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January 13, 2016

Robert Puente
Alderman
City of Milwaukee
City Hall Room 205
200 E. Wells Street
Milwaukee, WI 53202

Dear Alderman Puente,

Following national trending the Wisconsin Emergency Medical Services industry's staffing levels are historically low statewide. This past May, legislation was introduced and subsequently passed this November (ACT 113). Changing ambulance staffing requirements (Chapter 256 of the Statutes) in order to help ambulance services across Wisconsin. Previously, two Emergency Medical technicians (EMT's) were required when transporting an individual. This legislation now allows an Emergency Medical Responder (EMR) to act as one member of a legal ambulance crew. To alleviate concerns of patient care the State included safeguards in the language requiring the EMT, or higher licensed individual to remain with the patient at all times during care and transport of the patient.

Currently, this change allows an ambulance transporting a sick, disabled, or injured individual within a locale with a population under 10,000 to be legally staffed by one EMT and one EMR, Emergency Medical Technician and credentialed First Responder respectfully. Populations above 10,000 residents require a minimum of two EMTs. Allowing this already medically accepted practice of an ambulance to be staffed by one EMT and one EMR to occur for all citizens statewide will unquestionably create a stronger EMS system and a stronger Wisconsin.

The City of Milwaukee area is also experiencing staffing shortages caused by the difficulty of recruiting and retaining EMT's. It is critical that 2015 WISCONSIN ACT 113 be amended to remove the population cap of 10,000 residents. Why?

Enacting an EMR platform will not only create the opportunity to have a better staffed EMS system throughout Wisconsin but will offer a greater level of employment opportunities, specifically in larger cities such as the City of Milwaukee. The EMR position is not just a job; it is one that offers exponential on-the-job training and career advancement within the EMS system and beyond. It is common for EMTs to advance their skills to that of a Paramedic, Registered Nurse, Physician's Assistant, and numerous other caregiving rolls.

With greater employment opportunities for those looking to learn the needed skills to enter the EMS system, both the career seeker and city residents will benefit from a better staffed EMS system. When the Milwaukee 911 system is overburdened with calls, the private providers who support the Milwaukee Fire Department are not always able to cover an incoming call. This is called 'unable to handle.' These situations will diminish as staffing levels are increased by utilizing an EMT/EMR ambulance crew configuration. Greater staffing levels will noticeably increase the service capacity of ambulance providers within Milwaukee.

We have attached the Wisconsin EMS Scope of Practice for a first responder/EMR and EMT for comparison of their respective skills.

We are asking the City of Milwaukee, at their earliest convenience, to engage the State legislator to have the population cap limit requirement removed from the regulation language. By doing so it creates job opportunities for city residents and directly helps address the shortage of staffing that currently exists in the Milwaukee area.

Respectfully,

A handwritten signature in black ink, appearing to read "Robert A. Rauch". The signature is fluid and cursive, with a long horizontal stroke at the end.

Robert A. Rauch
President

Attachment

EMR - Emergency Medical Responder or Medical First Responder

Approximately a 60 hour course with a 16 hour refresher every two years.

Is certified with Wisconsin DHS to provide emergency medical care to the sick, disabled or injured individuals. 256.01 (9)

EMT – Emergency Medical Technician or EMT Basic

Approximately a 180 hour course with a 30 hour refresher every two years.

Is licensed with Wisconsin DHS to administer basic life support and to properly handle and transport sick, disabled or injured individuals. 256.01 (6)

2 Person Skill

Skills that are taught to be performed by two trained responders. Only required skill not taught to EMR's is patient physical restraint application.

Comparison Grid

X indicates required skill.

X* indicates optional use by service.

X** indicates optional use by service and requires:

Prior written approval of the service's operational plan by the state EMS office.

Medical Director approval.

Documentation of additional training.

