

## WISCONSIN DEPARTMENT OF HEALTH SERVICES PROPOSED ORDER TO ADOPT PERMANENT RULES

The Wisconsin Department of Health Services proposes an order to: **repeal** DHS 110.04 (11), (29), (30), (33), (34), (41), and (48), 110.06 (1) (c) 2., (g) and (h), 110.40 (3), and 110.50 (3) (b); **renumber** DHS 110.04 (1) and (10), 110.06 (1) (h) (note), and 110.22; **renumber and amend** DHS 110.32 (1), 110.46, and 110.50 (1) (d) 1. and 3.; **consolidate, renumber and amend** DHS 110.06 (1) (c) (intro.) and 1.; **amend** DHS 110.01 (1) and (2), 110.02 (1), (2), (3), and (5), 110.04 (12), (16), (17), (24), (25), (26), (27), (28), (31), (35), (40) (intro.) and (c), (42), (45), (47), (49), (50), (59), (72), (77) and (78), 110.05 (1) (intro.) and (2), 110.06 (title), (1) (intro.), (d) and (note), (e) (intro.) and 2. and (f), 110.07 (1) (intro.), (a), (c), (c) 1. to 7., (d), 110.08 (1) to (3), 110.09 (intro.), (1), and (2) (a) 2. and 3., 110.11 (2), 110.12 and (note), 110.13 (3) and (5) and (note), 110.14 (1) to (3), 110.15 (title) and (1) (b) to (d), (2) (a) and (c), and (3) (a) and (b), 110.16 (1) (d), 110.17 (2) (a) and (3) (a), 110.18 (1) and (3), 110.20 (1) to (3), 110.21 (title) and (1) to (3), 110.24 (3) (intro.), 110.27 (1) and (2) (c), 110.28 (1), (2) (a) and (c) and (4) (a) and (b), 110.31 (2), 110.32 (2), (3), and (4), 110.33 (1), 110.34 (intro.), (2), (3), (5), (7), (8) and (note), and (9), 110.35 (intro.), (2) (f), 110.37 (1), 110.40 (intro.), 110.41 (1) (intro.), 110.44 (intro.), (1), (2), (8), (9), (10), (11), and (13), 110.46 (title), 110.47 (1), (2), and (7), 110.48 (3), 110.49 (1) (b), (c) and (f), and (2) (a), (b), (f) and (j), 110.50 (1) (intro.) and (a) to (c), (d) 2. and 4., (e) to (g), (2) and (note), and (3) (intro.), 110.51 (2) (a) and (b), 110.52 (1) and (3) to (6) and (8), 110.54 (7), (13), and (17), and 110.59 (note); **repeal and recreate** DHS 110.07 (1) (d), 110.44 (17), and 110.52 (7); and **create** DHS 110.04 (1g), (14e), (14m), (14s), (21e), (21m), (21s), (43m), (51m), (61m), (65m), and (74m), 110.05 (1) (c) to (e), 110.066, 110.07 (1) (c) 6g. and 6r., 110.088, 110.13 (4m), (6) and (7), 110.15 (1) (dm), 110.16 (1) (g), 110.22 (2) and (3), 110.32 (1) (a) to (d), (3m), and (5), 110.34 (9m), 110.35 (2) (e) 7. to 9., and (g), 110.395, 110.44 (9m), (20g), and (20r), 110.46 (2), 110.495, 110.50 (1) (d) 1. a. to c., and 3. a. to c., (2m) and (4), 110.526, and 110.54 (26e), (26m), and (26s); relating to emergency medical services licensing, certification, and training requirements.

### RULE SUMMARY

#### Statute interpreted

Chapter 256, Stats.

#### Statutory authority

The department is directed by ss. 256.08 (4) (g) and 256.15 (6) (b) 2., Stats., to promulgate any rule changes necessary to implement recommendations from the emergency medical services (“EMS”) board and by various legislative acts to promulgate rules to implement statute.

#### Explanation of agency authority

The department is directed by ss. 256.08 (4) (g) and 256.15 (6) (b) 2., Stats., to promulgate any rule changes necessary to implement recommendations from the EMS board and by various legislative acts to promulgate rules to implement statute.

#### Section 256.08 (1), Stats.:

[T]he department shall review all statutes and rules that relate to emergency medical services...” and s. 256.08 (4) (g), Stats., provides [The department shall] “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.” Furthermore, s. 256.15 (13), Stats., reads:

- (a) The department may promulgate rules necessary for administration of this section.
- (b) The department shall promulgate rules under subs. (8) (b), (c) and (e) and (8m).

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

Section 256.15 (6) (b) 2., Stats.:

The department, in conjunction with the technical college system board, shall promulgate rules specifying training, education, or examination requirements, including requirements for training for response to acts of terrorism, for license renewals for emergency medical services practitioners.

**Related statute or rule**

None.

**Plain language analysis**

The department is charged with making the appropriate changes to administrative rules based on recommendations from the EMS Board as well as changes required by recent legislative acts.

The proposed changes to Chapter DHS 110 modify the administrative rule to conform to recent statutory changes with respect to the certification and licensing of individuals with criminal conviction records, licensing exemptions for out-of-state emergency medical service providers, the naming convention for all levels of emergency medical services professionals, and the transition from a two-year certification to a three-year certification and licensing cycle for emergency medical services providers and professionals of all levels.

The proposed changes also create new administrative rules in response to recent legislation for opioid antagonist training and the licensing of community emergency medical service providers, community emergency medical services practitioners, and community paramedics.

The proposed changes increase consistency within the administrative rule regarding cardiopulmonary resuscitation requirements for initial and renewal certification and licensing of emergency medical services professionals.

Additionally, the proposed changes add additional flexibility in ambulance staffing configurations and additional operational plan and special event plan requirements for emergency medical service providers. The proposed changes also update definitions and language throughout the administrative rule to conform to the common medical terminology or national standards.

No reasonable alternatives exist to rulemaking. Without proposed revisions to Chapter DHS 110, administrative rules regarding emergency medical services in Wisconsin will be outdated and not in accordance with state statutes and national standards.

**Summary of, and comparison with, existing or proposed federal regulations**

There do not appear to be existing or proposed federal regulations that address the activities to be regulated by the proposed rule.

**Comparison with rules in adjacent states**

**Illinois:**

Illinois statute confers upon the Illinois Department of Public Health (“IDPH”) the authority and responsibility to oversee and regulate emergency medical services in the state. The IDPH EMS Division is the responsible agency and handles a number of their rules similarly

to Wisconsin. Their licensure period is four years compared to our current two-year certification and proposed three year time frames. They do not provide for flexible staffing nor do they require two paramedics on an advanced life support ambulance, leaving staffing decisions to the locality. They are in a transition phase now on several rules including accreditation of paramedic training centers, community EMS, and providing emergency care to domestic animals. Applicable law and administrative rule are found in 210 ILCS 50 and 77 Ill. Adm. Code 515.

**Iowa:**

Iowa statute designates the Iowa Department of Public Health as the lead agency for coordinating and implementing the provision of emergency medical services in the state. The Bureau of Emergency and Trauma Services is the responsible agency. There are several differences between Iowa and Wisconsin – Iowa does not require two paramedics on an advanced life support ambulance, nor do they require agency operational plans, utilize special events plans, require a specific patient care reporting system or have community EMS programs. Iowa utilizes a different licensure period than Wisconsin does and they have a form of flexible staffing as well as accredited paramedic training centers. Applicable law and administrative rule are found in Iowa Code § 147A and Iowa Adm. Code 641.

**Michigan:**

Michigan Public Health Code 333.20910 authorizes the Michigan Department of Health and Human Services to develop, coordinate, and administer a statewide emergency medical services system. Michigan has a three-year licensure period and paramedic training programs must be accredited. In addition, the state provides the patient care reporting system at no charge while also allowing agencies to choose their own report format as long as it is National Emergency Medical Services Information System (NEMSIS) compliant. Michigan does not yet have community EMS and are in the midst of their rule-writing process on several issues. Applicable law and administrative rule are found in Michigan Public Health Code § 333.20910 and Mich. Admin. Code R 325.

**Minnesota:**

Minnesota statute authorizes the emergency medical services regulatory board to administer and enforce both statute and administrative rule regarding emergency medical services through the executive director and appointed staff. Minnesota did not respond to requests for information for this comparison. Staff have determined that Minnesota has a two-year licensure period for individuals and services although services utilize eight separate licensure periods based on date and geographic location. It is unclear what Minnesota uses for patient care reporting but they do require National Emergency Medical Services Information System (NEMSIS) compliant data submission. Minnesota currently has a community paramedic program under statute. Applicable law and administrative rule are found in Minnesota State Statute Chapter 144E and Minnesota Administrative Rule Chapter 4690.

**Summary of factual data and analytical methodologies**

The department relied on the following sources to draft the proposed rule:

- A. 2013 Wisconsin Act 200 regarding Naloxone and opioids.
- B. 2015 Wisconsin Acts 26 and 83 regarding out of state practitioners responding into or transporting patients into or out of Wisconsin.
- C. 2015 Wisconsin Act 113 regarding ambulance staffing configurations.
- D. 2017 Wisconsin Act 12 regarding naming conventions to align with National Registry of emergency medical technicians nomenclature.
- E. 2017 Wisconsin Act 66 regarding community EMS.

