completed, 60 days is often longer than the remaining term of their schooling. Further, it should not take the EMS Bureau 60 days to process approximately 3,500 training permits over two years. The Wisconsin EMS Association suggests that you ask for HFS 110.06 (3) and HFS 112.05 (2) to be reduced from 60 days to 30 days in an effort to allow students with training permits to begin ambulance operations as soon as possible.

Reprimand of an individual or ambulance service. DHFS is proposing they be allowed to "reprimand" a licensee without possibility of any hearing on the matter. They do not define under the rules what a reprimand is or what it may mean to the licensee. The Wisconsin EMS Association suggests you oppose HFS 110.09 (6) and HFS 112.08 (6) as written. Until more information is provided on the Reprimand section and what it may mean for Wisconsin EMS, the Association can take no additional position on it.

Continued approval of paramedic plans. DHFS is proposing that Paramedic services and the EMS Bureau update and re-approve operational plans annually. Current rules require approval every two years. DHFS continually complains that they are understaffed and do not have the ability to complete tasks that are necessary to their office. It is obvious that this change will double their work-load in this area with no obvious benefit. If the EMS Bureau truly is understaffed and overworked, this portion of the rules should remain at two years and not be changed to annually. The Wisconsin EMS Association suggests you oppose HFS 112.07 (10) and ask for the rule to remain at every two years.

Staffing of ambulances with non-EMTs DHFS has updated rules to concur with state law. Even though past rules have required at least one EMT with an RN, PA or MD on an ambulance, under 146.50 (4), state law currently allows two EMTs, RNs, PAs, MDs, or any combination, to legally staff the ambulance. Rule cannot supercede law. Therefore DHFS had no choice but to change the rules to concur with state statute. While there may be opposition to this change, it must be addressed in statute and not these rules.

Rules which should be supported

Additional medications for EMT Basics DHFS is proposing that EMT-Basic ambulance services be permitted, upon request of their medical director, to administer Albuterol, Glucagon, and Aspirin. The Wisconsin EMS Association suggests that you support this change as it is prudent for services and patients in Wisconsin.

Minimum and maximum training hours DHFS is proposing to leave the minimum training time for an EMT-Basic at 110 hours while raising the maximum by 10 hours to 140. This will allow for those services who wish to implement the new medications to obtain the necessary training in EMT school, while still keeping the minimum training hours at their current amount. This change represents a compromise on the amount of training hours.

Flexible staffing for Paramedic ambulance services. DHFS is proposing that paramedic ambulance services be staffed with less than two paramedics if the medical director for the service

specifically requests this staffing in the operational plan. This component of the rules will be the most hotly debated. Wisconsin remains one of the only states in the United States that require two paramedics on every call by rule. This rule has become outdated, and with the many changes that have taken place at the EMT-Basic level and will soon take place at the EMT-Intermediate level, is no longer necessary. This change will effect not only paramedic services but EMT-Basic and EMT-I services as well, as they will have a greater ability to upgrade to the EMT-P level and will also have greater access to paramedic intercepts as these providers become more available. Patients of existing paramedic services will also benefit as the provision of Paramedic First Responders becomes allowable under the law. The AARP (American Association of Retired Persons), State Medical Society of Wisconsin, Wisconsin Alliance of Cities, Wisconsin Chapter of the American College of Emergency Physicians, Wisconsin Emergency Nurses Association, Wisconsin EMS Association, Wisconsin Farm Bureau, Wisconsin Fire Chief's Association, Wisconsin Fire Chief's Education Association, Wisconsin League of Municipalities, Wisconsin State Firefighters Association, and Wisconsin Towns Association have all gone on record in support of this change. Some other groups, such as Professional Fire Fighters of Wisconsin are in opposition to the change. A few others, such as Paramedic Systems of Wisconsin, have not taken any position on the issue. The Wisconsin EMS Association suggests that you support this change in rules by either writing your support in testimony or at the public hearings.

Re-certification requirements for EMTs Requirements for continuing education and re-certification have been relaxed under the new rules. Specifically, defibrillation and epinephrine have very liberal requirements. Past requirements on defibrillation, including machine maintenance, specific run QA, medical director re-certification of EMTs and the many other ridged rules that exist have been removed. Local medical directors or ambulance services are free to increase upon these minimum standards. In general, the rules are prudent and useful, and should be supported by either writing your support in testimony or at the public hearings.

Written testimony may be submitted to:

Division of Public Health
Bureau of EMS and Injury Prevention
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