EMR - EMT Scope Comparison

AIRWAY/VENTILATION/OXYGENATION	EMR	EMT	2 Person Skill
Airway - Lumen (Non-Visualized)	X**	X	
Airway - Nasopharyngeal	X	X	
Airway - Oral (Oropharyngeal)	X	X	
Bag Valve Mask (BVM)	X	X	
CO Monitoring	X**	X**	
CPAP		X**	
Cricoid Pressure (Sellick)	X	X	
Capnography - (non-interpretive)		X**	
End Tidal CO2 Monitoring		X**	
Gastric Decompression - For Non-Visualized Airway with Gastric Access		X**	
Manual Airway Maneuvers	X	X	
Obstruction - Manual	X	X	
Obstruction - Forceps & Laryngoscope (direct visual)		X	
Oxygen Therapy - Nebulizer	X**	X	
Oxygen Therapy - Nasal Cannula	X	X	
Oxygen Therapy - Non-Rebreather Mask	X	X	
Pulse Oximetry	X*	X*	
Suctioning - Upper Airway (Soft & Rigid)	X	X	
Ventilator - Automated Transport			
Ventilator - CPR Only		X**	

CARDIOVASCULAR/CIRCULATION	EMR	EMT	2 Person Skill
Cardiocerebral Resuscitation (CCR)	X**	X**	X
Cardiocerebral Resuscitation (CPR)	X	X	X
CPR - Mechanical Device		X**	X
Defibrillation - Automated/Semi-Automated (AED)	X	X	X
Defibrillation - Manual		X**	
ECG Monitor - (non-interpretive)		X*	
12-Lead ECG - (non-interpretive)		X**	
Hemorrhage Control - Direct Pressure	X	X	
Hemorrhage Control - Pressure Point	X	X	
Hemorrhage Control - Tourniquit	X**	X**	
Hemorrhage Control - Hemostatic Agents	X**	X**	
ITD or Impedance Threshold Device		X**	

EMR - EMT Scope Comparison

IMMOBILIZATION	EMR	EMT	2 Person Skill
Spinal Immobilization - Cervical Collar	X**	X	X
Spinal Immobilization - Long Board	X**	X	X
Spinal Immobilization - Manual Stabilization	X	X	X
Spinal Immobilization - Seated Patient (KED, etc.)	X**	X	X
Selective Spinal Immobilization		X**	
Splinting - Manual	X	X	
Splinting - Palvic Wrap/PASG		X*	X
Splinting - Rigid	X	X	
Splinting - Soft	X	X	
Splinting - Traction	X*	X	X
Splinting - Vacuum	X*	X*	X

ASSISTED MEDICATIONS - PATIENTS	EMR	EMT	2 Person Skill
Nitroglycerin		X	
Glucagon Auto-Injector Only	X**		

MEDICATIONS	EMR	EMT	2 Person Skill
Glucagon		X*	
Activated charcoal		X*	
Albuterol (nebulized)	X**	X	
Atrovent (nebulized)		X*	
Asprin		X	
Epinephrin Auto-Injector	X**	X*	
Epinephrin Manuall Drawn 1:1000		X*	
Mark 1 (or equivalent) Auto-Injector (For Self & Crew)	X**	X**	
Oral Glucose	X	X	
Narcan	X**	X	

MISCELLANEOUS	EMR	EMT	2 Person Skill
Assisted Delivery (childbirth)	X	X	X
Blood Glucose Monitoring	X**	X	
Blood Pressure - Automated	X*	X*	
Eye Irrigation	X	X	
Immunizations		X**	
Patient Physical Restraint Application		X	X
Vital Signs	X	X	



WISCONSIN LEGISLATIVE COUNCIL
AMENDMENT MEMO

2015 Senate Bill 143

Assembly Substitute
Amendment 1

Memo published: September 22, 2015

Contact: Mary Matthias, Principal Attorney (266-0932)

AMBULANCE STAFFING REQUIREMENTS

Assembly Substitute Amendment 1 (ASA 1) to Senate Bill 143 changes the staffing requirements for ambulances operating in certain areas under certain conditions. Current law authorizes the Department of Health Services (DHS) to promulgate rules that establish various ambulance service levels and the minimum staffing requirements for each level. Those administrative rules establish eight different levels of ambulance service, three of which are affected by ASA 1. Those service levels and the minimum required staffing for each service level under current law (as set forth in s. DHS 110.50, Wis. Adm. Code) and ASA 1 are as follows¹:

Emergency Medical Technician (EMT)-basic ambulance. Under current law, an EMT-basic ambulance must be staffed by at least two EMT-basics or one licensed EMT-basic and one individual with an EMT-basic training permit. Under ASA 1, an EMT-basic ambulance may also be staffed by one EMT and one first responder.