F. 2017 Wisconsin Act 96 regarding funding for emergency medical responder and emergency medical services practitioner training and certification.

G. 2017 Wisconsin Act 97 regarding rural ambulance services utilizing flexible staffing.

H. 2017 Wisconsin Act 166 regarding EMS practitioners rendering aid to domestic animals.

I. 2017 Wisconsin Act 278 regarding discrimination based on arrest or conviction record.

J. 2017 Wisconsin Act 350 regarding changing the licensure period from two years to three years.

K. The department formed an advisory committee consisting of members of the EMS board various stakeholder groups including the Professional Ambulance Association of Wisconsin, the Professional Fire Fighters of Wisconsin, the Wisconsin EMS Association, physicians, field practitioners, educators, and EMS administrators. The committee members reviewed the initial draft language and their review and input guided the development of the final proposed rule text.

### **Analysis and supporting documents used to determine effect on small business**

Wisconsin State Fire Chiefs Association, Professional Fire Fighters of Wisconsin, the Wisconsin EMS Association, and the Professional Ambulance Association of Wisconsin all participated in the drafting of the proposed revision and were asked to provide comments. In addition, public comment was solicited as required and posted. Over 340 public comments were received during the 14-day economic impact public comment period.

The department solicited input and advice from our advisory committee and from those who attended the advisory committee meetings representing fire-based EMS, municipal EMS, volunteer EMS, and stakeholder associations who may be affected by the proposed rule for use in analyzing and determining the economic impact that the proposed rules and rule revisions would have on EMS services, businesses, individual practitioners, and local governments May 1, 2019 through December 1, 2019

### **Effect on small business**

Based on the foregoing, the rule is not anticipated to have any effect on small businesses.

### **Agency contact person**

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### **Statement on quality of agency data**

The data sources referenced and used to draft the rules and analyses are objective, accurate, and reliable as discussed in the “Summary of Factual Data and Analytical Methodologies.”

### **Place where comments are to be submitted and deadline for submission**

Comments may be submitted to the agency contact person that is listed above until the deadline given in the upcoming notice of public hearing. The notice of public hearing and deadline for submitting comments will be published in the Wisconsin Administrative Register and to the department’s website, at <https://www.dhs.wisconsin.gov/rules/permanent.htm>. Comments may also be submitted through the Wisconsin Administrative Rules Website, at: <https://docs.legis.wisconsin.gov/code/chr/active>.

## RULE TEXT

**SECTION 1.** DHS 110.01 (1), (2) are amended to read:

DHS 110.01 (1) Certifying, training, and credentialing ~~first~~ emergency medical responders.

DHS 110.01 (2) Licensing, training, and credentialing emergency medical ~~technician~~ services practitioners.

**SECTION 2.** DHS 110.02 (1), (2), (3), (5) are amended to read:

DHS 110.02 (1) ~~First~~ Emergency medical responders.

DHS 110.02 (2) Emergency medical technicians—~~basic~~.

DHS 110.02 (3) ~~Emergency~~ Advanced emergency medical technicians—~~Intermediate Technicians~~.

DHS 110.02 (5) ~~Emergency medical technician~~—~~paramedics~~ Paramedics.

**SECTION 3.** DHS 110.04 (1) is renumbered DHS 110.04 (1r).

**SECTION 4.** DHS 110.04 (1g) is created to read:

DHS 110.04 (1g) “Advanced emergency medical technician” or “AEMT” has the meaning given in s. 256.01 (1k), Stats.

**SECTION 5.** DHS 110.04 (11) is repealed.

**SECTION 6.** DHS 110.04 (10) is re-numbered to DHS 110.04 (11).

**SECTION 7.** DHS 110.04 (12) is amended to read:

DHS 110.04 (12) “CPR organization” means an entity whose program is authorized to provide CPR certification or training based on national standards and is approved by the department to fulfill the CPR requirement for certified ~~first~~ emergency medical responders and licensed ~~EMT<sup>2</sup>~~ emergency medical services practitioners.

**SECTION 8.** DHS 110.04 (14e), (14m), and (14s) are created to read:

DHS 110.04 (14e) “Community emergency medical services provider” or “CEMS provider” has the meaning given under s. 256.215(1)(a), Stats.

DHS 110.04 (14m) “Community emergency medical services practitioner” or “CEMS practitioner” has the meaning given under s. 256.21 (1), Stats.

DHS 110.04 (14s) “Community paramedic” has the meaning given under s. 256.205 (1), Stats.

**SECTION 9.** DHS 110.04 (16) is amended to read:

DHS 110.04 (16) "Credential" means written authorization by the service director and medical director of a licensed emergency medical services provider permitting a certified ~~first~~ emergency medical responder or licensed emergency medical ~~technician~~ services practitioners to perform specified emergency medical care while in the service of the provider. To be "credentialed" means to hold a credential issued by a licensed emergency medical services provider.

**SECTION 10.** DHS 110.04 (17) is amended to read:

DHS 110.04 (20) "Critical care paramedic" means an ~~emergency medical technician~~ paramedic who is licensed and endorsed by the department to provide an advanced level of paramedic care based on completion of an advanced level of paramedic training.

**SECTION 11.** DHS 110.04 (21e), (21m), and (21s) are created to read:

DHS 110.04 (21e) "Emergency medical dispatch" means a process used by a public safety answering point or dispatch center to determine whether to dispatch an advanced life support or basic life support ambulance based on information obtained from a 9-1-1 caller.

DHS 110.04 (21m) "Emergency medical responder" has the meaning given in s. 256.01 (4p), Stats.

DHS 110.04 (21s) "Emergency medical responder service provider" means an emergency medical service provider that provides emergency medical care with staff certified as emergency medical responders to sick, disabled or injured individuals before hospitalization and the arrival of an ambulance, but that does not provide transportation for patients.

**SECTION 12.** DHS 110.04 (24) is amended to read:

DHS 110.04 (24) "EMS professional" ~~or "EMS personnel"~~ means a certified ~~first~~ emergency medical responder, licensed emergency medical ~~technician~~ services practitioner, registered nurse, physician assistant or physician, who is authorized to provide emergency medical care.

**SECTION 13.** DHS 110.04 (25) is amended to read:

DHS 110.04 (25) "Emergency medical service provider" or "EMS provider" means an emergency medical services program under s. 256.12, Stats., that provides emergency medical services as a ~~first~~ an emergency medical responder service provider, non-transporting ~~EMT~~ EMS provider, or ambulance service provider.

**SECTION 14.** DHS 110.04 (26) is amended to read:

DHS 110.04 (26) "Emergency medical ~~technician~~ or EMT services practitioner" or "EMS practitioner" has the meaning given in s. 256.01 (5), Stats.

**SECTION 15.** DHS 110.04 (27) and DHS 110.04 (28) are amended to read:

DHS 110.04 (27) “Emergency medical technician—~~basic~~” or “~~EMT-B~~” has the meaning given in s. 256.01 (6), Stats.

DHS 110.04 (28) “Emergency medical technician — intermediate” or “~~EMT-I~~ EMT-Intermediate” has the meaning given in s. 256.01 (7), Stats.

**SECTION 16.** DHS 110.04 (29) and (30) are repealed.

**SECTION 17.** DHS 110.04 (31) is amended to read:

DHS 110.04 (31) “Endorsement” means validation by the department that a licensed ~~EMT~~ EMS practitioner has received the training and education required to be a specialist within a license level.

**SECTION 18.** DHS 110.04 (33) and (34) are repealed.

**SECTION 19.** DHS 110.04 (35) is amended to read:

DHS 110.04 (35) “Hospital” has the meaning given in s. 50.33 (2) ~~(a)~~ Stats.

**SECTION 20.** DHS 110.04 (40) (intro.) and (c) are amended to read:

DHS 110.04 (40) (intro) “Medical ~~control~~ consultation” means all of the following:

DHS 110.04 (40) (c) Coordination of all medical-related activities of EMS ~~personnel~~ professionals in a pre-hospital setting or interfacility transport of a patient.

**SECTION 21.** DHS 110.04 (41) is repealed.

**SECTION 22.** DHS 110.04 (42) amended to read:

DHS 110.04 (42) “Medical director” means a physician ~~with the qualifications specified under this chapter who is associated with an EMS service provider and~~ trains, medically coordinates, directs, supervises, establishes standard operating procedures for, designates physicians for direction and supervision of, and reviews the performance of the service’s ~~first~~ emergency medical responders or emergency medical technicians-services practitioners and ambulance service providers, as required under s. 256.15 (8m), Stats.

**SECTION 23.** DHS 110.04 (43m) is created to read:

DHS 110.04 (43m) “National emergency medical service information system” or “NEMSIS” is the national database system used to aggregate, store, and share emergency medical service data from multiple states and federal territories administered through the National Highway Traffic Safety Administration of the U.S. Department of Transportation.

**SECTION 24.** DHS 110.04 (45) is amended to read:

DHS 110.04 (45) “~~National standard curriculum for training EMS personnel~~” or “~~national standard curriculum~~” EMS Education Standards” or “national education standards” means the most recent edition of the first emergency medical responder or emergency medical technician national standard services practitioner curriculum published by the national highway traffic safety administration of the U.S. department of transportation.

**SECTION 25.** DHS 110.04 (47) is amended to read:

DHS 110.04 (47) “~~Non-transporting EMT-EMS provider~~” means an emergency medical service provider that provides emergency medical care with staff licensed as EMTs-EMS practitioners to sick, disabled or injured individuals ~~before hospitalization and the arrival of an ambulance~~, but that does not transport patients.

**SECTION 26.** DHS 110.04 (48) is repealed.

**SECTION 27.** DHS 110.04 (49) and DHS 110.04 (50) are amended to read:

DHS 110.04 (49)“~~On-line medical control consultation~~” means direct ~~voice~~ contact between a medical consultation physician or physician assistant or advanced practice nurse practitioner at the medical control hospital and EMS professionals for the purpose of medical direction. Physician assistants or advanced practice nurse practitioners shall only act within their credentialed or licensed scope of practice for the facility in which they are employed in providing on-line medical consultation.

DHS 110.04 (50) “~~On-site medical direction consultation~~” means that a service medical director or designee is located at a special event and directs EMS professionals in the treatment of patients.

**SECTION 28.** DHS 110.04 (51m) is created to read:

DHS 110.04 (51m) “Paramedic” has the meaning given in s. 256.01 (14), Stats.

**SECTION 29.** DHS 110.04 (59) is amended to read:

DHS 110.04 (59) “Preceptor” means any of the following who provides direct supervision of clinical or field training for EMT-EMS practitioner students: an EMT-EMS practitioner licensed at or above the level of the training he or she provides, a physician, a registered nurse or a physician assistant.

**SECTION 30.** DHS 110.04 (61m) is created to read:

DHS 110.04 (61m) “Public safety answering point” has the meaning given in s. 256.35(1)(gm), Stats.

**SECTION 31.** DHS 110.04 (65m) is created to read:



DHS 110.04 (65m) "Rural ambulance service provider" has the meaning given in s. 256.15 (4m) (a), Stats.

**SECTION 32.** DHS 110.04 (72) is amended to read:

DHS 110.04 (72) "Training center" means an entity certified by the department to provide ~~first emergency medical responder~~ and emergency medical ~~technician-services practitioner~~ training.

**SECTION 33.** DHS 110.04 (74m) is created to read:

DHS 110.04 (74m) "Triennial licensing period" or "triennium" means the 3-year period beginning on July 1 of the first year and ending on June 30 of the third year.

**SECTION 34.** DHS 110.04 (77) is amended to read:

DHS 110.04 (77) "Wisconsin ~~first emergency medical responder curriculum~~" means the course of study approved by the department for training ~~first emergency medical responders~~.

**SECTION 35.** DHS 110.04 (78) is amended to read:

DHS 110.04 (78) "Wisconsin scope of practice" means the skills, equipment, and medications approved by the department for a level of expertise for emergency medical ~~personnel~~ professionals.

**SECTION 36.** DHS 110.05 (1) (intro) is amended to read:

DHS 110.05 (1) **License or certificate and credential required.** (1) Before an individual may perform emergency medical care or advertise for the provision of emergency medical care as an EMS professional, the individual shall be certified as ~~a first~~ an emergency medical responder or licensed as an ~~EMT-EMS practitioner~~ by the department and shall be credentialed by each emergency medical service provider with which the individual serves, except under the following conditions:

**SECTION 37.** DHS 110.05 (1) (c) to (e) are created to read:

DHS 110.05 (1) (c) The individual is a certified emergency medical responder in another state who provides emergency medical care to 10 or fewer patients in this state under s. 256.15 (2) (b), Stats.

(d) The individual is a licensed emergency medical services practitioner in another state or holds a training permit from another state who is involved 10 or fewer patient transports per year that originate and terminate in this state under s. 256.15 (2) (b), Stats.

(e) The individual holds a valid certificate, license or training permit allowing the individual to act as an emergency medical responder or emergency medical services practitioner in another state and is acting in response from that state to a request for mutual aid under s. 256.15 (2) (c), Stats.

**SECTION 38.** DHS 110.05 (2) is amended to read:

DHS 110.05 (2) Except when acting under sub. (1) (a), ~~or (b), (c), (d), or (e)~~, a person acting or advertising as an ~~EMT or first-emergency medical responder or emergency medical services practitioner~~ without a ~~license or certificate~~ or license issued by the department or without appropriate credentialing may be subject to department action under subch. V or s. 256.15 (1) (c), (d), or (f), Stats., as applicable.

**SECTION 39.** DHS 110.06 (title) and (1) (intro.) are amended to read:

DHS 110.06 (1) **Application for initial license or certificate; initial training requirements; endorsements.** (1) **ELIGIBILITY.** To apply for an initial license as an ~~EMT-emergency medical services practitioner~~ or certificate as a ~~first-an emergency medical responder~~, the applicant shall meet all of the following requirements:

**SECTION 40.** DHS 110.06 (1) (c) (intro.) and 1. are consolidated and renumbered (1) (c) and amended to read:

DHS 110.06 (1) (c) (intro.) The individual ~~satisfies one of the following training requirements:~~

~~1. If trained in Wisconsin, the individual has successfully completed training in the applicable Wisconsin curriculum within the 24 months immediately preceding submission of the application to the department for an initial license or certificate.~~

**SECTION 41.** DHS 110.06 (1) (c) 2. is repealed.

**SECTION 42.** DHS 110.06 (1) (d) and (note), (e) (intro.) and 2. are amended to read:

DHS 110.06 (1) (d) The individual has current registration with the NREMT at or above the practice level for which the application is made. If the individual does not hold certification with the NREMT, he or she must complete a ~~written cognitive and practical-psychomotor~~ assessment exam through the NREMT which must be authorized by the department.

~~**Note:** Verification of education forms may be obtained electronically through the department's E-Licensing system available at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems). The form must be printed out and sent to the training institution, which will complete and return the form directly to the department. For further information or to request an assessment exam contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.~~

DHS 110.06 (1) (e) (intro.) The individual ~~is certified~~ provides documentation of successful completion of a CPR course within the last two years at the healthcare professional level by a CPR organization specified under s. DHS 110.17 (1). If the application is for licensure at the paramedic level, the applicant ~~is also certified~~ provides documentation of successful completion of coursework provided by an organization specified under s. DHS 110.17 (1) in all of the following:

DHS 110.06 (1) (e) 2. Pediatric advanced life support, pediatric education for pre-hospital professionals at the advanced life support level, or an equivalent course approved by the department.

**SECTION 43.** DHS 110.06 (1) (f) is amended to read:

DHS 110.06 (1)(f) Subject to ss. 111.321, 111.322, and 111.335, Stats., the individual does not have an arrest or conviction record that is substantially related to performing the duties of ~~a first~~ an emergency medical responder or EMT emergency medical services practitioner, as determined by the department. An individual with a conviction record may apply to the department for a pre-determination on their eligibility for certification or licensure by completing an application for pre-determination which includes providing the date of conviction and the nature and circumstances of the crime and submitting it to the department. The individual shall submit the application for the pre-determination fee specified under s. DHS 110.16 (1) (g) with the application. If the department denies the application, the department will notify the applicant of the reason for the denial and any appeal rights.

**SECTION 44.** DHS 110.06 (1) (g) and (h) are repealed.

**SECTION 45.** DHS 110.06 (1) (h) (note) is re-numbered to DHS 110.06 (1) (f) note.

**SECTION 46.** DHS 110.066 is created to read:

**DHS 110.066 Application for license or certificate when licensed and trained in another state as an EMS professional. (1) ELIGIBILITY.** To be eligible to apply for a license based on out-of-state license or education as an emergency medical services practitioner or certificate as an emergency medical responder, the applicant shall meet all of the following requirements:

- (a) The individual is 18 years of age or older.
- (b) The individual is capable of performing the actions authorized by the department in the Wisconsin scope of practice for the practice level for which the applicant applies.
- (c) The individual presents documentation of a current license or certificate issued by another state at or above the level being applied and a completed verification of licensure form from every state the individual has ever been licensed or certified as an emergency medical responder or emergency medical services practitioner.
- (d) The individual presents a completed verification of education form documenting completion of an initial course equivalent to the training required for an initial license or certificate under the applicable Wisconsin curriculum, as determined by the department. If initial training was completed prior to the current licensing period, the applicant also presents documentation of completion of an approved refresher course, as determined by the department.
- (e) The individual shall successfully complete the cognitive and psychomotor exam through the NREMT for the certification or license level being applied for. If an applicant holds current NREMT certification at or above the certification or license levels being applied, that individual shall be considered to come from a jurisdiction with licensing or certification standards at least substantially similar to Wisconsin and exempt from examination under s. 256.15 (7), Stats. Applicants who do not hold current NREMT shall not be considered to come from jurisdictions with substantially similar licensing and certifications standards to Wisconsin and must complete the NREMT cognitive and psychomotor assessment examinations.

**Note:** Verification of education forms may be obtained electronically through the department's E-Licensing system available at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems). The form must be printed out and sent to the training institution, which will complete and return the form directly to the department. For further information or to request an assessment exam contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

(f) The individual provides documentation of successful completion of a CPR course within the last two years at the healthcare professional level by a CPR organization specified under s. DHS 110.17 (1). If the application is for licensure at the paramedic level, the applicant provides documentation of successful completion of coursework provided by an organization specified under s. DHS 110.17 (1) in all of the following:

1. Advanced cardiac life support.

2. Pediatric advanced life support, pediatric education for pre-hospital professionals at the advanced life support level, or an equivalent approved by the department.