EMT-intermediate technician ambulance. Under current law, an EMT-intermediate technician ambulance must be staffed by one EMT-intermediate technician and one individual licensed at or above the EMT-basic level. Under ASA 1, an EMT-intermediate technician ambulance may also be staffed by one EMT-intermediate technician and one individual licensed at or above the first responder level.

EMT-intermediate ambulance. Under current law, an EMT-intermediate ambulance must be staffed by one EMT-intermediate and one individual licensed at or above the EMT-basic

¹ Under current law and ASA 1, if the patient requires the level of care of the EMT who holds the higher level credential, then that EMT must remain with the patient at all times during care and transport of the patient.

level. Under ASA 1, an EMT-intermediate ambulance may be staffed by one EMT-intermediate and one individual licensed at or above the first responder level.

APPLICABILITY OF AMBULANCE STAFFING CHANGES

ASA 1 specifies that the provisions describe above regarding ambulance staffing requirements apply only to the following:

- An ambulance service provider for which the population of the largest single city, village, or town in the ambulance service provider's service area is less than 10,000.
- An ambulance service provider that has received a waiver of its ambulance staffing plan. Waivers are allowed only for ambulance service providers for which the population of the largest single city, village, or town in the ambulance service provider's service area is between 10,000 and 20,000. In addition to the population limitation, an applicant for a waiver must show all of the following:
 - The ambulance service provider has undertaken efforts to recruit and train EMTs.
 - Despite those efforts, EMTs are not available in sufficient numbers for staffing for the ambulance service provider.
 - Without a waiver, the municipality that the ambulance service provider serves is unable to meet staffing requirements for ambulances that require two EMTs on every service call.

A waiver is valid for four years and an ambulance service provider may apply for renewal of a waiver. An ambulance service provider with a waiver must attempt to staff an ambulance with two licensed EMTs whenever possible.

STAFFING OF CERTAIN AIRPLANE AMBULANCES

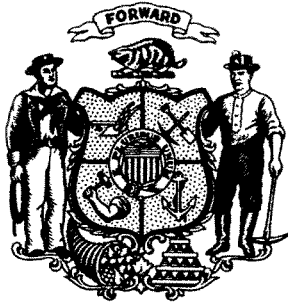
ASA 1 also provides that if an ambulance is a fixed-wing airplane transporting a sick, disabled, or injured pediatric patient from one hospital to another hospital, it must be staffed with one respiratory care practitioner, plus one additional individual who is an EMT, a licensed registered nurse, a licensed physician assistant, or a physician.

BILL HISTORY

The Assembly Committee on Health offered ASA 1 on September 15, 2015. The committee then recommended its adoption and concurrence with the bill, as amended, on successive votes of Ayes, 11; Noes, 0.

MM:ksm

State of Wisconsin



2015 Senate Bill 143

Date of enactment: November 11, 2015
Date of publication*: November 12, 2015

2015 WISCONSIN ACT 113

AN ACT to amend 256.01 (9), 256.15 (4) (a) (intro.) and 1., 256.15 (4) (a) 2. and 256.15 (4) (c); and to create 256.15 (4) (a) 3. and 256.15 (4) (e) and (f) of the statutes; relating to: ambulance staffing by emergency medical technicians, certified respiratory care practitioners, and first responders.

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

SECTION 1. 256.01 (9) of the statutes, as affected by 2015 Wisconsin Act 26, is amended to read:

256.01 (9) "First responder" means a person who is certified by the department as a first responder under s. 256.15 (8) (a) or is exempt under s. 256.15 (2) (b) and 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.