(g) Subject to ss. 111.321, 111.322, and 111.335, Stats., the individual does not have an arrest or conviction record that is substantially related to performing the duties of an emergency medical responder or emergency medical services practitioner, as determined by the department.

1. An individual with a conviction record may apply to the department for a pre-determination on their eligibility for certification or licensure by completing an application for pre-determination including the date of conviction and the nature and circumstances of the crime and submitting it to the department.

2. The individual shall submit the application for pre-determination fee specified under s. DHS 110.16(1)(g).

(h) The individual shall complete training for response to acts of terrorism or present evidence satisfactory to the department of the equivalent course and successful completion.

(i) The individual shall submit the reciprocity fee specified under s. DHS 110.16 (1) (e).

**Note:** The Wisconsin curricula for training, training requirements, Wisconsin Scopes of Practice, and information on organizations approved for CPR training may be found on the department's website at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems). Organizations approved for CPR training may also be found in s. DHS 110.17 (1).

(2) APPLICATION. The applicant shall submit to the department an application that includes documentation acceptable to the department showing proof of eligibility. The applicant shall submit the application and documentation to the department in the manner or method specified by the department.

**Note:** Application for an initial license or certification is submitted by the applicant to the department electronically through the department's E-Licensing system available at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems). Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

**SECTION 47.** DHS 110.07 (1) (intro.), and (c) are amended to read:

DHS 110.07 (1) **Application for renewal license or certificate; refresher training**

**requirements.** (1) ELIGIBILITY. To apply for renewal of an ~~EMT~~emergency medical services practitioner license or ~~first-emergency medical~~ responder certificate, the applicant shall meet all of the following eligibility and training requirements:

DHS 110.07 (1) (c) The individual has a current National Registry of Emergency Medical Technicians certification that is valid on the first day of the renewal triennium or received refresher training as follows:

1. 'First-Emergency medical responder.' The individual has completed a ~~48~~ 16-hour ~~first~~ emergency medical responder refresher course ~~from~~-based on the Wisconsin ~~first-emergency~~

medical responder curriculum or 16 hours continuing education that is based on the Wisconsin emergency medical responder curriculum and covers the subject areas identified by the department. The training shall be obtained during the ~~biennium~~ triennium for which the current certification expires. Recertification through examination by the National Registry of Emergency Medical Technicians during this period may be used to fulfill the refresher course requirement under this paragraph.

2. ‘Emergency medical technician–~~basic~~.’ The individual has completed a ~~30~~40-hour EMT–~~basic~~ refresher course based on the Wisconsin EMT curriculum or ~~other training~~, approved 40 hours continuing education that is based on the Wisconsin EMT curriculum and covers the subject areas identified by the department. The training shall be obtained during the ~~biennium~~ triennium for which the current license expires. Recertification through examination by the NREMT ~~or the completion of a department approved initial EMT Basic course, initial EMT intermediate technician course, or the didactic portion of the initial EMT intermediate or initial EMT paramedic course~~ during this period may be used to fulfill the refresher course requirement under this paragraph.

3. ‘~~Emergency~~Advanced emergency medical technician–~~intermediate~~ technician.’ The individual has completed a ~~30~~–50-hour advanced EMT–~~basic~~ refresher course based on the Wisconsin AEMT–~~basic~~ curriculum or 50 ~~other training approved by the department, and either a 12-hour EMT-IT refresher course or~~ 12 hours of continuing education that is based on the Wisconsin AEMT–~~IT~~ curriculum and covers the subject areas identified by the department. The training shall be obtained during the ~~biennium~~ triennium for which the current license expires. Recertification through examination by the National Registry of Emergency Medical Technicians during this period may be used to fulfill the refresher course requirement under this paragraph.

4. ‘Emergency medical technician — intermediate.’ The individual has completed a ~~48~~–60 hour EMT–Intermediate or paramedic refresher course based on the Wisconsin curriculum for the EMT–Intermediate or Wisconsin paramedic curriculum or 48–60 hours of continuing education that is based on the Wisconsin EMT–Intermediate curriculum and covers the subject areas identified by the department. The training shall be obtained during the ~~biennium~~ triennium for which the current license expires. ~~Recertification through examination by the NREMT during this period may be used to fulfill the refresher course requirement under this paragraph.~~

5. ‘~~Emergency medical technician~~–~~paramedic~~Paramedic.’ The individual has completed a 48–60-hour EMT–paramedic refresher course based on the Wisconsin curriculum for the ~~EMT–paramedic~~ or 48–60 hours of continuing education that is based on the Wisconsin paramedic curriculum and covers the subject areas identified by the department. The training shall be obtained during the ~~biennium~~ triennium for which the current license expires. Recertification through examination by the NREMT during this period may be used to fulfill the refresher course requirement under this paragraph.

6. ‘Critical care endorsement.’ The individual is licensed as an ~~EMT–paramedic~~ with a critical care endorsement, has completed a ~~48-hour paramedic refresher course based on the Wisconsin EMT–paramedic curriculum~~ the paramedic license renewal requirements in subd. 5. and an additional 24 hours of training specified by the department for the critical care paramedic during the ~~biennium~~ triennium for which the current license expires.

**SECTION 48.** DHS 110.07 (1) (c) 6g. and 6r. are created to read:

DHS 110.07 (1) (c) 6g. ‘CEMS practitioner endorsement.’ The individual is licensed as an emergency medical services practitioner with a community emergency medical services

practitioner endorsement, has completed the renewal requirements necessary for the individual's level of licensure, and completed the prescribed continuing education hours specified by the department for the CEMS endorsement during the triennium in which the current license expires.

DHS 110.07 (1) (c) 6r. 'Community paramedic endorsement.' The individual is licensed as a paramedic with a community paramedic endorsement, has completed paramedic license renewal requirements in subd. 5 and the prescribed continuing education hours specified by the department for the CEMS endorsement during the triennium in which the current license expires.

**SECTION 49.** DHS 110.07 (1) (c) 7. is amended to read:

DHS 110.07 (1) (c) 7. 'First-~~Emergency medical~~ responders and ~~EMT-emergency medical services practitioners.~~' Successful completion of an initial training course above the current license level of the individual may be used to fulfill the refresher requirements of this paragraph. If the course is an initial ~~EMT-intermediate or initial EMT~~-paramedic course, completion of the didactic portion fulfills this requirement.

**SECTION 50.** DHS 110.07 (1) (d) is repealed and recreated to read:

DHS 110.07 (1) (d) The individual provides documentation of successful completion of a CPR course at the healthcare professional level within the last two years by a CPR organization specified under s. DHS 110.17 (1). If the application is for renewal of a license at the EMT-intermediate or paramedic level, the applicant is also certified by an organization specified under s. DHS 110.17 (1) in advanced cardiac life support.

**SECTION 51.** DHS 110.08 (1) to (3) are amended to read:

DHS 110.08 **Practice level upgrades; downgrades.** (1) UPGRADING ~~EMT-EMERGENCY MEDICAL SERVICES PRACTITIONER~~ PRACTICE LEVELS. To upgrade an ~~EMT emergency medical services practitioner~~ practice level, the ~~EMT emergency medical services practitioner~~ shall complete the application requirements under s. DHS 110.06 for the desired ~~EMT-emergency medical services practitioner~~ practice level.

(2) DOWNGRADING ~~EMT-EMERGENCY MEDICAL SERVICES PRACTITIONER~~ PRACTICE LEVELS. To downgrade an ~~EMT-emergency medical services practitioner~~ practice level, the ~~EMT-emergency medical services practitioner~~ shall complete the application requirements under s. DHS 110.06 for the practice level to which the ~~EMT-emergency medical services practitioner~~ wishes to downgrade. When the downgrade occurs at renewal, the individual shall submit proof of refresher training at the downgraded level or the previous license level.

(3) UPGRADING TO THE EMT PRACTICE LEVEL. To upgrade from ~~first-emergency medical responder certification~~ to EMT-basie licensure, the ~~first-emergency medical responder~~ shall complete the application requirements under s. DHS 110.06 for the EMT-basie license level.

**SECTION 52.** DHS 110.088 is created to read:

DHS 110.088 **Endorsements.** (1) **ELIGIBILITY.** To apply for an endorsement on an emergency medical services practitioner license, the applicant shall meet all of the following requirements:

(a) The individual holds a current emergency medical service practitioner license that is not suspended or revoked, and the individual is not the subject of an action under s. 256.15 (11), Stats.

(b) The individual is capable of performing the actions authorized by the department in the Wisconsin scope of practice for the practice level for which the applicant applies.

(c) The individual provides documentation of successful completion of a CPR course at the healthcare professional level within the last two years by a CPR organization specified under s. DHS 110.17 (1). If the application is for an endorsement on a license at the EMT-intermediate or paramedic level, the applicant is also certified by an organization specified under s. DHS 110.17 (1) in advanced cardiac life support.

(d) The individual, in accordance with ss. 111.321, 111.322, and 111.335, Stats., does not have an arrest or conviction record that is substantially related to performing the duties of an emergency medical services practitioner, as determined by the department. An individual with a conviction record may apply to the department for a pre-determination on their eligibility for certification or licensure by completing an application for pre-determination which includes providing the date of conviction and the nature and circumstances of the crime and submitting it to the department. The individual shall submit the application for pre-determination fee specified under s. DHS 110.16 (1) (g) with the application.

**Note:** The Wisconsin curricula for training, training requirements, Wisconsin Scopes of Practice, and information on organizations approved for CPR training may be found on the department's website at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems). Organizations approved for CPR training may also be found in s. DHS 110.17 (1).

**(2) APPLICATION.**

(a) The applicant shall submit to the department an application that includes documentation acceptable to the department showing proof of eligibility. The applicant shall submit the application and documentation to the department in the manner or method specified by the department.

(b) If the application is for the tactical EMS endorsement, the applicant shall present documentation of an affiliation with a department recognized tactical team.

(c) If the application is for the critical care paramedic endorsement, the applicant shall be licensed as a paramedic and have completed training based on the Wisconsin critical care paramedic curriculum or be certified by a department-approved critical care program or an equivalent program as approved by the department within the 24 months immediately preceding application to the department for an endorsement. Training completed through an ambulance service provider that meets the content of the Wisconsin critical care paramedic curriculum and was completed prior to December 31, 2011 may meet the educational requirements if approved by the department.

(d) If the application is for the community emergency medical services practitioner endorsement, the applicant shall have the equivalent of two years of experience as an emergency medical services practitioner at any level and have completed training based on the approved Wisconsin community emergency medical services practitioner curriculum or an equivalent program as approved by the department within the 24 months immediately preceding application to the department for an endorsement. Training completed through an emergency medical services provider that meets the content of the Wisconsin community emergency medical services curriculum and was completed prior to December 31, 2020 may meet the educational requirements if approved by the department.

(e) If the application is for the community paramedic endorsement, the applicant shall be licensed as a paramedic with the equivalent of two years of service as a paramedic and have completed training based on the approved Wisconsin community paramedic curriculum or an equivalent program as approved by the department with the 24 months immediately preceding application to the department for an endorsement. Training completed through an emergency medical services provider that meets the content of the Wisconsin community paramedic curriculum and was completed prior to December 31, 2020 may meet the educational requirements if approved by the department.

**Note:** Application for an initial license or certification is submitted by the applicant to the department electronically through the department's E-Licensing system available at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems). Completed applications are processed electronically through this system. For further information contact the Emergency Medical Services Section, 1 W. Wilson St., P.O. Box 2659, Madison, WI 53701-2659.

**SECTION 53.** DHS 110.09 (intro.) and (1) are amended to read:

**DHS 110.09 Expiration date; expired license or certification; late renewal; reinstatement.**

Licenses and certificates expire on June 30 of the ~~even-numbered-third~~ third year of the ~~biennium~~ triennium. If a license or certificate expires, the following as applicable, applies:

(1) **LATE RENEWAL.** An individual may renew a license or certificate that has been expired for less than 6 months by applying to the department for license or certificate renewal as specified under s. DHS 110.07 and submitting the late renewal fee specified under s. DHS 110.16 (1). Upon the department's renewal of the applicant's license or certificate, the EMS professional shall be credentialed under s. DHS 110.52 before performing emergency medical care as an ~~EMT~~ emergency medical services practitioner or first-emergency medical responder.

**SECTION 54.** DHS 110.09 (2) (a) 2., and 3. are amended to read:

DHS 110.09 (2) (a) 2. Receive permission from the department to take the NREMT ~~written~~ cognitive and practical-psychomotor examination.

3. Successfully complete the NREMT ~~written-cognitive~~ and ~~practical-psychomotor~~ examination.

**SECTION 55.** DHS 110.10 (3) is created to read:

DHS 110.10 (3) **PRE-DETERMINATION.** The department shall review and make a determination on a pre-determination application that has been completed in accordance with all of the department's instructions for completion within 30 days of receiving the application.

**SECTION 56.** DHS 110.11 (2) is amended to read:

DHS 110.11 (2) **CREDENTIAL PERIOD.** A credential is valid until the individual voluntarily surrenders the credential, the service medical director ~~withdraws,~~ limits, suspends, or revokes the credential under s. DHS 110.52 (7) or the department suspends or revokes the EMS professional's license, certificate or endorsement under ss. DHS 110.57 or 110.58.

**SECTION 57.** DHS 110.12 and (Note) are amended to read:



DHS 110.12 **Authorized actions; scope of practice.** An ~~EMT-emergency medical services practitioner~~ or ~~first-emergency medical~~ responder may only perform the skills, use the equipment, and administer the medications that are specified by the department in the Wisconsin scope of practice for the level to which the individual is licensed, certified, or credentialed.

**Note:** The Wisconsin scope of practice for each practice level may be found on the department's website at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems). The Wisconsin scope of practice for each practice level is reviewed annually in consultation with the Wisconsin EMS Advisory Board and the Physician Advisory Committee and published and posted on the department website by ~~January~~ March 31 of each year.

**SECTION 58.** DHS 110.13 (3) is amended to read:

DHS 110.13 (3) An EMS professional shall follow the patient care protocols or guidelines of the emergency medical service provider with which the EMS professional is serving while performing patient care, regardless whether the EMS professional is licensed at a practice level higher than that of the provider.

**SECTION 59.** DHS 110.13 (4m) is created to read:

DHS 110.13 (4m) An EMS professional shall demonstrate current competencies in CPR at the healthcare professional level by maintaining documentation of successful completion of a CPR course at the healthcare professional level by a CPR organization specified under s. DHS 110.17 (1) throughout the triennial license period.

**SECTION 60.** DHS 110.13 (5) and (note) are amended to read:

DHS 110.13 (5) An EMT-intermediate, advanced EMT, or ~~EMT-paramedic~~ shall maintain current certification in advanced cardiac life support throughout the ~~biennial~~ triennial license period.

**Note:** The Wisconsin scope of practice for each practice level may be found on the department's website at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems). The Wisconsin scope of practice for each practice level is reviewed annually in consultation with the Wisconsin EMS Advisory Board and the Physician Advisory Committee and is published and posted on the department website by ~~January~~ March 31 of each year.

**SECTION 61.** DHS 110.13 (6) is created to read:

DHS 110.13 (6) An EMS professional shall notify the department within seven days of any arrest for violation of any law substantially related to the practice of emergency medical services.

**SECTION 62.** DHS 110.13 (7) is created to read:

DHS 110.13 (7) An EMS professional shall notify the department of a felony or misdemeanor conviction in writing within 48 hours after the entry of the judgement of conviction, including the date, time, place, and nature of the conviction or finding. Notice shall include a copy of the judgement of conviction and a copy of the complaint or other information which describes the

nature of the crime in order that the department determine whether the circumstances of the crime of which the person was convicted are substantially related to the practice of emergency medical services.

**SECTION 63.** DHS 110.14 (1) to (3) is amended to read:

DHS 110.14 **Written and practical examinations retakes.** (1) An individual who fails a state approved written or practical examination required for ~~first emergency medical responder~~ certification after 3 attempts shall successfully take ~~an 168-hour department approved first emergency medical responder refresher course~~ before being eligible to retake the examination.

(2) An individual who fails a state approved written or practical examination required for any ~~EMT-emergency medical services practitioner~~ level after 3 attempts shall take a refresher course for the level he or she failed. After completion of the refresher course the individual may attempt the examination 3 more times. After six failed attempts the individual shall retake the entire initial training course before being eligible to retake the examination.

(3) An individual who has successfully completed training from the Wisconsin curriculum for ~~EMT-paramedic~~ and who fails the state approved examination for the ~~EMT-paramedic practice level~~ after 3 attempts may take the state approved ~~AEMT-IT~~ examination for licensure at the ~~AEMT-IT~~ level. Successful completion of both the ~~written cognitive~~ and ~~practical psychomotor~~ parts of the state approved ~~AEMT-IT~~ examination is required.

**SECTION 64.** DHS 110.15 (title) and (1) (b) to (d) are amended to read:

DHS 110.15 – **EMT-Emergency medical services practitioner training permit application; authorized actions and limitations.**

DHS 110.15 (1) (b) If applying for an ~~EMT-basie~~ training permit to serve as part of the required minimum ambulance staff, the individual has completed the first 46 hours of the initial ~~EMT-basie~~ training or has current certification as ~~a first~~ an emergency medical responder and holds a training permit at the EMT level.

(c) If applying for an EMT emergency medical services practitioner training permit above the ~~EMT-basie~~ level, the individual has a current EMT emergency medical services practitioner license.

(d) The individual is enrolled in an initial EMT-emergency medical services practitioner training course offered by a training center certified by the department.

**SECTION 65.** DHS 110.15 (1) (dm) is created to read:

DHS 110.15 (1) (dm) The individual has successfully completed a CPR course at the healthcare professional level within the last two years by a CPR organization specified under s. DHS 110.17 (1).

**SECTION 66.** DHS 110.15 (2) (a), (c), (3) (a), and (b) are amended to read:

DHS 110.15 (2) (a) A training permit granted by the department authorizes the training permit holder to participate in field and clinical training and to perform the duties of an EMT-emergency medical services practitioner at the practice level for which the permit is issued while enrolled as a student with the training center.

DHS 110.15 (2) (c) A person holding an ~~EMT-basie~~ training permit may serve as part of the required ambulance staff but may not be the primary care giver during transport.