SECTION 2. 256.15 (4) (a) (intro.) and 1. of the statutes are amended to read:

256.15 (4) (a) (intro.) If a sick, disabled or injured individual is transported by ambulance, any of the following combinations of other individuals shall be present in the ambulance:

1. Any 2 emergency medical technicians, licensed registered nurses, licensed physician assistants or physicians, or any combination thereof; ~~or,~~

SECTION 3. 256.15 (4) (a) 2. of the statutes is amended to read:

256.15 (4) (a) 2. One emergency medical technician plus one individual with a training permit issued under sub. (5) (b) or plus one first responder, subject to par. (e).

SECTION 4. 256.15 (4) (a) 3. of the statutes is created to read:

256.15 (4) (a) 3. If the ambulance is a fixed-wing airplane and the sick, disabled, or injured individual is a pediatric patient who is being transferred from one hospital to another hospital, one individual specified in subd. 1. plus one respiratory care practitioner certified under subch. II of ch. 448.

SECTION 5. 256.15 (4) (c) of the statutes, as affected by 2015 Wisconsin Act 55, is amended to read:

256.15 (4) (c) Notwithstanding par. (a) 1. and 2. and subject to ~~par. (d) and (e).~~ the department may promulgate rules that establish standards for staffing of ambulances in which the primary services provided are those which an emergency medical technician — intermediate is authorized to provide or those which an emergency medical technician — paramedic is authorized to provide.

SECTION 6. 256.15 (4) (e) and (f) of the statutes are created to read:

256.15 (4) (e) 1. The department shall allow an ambulance service provider providing services at the

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

emergency medical technician — basic level to staff an ambulance with at least one emergency medical technician — basic and one individual who is an emergency medical technician — basic, an individual with an emergency medical technician — basic training permit, or a first responder. An ambulance service provider providing services at the emergency medical technician — basic level shall require an emergency medical technician — basic to be in the patient compartment of the ambulance during transport.

2. The department shall allow an ambulance service provider providing services at the emergency medical technician — intermediate or emergency medical technician — intermediate technician level to staff an ambulance with one emergency medical technician at the level of the ambulance service and one individual who holds a credential at the first responder level or higher. An ambulance service provider providing services at the emergency medical technician — intermediate or emergency medical technician — intermediate technician level shall require the individual who holds the same level credential as the ambulance service to remain with the patient at all times during care and transport of the patient, if the patient requires that level of care.

3. This paragraph applies to ambulance service providers for which the population of the largest single municipality, as defined in s. 5.02 (11), in the ambulance service provider's service area is less than 10,000 and to ambulance service providers with a staffing waiver under par. (f). This paragraph does not apply to ambulance service providers for which the population of the largest single municipality, as defined in s. 5.02 (11), in the

ambulance service provider's service area is more than 20,000.

(f) 1. An ambulance service provider for which the population of the largest single municipality, as defined in s. 5.02 (11), in the ambulance service provider's service area is 10,000 or more but not more than 20,000 may apply to the department for a waiver of any existing staffing plan in order to staff an ambulance with the personnel described in par. (e).

2. The department may approve a waiver under subd. 1. for an ambulance service provider that demonstrates all of the following:

a. The ambulance service provider has undertaken efforts to recruit and train emergency medical technicians capable of being licensed under this section.

b. Despite efforts under subd. 2. a., licensed emergency medical technicians are not available in sufficient numbers for staffing for the ambulance services provider.

c. Without a waiver under subd. 1., the municipality that the ambulance service provider serves is unable to meet staffing requirements for ambulances that require 2 emergency medical technicians on every service call.

3. The department shall provide a written staffing waiver to any ambulance service provider it approves under subd. 2.

4. A waiver under subd. 1. is valid for 48 months after the date of issuance, and an ambulance service provider may apply to renew the waiver.

5. An ambulance service provider with a waiver under subd. 1. shall attempt to staff an ambulance with 2 licensed emergency medical technicians whenever possible.