DHS 110.15 (3) (a) An ~~EMT-basie~~ training permit to serve as part of the required minimum ambulance staff is valid for 12 months from date of issuance, unless the student fails to complete the training under the permit, in which case the permit expires when the trainee leaves the training program.

(b) Except as provided in (a), the training permit at the EMT, AEMT-intermediate technician, EMT-intermediate, or EMT-paramedic level expires on the date the student completes the training course. An ambulance service provider may extend the permit up to 12 months from the completion date of the training course. To extend the permit the service must have in place a training plan approved by the department that includes participation of the medical director and is tied to the provider's quality assurance program.

**SECTION 67.** DHS 110.16 (1) (d) is amended to read:

DHS 110.16 (1) (d) *Verification of Wisconsin certification or license.* If a certified ~~first~~ emergency medical responder or licensed ~~EMT-emergency medical services practitioner~~ asks the department to verify Wisconsin certificate or license information to another state, the individual shall pre-pay to the department \$25 for the service and provide to the department a self-addressed, stamped envelope for mailing.

**SECTION 68.** DHS 110.16 (1) (g) is created to read:

DHS 110.16 (1) (g) *Pre-Determination fee.* If an individual with a conviction record applies for a pre-determination on their eligibility for certification or licensure, the individual shall submit a review fee of \$50 with the department-approved application.

**SECTION 69.** DHS 110.17 (2) (a) is amended to read:

DHS 110.17 (2) (a) Any person who provides CPR and AED instruction to an ~~EMT-emergency~~ medical services practitioner or ~~first-emergency medical~~ responder shall successfully complete any one of the following courses with a certification period not to exceed 2 years:

1. American Heart Association — Basic Life Support ~~CPR for the Healthcare Professional Providers~~ course or equivalent
2. American Red Cross — ~~CPR~~ Basic Life Support for Healthcare Providers ~~the Professional Rescuer~~ course or equivalent.
3. American Safety and Health Institute — ~~CPR Pro~~ Basic Life Support for Healthcare Providers and Professional Rescuers ~~Level CPR and AED~~ course or equivalent.
4. Emergency Care and Safety Institute — ~~American Academy of Orthopedic Surgeons Professional Rescuer~~ Healthcare Provider CPR course or equivalent.

5. Medic First Aid-~~Basic Life Support for Professionals~~ – CarePlus course or equivalent.
6. EMS Safety Services - ~~Professional Rescuer~~ Basic Life Support for Healthcare Providers course or equivalent.
7. Any other course identified and approved by the department. Equivalency will be determined by the department.

**SECTION 70.** DHS 110.17 (3) (a) is amended to read:

DHS 110.17 (3) (a) An individual who provides CPR or AED instruction to an ~~EMT-emergency medical services practitioner~~, first emergency medical responder, or a person who is required as a condition of licensure, certification, or registration to have current proficiency in the use of an AED, shall meet all of the qualifications, including qualifications for frequency of training, that are specified by the approved provider with whom the instructor is affiliated, employed or under contract.

**SECTION 71.** DHS 110.18 (1) is amended to read:

DHS 110.18 (1) AUTHORIZED ACTIONS AND QUALIFICATIONS. No person may provide training that is represented as qualifying an individual for ~~first-emergency medical~~ responder certification or ~~EMT-emergency medical services practitioner~~ licensure or renewal unless the person is certified by the department as a training center.

**SECTION 72.** DHS 110.18 (3) is amended to read:

DHS 110.18 (3) RENEWAL REQUIREMENTS. A training center shall renew its certification by every June 30 of the ~~even~~ third year of the ~~biennium~~ triennium by submitting to the department an updated application and materials required under sub. (2). If a training center does not timely renew its certification, its certification expires and any training provided before the training center has renewed its certification will not count toward qualifying a student for department certification or licensure.

**SECTION 73.** DHS 110.20 (1) to (3) is amended to read:

DHS 110.20 ~~First~~ **Emergency medical responder training course content and hours.** (1) The ~~first-emergency medical~~ responder training course shall include content and behavioral objectives that meet or exceed the Wisconsin curriculum for ~~first-emergency medical~~ responders. Each course shall include training for responding to acts of terrorism that covers the content required by the department.

(2) A training center shall obtain department approval of any training on skills, equipment or medications that is not included in the Wisconsin curriculum for ~~first-emergency medical~~ responders before the training may be included in a course.

(3) ~~A first~~ An emergency medical responder training course shall include the minimum number of hours outlined in the approved Wisconsin curriculum for ~~first-emergency medical~~ responders.

**SECTION 74.** DHS 110.21 (title) and (1) to (3) are amended to read:

**DHS 110.21 ~~EMT~~Emergency medical services practitioner training course content and hours.**

(1) COURSES. All ~~EMT~~emergency medical services practitioner training courses shall include content and behavioral objectives that meet or exceed the appropriate Wisconsin curriculum. Each course shall include training for responding to acts of terrorism that covers the content required by the department.

(2) CERTAIN APPROVALS REQUIRED. The training center shall obtain department approval of any training on skills, equipment or medications that is not included in the Wisconsin curriculum for ~~EMT~~emergency medical services practitioner level training provided before the training can be included in the course.

(3) ~~EMT~~EMERGENCY MEDICAL SERVICES PRACTITIONER TRAINING COURSE HOURS. An ~~EMT~~emergency medical services practitioner training course shall include the minimum number of hours specified in the department approved curriculum. The clinical and supervised field training shall satisfy the minimum skill and patient assessment requirements identified by the department.

**SECTION 75.** DHS 110.22 is renumbered 110.22 (1).

**SECTION 76.** DHS 110.22 (2) and (3) are created to read:

DHS 110.22 (2) Initial Critical Care Paramedic programs shall be taught by training centers accredited by a national EMS education credentialing body.

(3) Initial Community Paramedic programs are exempt from the accreditation requirement.

**SECTION 77.** DHS 110.24 (3) (intro.) is amended to read:

DHS 110.24 (3) EMS INSTRUCTOR I. The training center may have an EMS instructor I. If the training center has an EMS instructor I, the individual shall be licensed at or above the level of instruction provided, ~~be certified in CPR at the professional level~~ have successfully completed a CPR course within the last two years at the healthcare professional level, have 2 years experience as an ~~EMT~~emergency medical services practitioner at or above the level being taught, and have current approval by the department under s. DHS 110.27. The EMS instructor I shall be responsible for all of the following:

**SECTION 78.** DHS 110.27 (1) and (2) (c) are amended to read:

DHS 110.27 (1) ELIGIBILITY. Before an individual may act as an instructor I, the training center shall approve the individual under this section. The individual shall be licensed by the department at or above the level of the instruction the individual will provide and shall have ~~current certification in CPR at the healthcare provider level~~ successfully completed a CPR course within the last two years at the healthcare professional level and 2 years experience as an emergency medical ~~technician~~services practitioner at or above the practice level for which the individual will provide instruction. Once approved there is no renewal requirement.

DHS 110.27 (2) (c) Documentation of the individual's ~~current certification~~ successful completion of a ~~in~~ CPR course within the last two years at the healthcare provider level.

**SECTION 79.** DHS 110.28 (1), (2) (a) and (c), (4) (a) and (b) are amended to read:

DHS 110.28 (1) ELIGIBILITY. Before an individual may act as an EMS instructor II, the individual shall be certified by the department under this section. The individual shall be licensed by the department at or above the level of instruction the individual will provide and shall have: current certification with the NREMT at or above the level for which the individual requests approval; the equivalency of 2 years experience as a licensed, practicing EMT emergency medical services practitioner at or above the level of EMS instructor certification being requested or equivalent critical care experience as determined by the department; supervised teaching experience; and EMS instructor II orientation training.

DHS 110.28 (2) (a) Documentation of current certification with the NREMT at the ~~EMT-basic~~ level or higher and at or above the level for which the applicant seeks department certification. Certification with the NREMT at the paramedic level is required for critical care paramedic EMS instructor II certification. If the applicant is ~~an EMT~~ was paramedic licensed as a paramedic under this chapter before January 1, 2013, certification with the NREMT is not required for instructor II certification for any level of training. ~~Certification with the NREMT at the EMT-paramedic level is required for critical care paramedic EMS instructor II certification.~~

DHS 110.28 (2) (c) Proof of equivalency of 2 years experience as a licensed, practicing EMT emergency medical services practitioner at or above the level of EMS instructor II certification sought, or equivalent critical care experience as determined by the department.

DHS 110.28 (4) EMS INSTRUCTOR II RENEWAL CERTIFICATION.

(a) Certification for EMS instructor II shall expire on June 30 of the ~~even-numbered-third~~ year of the ~~biennial~~ triennial period unless renewed. If an individual does not timely renew his or her EMS instructor II certification, the certification expires and the individual may not act as an EMS instructor II until the certification is renewed.

(b) To renew EMS instructor II certification, the individual shall submit in the manner specified by the department the application and documentation required under sub. (2) and documentation of continued affiliation with the training center on or before June 30 of the ~~even-numbered-third~~ year of the ~~biennial~~ triennial licensing period.

**SECTION 80.** DHS 110.31 (2) is amended to read:

DHS 110.31 (2) EMS INSTRUCTOR II CERTIFICATION. Certification for EMS instructor II shall expire on June 30 of the ~~even-numbered-third~~ year of the ~~biennial~~ triennial period unless renewed. If an individual does not timely renew his or her EMS instructor II certification, under s. DHS 110.28 (2), the certification expires and the individual may not act as an EMS instructor II until the certification is renewed.

**SECTION 81.** DHS 110.32 (1) is renumbered (1) (intro.) and amended to read:

DHS 110.32 (1) No ~~person-entity~~ may act as or advertise for the provision of services as ~~a first~~ an emergency medical responder service, a non-transporting ~~EMT-emergency medical~~ service provider, or an ambulance service provider unless the person entity is licensed by the department to do so, except under the following conditions:

**SECTION 82.** DHS 110.32 (1) (a) to (d) are created to read:

DHS 110.32 (1) (a) The entity is a certified emergency medical responder provider in another state that provides emergency medical care to 10 or fewer patients per year in this state under s. 256.15 (2) (b).

(b) The entity is a licensed ambulance service provider in another state that makes 10 or fewer patient transports per year that originate and terminate in this state under s. 256.15 (2) (b), Stats.

(c) The entity is an ambulance service provider or emergency medical responder provider that holds a valid certificate or license in another state and is acting in response from that state to a request for mutual aid under s. 256.15 (2) (c), Stats.

(d) The entity is a rural ambulance service provider that meets all of the requirements of s. 256.15 (4m).

**SECTION 83.** DHS 110.32 (2) and (3) are amended to read:

DHS 110.32 (2) ~~An person entity~~ licensed as an first emergency medical responder service provider may provide emergency medical services at the emergency medical responder level of care before hospitalization and the arrival of an ambulance but may not transport patients.

(3) ~~An person entity~~ licensed as a non-transporting ~~EMT-emergency medical~~ service provider may provide emergency medical services before hospitalization and the arrival of an ambulance at the ~~EMT-basie, AEMT-intermediate technician,~~ EMT-intermediate, ~~EMT-paramedic~~ level of care, but may not transport patients.

**SECTION 84.** DHS 110.32 (3m) is created to read:

DHS 110.32 (3m) An entity may be licensed as a non-transporting emergency medical services service provider to provide 9-1-1 emergency response, intercept, tactical emergency medical services, community emergency medical services, or any combination thereof. A non-transporting emergency medical services provider licensed for multiple types of services shall be licensed at the same level for all services for which it is licensed.

**SECTION 85.** DHS 110.32 (4) is amended to read:

DHS 110.32 (4) ~~A person~~ An entity may be licensed as an ambulance service provider to provide 9-1-1 emergency response, interfacility transport ~~or both,~~ intercept, tactical emergency medical services, community emergency medical services or any combination thereof, and at one of the following levels of care: ~~EMT-basie, AEMT-intermediate technician,~~ EMT-intermediate, or ~~EMT-paramedic.~~ An ambulance service provider licensed to provide multiple types of services ~~both a 9-1-1 emergency response and interfacility transports~~ shall be licensed at the same level of care for ~~both services~~ all services for which it is licensed.

**SECTION 86.** DHS 110.32 (5) is created to read:

DHS 110.32 (5) The department shall issue an emergency medical service provider a separate license for each type of service it is licensed to provide.

**SECTION 87.** DHS 110.33 (1) is amended to read:

DHS 110.33 (1) An emergency medical services provider may advertise and provide only those services for which it has been licensed by the department, except a rural ambulance service provider that upgrades its ambulance service level may provide and advertise services consistent with s. 256.15 (4m) (b) to (d), Stats.

**SECTION 88.** DHS 110.34 (intro.), (2), (3), (5), and (7), (8) and (note) (9) are amended to read:

DHS 110.34 **Responsibilities.** An emergency medical service provider shall do all of the following and document these activities through their operational plan submitted to the department:

DHS 110.34 (2) Advertise and provide only those services it is authorized to provide under this subchapter and ch. 256, Stats.

(3) ~~Designate a hospital that will provide day to day medical direction. Identify on-line medical direction that will provide day-to-day medical consultation.~~

DHS 110. 34 (5) Assure response to 9-1-1 emergency response requests 24 hours-a-day, 7 days-a-week, in its primary service area unless it is not licensed to do so. ~~First-Emergency medical responder services are exempt from this requirement but should assure every effort is made to respond to 9-1-1 requests.~~

DHS 110.34 (7) If the emergency medical services provider is an ambulance service provider, submit a written report to the receiving ~~hospital~~ healthcare facility upon delivering a patient and a complete patient care report within 24 hours of patient delivery. A written report may be a complete patient care report or other documentation approved by the department and accepted by the receiving hospital. A non-transporting ~~EMT-emergency medical service provider or first emergency medical responder service provider~~ shall ~~hand~~ provide a written or electronic report to the ambulance service provider at the time of the patient care transfer.

(8) If the emergency medical service provider is an ambulance service provider or non-transporting ~~EMT-emergency medical service provider~~, submit patient care report data electronically to the department through Wisconsin Ambulance Run Data System (WARDS) using direct web-based input to WARDS or uploading patient care report data to WARDS within 7 days of the patient transport. If the emergency medical service provider is ~~a first~~ an emergency medical responder service provider, submit a patient care report to WARDS only if advanced skills are used in caring for the patient.

**Note:** An abbreviated emergency medical responder report is available in WARDS to eliminate duplicate entry and facilitate quick entry of this information. The WARDS system can be accessed via the internet at ~~www.emswards.org~~ www.emswards.org/elite/Organizationwisconsin.

(9) Comply with the data system guidelines published by the department. The emergency medical service provider shall only utilize third party software that is approved by and compliant with NEMESIS for the current standard specified by the department when submitting/uploading a patient care report to WARDS.

**SECTION 89.** DHS 110.34 (9m) is created to read:



DHS 110.34 (9m) If the emergency medical service provider crosses state boundaries during an emergency response or patient transport, the emergency medical service provider shall submit patient care report data to WARDS if any two of the following apply:

- (a) The emergency medical provider responds from this state.
- (b) The patient is picked up from a location in this state.
- (c) The patient is transported to a hospital or health care facility within this state.

**SECTION 90.** DHS 110.34 (12) and (14) are amended to read:

DHS 110.34 (12) Maintain a communication system that allows communication between medical control and EMS ~~personnel~~ professionals and complies with the Wisconsin Emergency Medical Services Plan.

DHS 110.34 (14) Maintain a quality assurance program that provides continuing education and assures continuing competency of EMS ~~personnel~~ professionals.

**SECTION 91.** DHS 110.35 (intro.) and (2) (e) (3) are amended to read:

DHS 110.35 **License and application requirements.** To apply for a license as an ambulance service provider, a non-transporting ~~EMT-emergency medical~~ service provider, or a ~~first an~~ emergency medical responder service provider, a person shall do all of the following:

DHS 110.35 (2) (e) 3. Dispatch and response, describing how EMS ~~personnel~~ professionals are dispatched and how the emergency medical service provider acknowledges to the dispatcher that it is responding.

**SECTION 92.** DHS 110.35 (2) (e) 7. to 9. are created to read:

DHS 110.35 (2) (e) 7. Controlled substances and how the service provider will obtain, store, secure, exchange, and account for any and all controlled substances used to provide patient care.

8. Continuous quality assurance and improvement program describing the components of the program, including how patient care and documentation will be reviewed, by whom, and how the results will be shared with practitioners and incorporated into continuing education.

9. Multiple patient incidents describing how the service will handle the response to the incident including triage, care, transportation and patient tracking.

**SECTION 93.** DHS 110.35 (2) (f) is amended to read:

DHS 110.35 (2) (f) Written letters or other documentation of endorsement from the local hospital and government within the proposed primary service area, if the application is for licensure as a 9-1-1 ambulance service provider or non-transporting ~~EMT-emergency medical~~ service provider, whether the application is for initial licensure or a service level upgrade.

**SECTION 94.** DHS 110.35 (2) (g) is created to read:

DHS 110.35 (2) (g) When a service provider is required to submit an update to its operational plan, the update to the operational plan must be submitted on the form or in the manner approved by the department indicating:

1. The section of the operational plan being updated or revised
2. Description detailing the change and intended impact on the service.
3. Approval of the update or revision by the service director and when involving patient care or patient care equipment, the service medical director.
4. Other information as determined by the department.

**SECTION 95.** DHS 110.37 (1) is amended to read:

DHS 110.37 (1) An ambulance service provider or non-transporting ~~EMT~~emergency medical service provider may downgrade the level of its service only after department approval. The ambulance service provider or non-transporting ~~EMT~~emergency medical service provider shall submit a complete operational plan under s. DHS 110.35 (2), provide documentation from each community it serves that a public meeting was held at which the downgrade was an agenda item, and submit to the department a letter of support or understanding from each community it serves.

**SECTION 96.** DHS 110.39 (6) is amended to read:

DHS 110.39 (6) The ambulance service provider shall specifically identify the EMS ~~personnel~~professionals that are credentialed or part of the interfacility transport program.

**SECTION 97.** DHS 110.395 is created to read:

**DHS 110.395 Community EMS.**

(1) In addition to the responsibilities under s. DHS 110.34, an emergency medical services provider or other organization licensed to provide CEMS shall obtain department approval before using licensed EMS practitioners to provide CEMS. To obtain department approval, the EMS provider or other organization shall submit all of the following to the department:

- (a) Name of the EMS provider or other organization requesting approval.
- (b) Contact information for the service director of the CEMS program, including how to contact the EMS provider or other organization.
- (c) Name, address, phone number and e-mail address for the each medical director or member of the medical advisory committee who will oversee the CEMS program.
- (d) The type of CEMS service that will be provided and at what licensure level.
- (e) The staffing configurations for providing CEMS service.
- (f) An explanation of how medical direction or consultation will be contacted at the patient location, if indicated.
- (g) Patient care protocols and guidelines for providing CEMS services.
- (h) An explanation of how the CEMS provider will be notified and requested for CEMS services.

(i) An explanation of how the CEMS provider will notify and integrate with the 9-1-1 system, should the patient require an ambulance.

(j) Identification of the ambulance service provider(s) that will respond to a 9-1-1 call initiated by the CEMS provider.

(k) Copies of each agreement or contract for providing community emergency medical services.

**Note:** When submitting copies of agreements or contracts, the submitter may redact any compensation information.

(l) Written acknowledgement that community emergency medical services will not interfere with the emergency medical services provider's responsibility to provide 9-1-1 emergency response within its primary service area, if the ambulance service provider or non-transporting emergency medical practitioner service provider is also licensed as a 9-1-1 provider.

(m) Other information as determined by the department.

(2) An emergency medical services provider or other organization licensed to provide community emergency medical service shall adhere to all applicable sections of this chapter as determined by the department.

(3) The community emergency medical services program shall submit patient care report data electronically to the department through the WARDS using a department approved direct web-based system within seven days of patient contact.

**SECTION 98.** DHS 110.40 (intro.) is amended to read:

DHS 110.40 **Intercept Service.** In addition to the responsibilities under s. DHS 110.34, and ambulance service provider or non-transporting ~~EMT~~ emergency medical service that provides intercept services is subject to all of the following requirements:

**SECTION 99.** DHS 110.40 (3) is repealed.

**SECTION 100.** DHS 110.41 (1) (intro.) is amended to read:

DHS 110.41 (1) In order to provide air medical service in Wisconsin, an ambulance service provider, including an ambulance service provider licensed in another state that makes more than 10 patient transports a year that originate and terminate in Wisconsin, shall be licensed under s. DHS 110.35, to provide air medical services and shall be nationally accredited for air medical transports by an entity approved by the department as follows:

**SECTION 101.** DHS 110.42 (title) and (2) (e) are amended to read:

DHS 110.42 An ambulance service provider or other agency shall obtain departmental approval before using licensed EMS ~~personnel~~ professionals to provide tactical emergency medical services as follows:

DHS 110.42 (2) (e) Submit a written quality assurance and training plan for the EMS ~~personnel~~ professionals that operate on the team.

**SECTION 102.** DHS 110.44 (intro.), (1), (2), (8), and (9) are amended to read:

DHS 110.44 **Special events.** A licensed ambulance service provider or non-transporting ~~EMT~~ emergency medical service provider shall obtain department approval before providing emergency medical services for special events outside its primary service area or that will require the provider to exceed its normal staffing and equipment levels within its primary service area. Events that occur on a regular basis may be included in the service operational plan and an update submitted in lieu of a complete plan. To obtain department approval, the ambulance service provider or emergency medical service provider shall submit all of the following to the department not less than ~~44~~ 10 business days before the event:

(1) Name of the ambulance service provider or non-transporting ~~EMT~~ emergency medical service provider requesting approval.

(2) Contact information for the event manager, including how to contact the ambulance service provider during the event.

DHS 110.44 (8) The number of ambulances dedicated to the event including ambulance staffing configurations and types.

(9) Whether the service will be “dedicated services” or “as available” based on resources.

**SECTION 103.** DHS 110.44 (9m) is created to read:

DHS 110.44 (9m) Whether the special event coverage is for participants, spectators, or both.

**SECTION 104.** DHS 110.44 (10), (11) and (13) are amended to read:

DHS 110.44 (10) Description of on-site communications between the event manager, event staff, dispatch, and 9-1-1 dispatch.

(11) Explanation of how medical ~~control~~ consultation will be contacted ~~or if for~~ on-site medical direction at the patient location-consultation will be used.

DHS 110.44 (13) Explanation of how EMS ~~personnel~~ professionals will be notified and requested during the event.

**SECTION 105.** DHS 110.44 (17) is repealed and recreated to read:

DHS 110.44 (17) If the event occurs outside the primary service area of the ambulance service provider or non-transporting emergency medical service, documentation that the ambulance service provider for the primary service area in which the event is located has been notified at least 10 business days prior to the event or documentation that the ambulance service provider for the primary service area in which the event is located has approved the ambulance service provider or non-transporting emergency medical service requesting special event approval to provide event coverage within its primary service area.

**SECTION 106.** DHS 110.44 (20g) and (20r) are created to read:

DHS 110.44 (20g) Written acknowledgement that the special event coverage will not interfere with its responsibility to provide 9-1-1 emergency response within its primary service area, if the ambulance service provider or non-transporting emergency medical service provider is also licensed as a 9-1-1 provider.

(20r) If the special event coverage is for spectators and participants or both and more than 5000 people total are anticipated to be in attendance, a mass casualty plan including all of the following:

(a) Name and contact information of the ambulance service provider or public safety agency that shall be the lead agency in the event of a mass casualty incident.

(b) A copy of the triage protocol to be used in the mass casualty incident.

(c) A copy of the destination determination policy to be used in a mass casualty incident.

(d) A list of destination hospitals including contact information.

(e) Copies of any mutual aid agreements specific to the event.

(f) A list of any specialty resources prepositioned for the event.

(g) Patient tracking method to be used.

(h) Written acknowledgement that the ambulance service has identified potential staging areas and landing zones near the event.

(i) Written acknowledgement that the ambulance service provider or non-transporting emergency medical service provider has notified area hospitals of the date of the event.

**SECTION 107.** DHS 110.46 (title) is amended to read:

DHS 110.46 **License duration and application for renewal license.**

**SECTION 108.** DHS 110.46 is renumbered 110.46 (1) and amended to read:

DHS 110.46 (1) A license issued by the department to an emergency medical service provider is valid for the duration of the triennium as long as the provider remains in continuous compliance with EMS-related federal and state statutes, this chapter, and the operational plan approved by the department, or until the provider notifies the department in writing that it intends to cease providing emergency medical services or the department suspends or revokes the license.

**SECTION 109.** DHS 110.46 (2) is created to read:

DHS 110.46 (2) Notwithstanding sub. (1), an emergency medical service provider shall renew its license by June 30 of the third year of the triennium by submitting to the department an updated application that includes documentation acceptable to the department showing proof of eligibility. The application and documentation shall be submitted to the department in the manner or method specified by the department.

**SECTION 110.** DHS 110.47 (1), (2), (5) and (7) are amended to read:

DHS 110.47 (1) A service director qualified under s. DHS 110.4849.

DHS 110.47 (2) A service medical director qualified under s. DHS 110.4950.

DHS 110.47 (5) A training designee who is responsible for assisting the service medical director in assuring continued competency and facilitating the continuing education of the provider's EMS ~~personnel~~ professionals.

DHS 110.47 (7) EMS professionals sufficient to meet the staffing requirements under s. DHS 110.5051.

**SECTION 111.** DHS 110.48 (3) is amended to read:

DHS 110.48 (3) Assure that EMS ~~personnel~~professionals are properly licensed and credentialed.

**SECTION 112.** DHS 110.49 (1)(b), (c) and (f) are amended to read:

DHS 110.49 (1)(b) Current certification in CPR for health care professionals and, if the medical director provides medical direction for an EMT-intermediate, Advanced Emergency Medical Technician or ~~EMT~~-paramedic emergency medical services provider, current certification in ACLS and PALS unless the physician is certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

(c) Education, training and experience in emergency medicine.

DHS 110.49 (1)(f) Successful completion of the department's service medical director course or equivalent as determined by the department for any service medical director who is not board certified as specified in par. (b).

**SECTION 113.** DHS 110.49 (2) (a), (b), (f) and (j) are amended to read:

DHS 110.49 (2) (a) Prescribe patient care protocols under which the provider's ~~personnel~~ professionals treat.

DHS 110.49 (2) (b) Develop, review and approve in writing all patient care protocols that will be used by EMS ~~personnel~~ professionals delivering patient care under the operational plan.

DHS 110.49 (2) (f) Approve, limit, ~~or withdraw~~ suspend, or revoke credentials as provided under s. DHS 110.532.

DHS 110.49 (2) (j) Approve, direct, and assist in providing training activities that assure EMS ~~personnel~~ professionals are competent to provide safe and efficient patient care, based on the department approved patient care protocols.

**SECTION 114.** DHS 110.495 is created to read:

DHS 110.495 **Community emergency medical services medical director.** A CEMS provider shall have a minimum of one medical director who meets all of the qualifications under sub. (1) and has all the responsibilities under sub. (2).

(1) **QUALIFICATIONS.** Except as provided by sub. (3), a community emergency medical services medical director shall have all of the following:

- (a) Current licensure as a physician
- (b) Familiarity or experience with emergency medical services and practitioners
- (c) Any additional requirements as prescribed by the department.

(2) RESPONSIBILITIES. The CEMS medical director or medical direction team shall:

(a) Develop, review and approve in writing all patient care protocols that will be used by community emergency medical services practitioners delivering patient care under the operational plan.

(b) Ensure that physicians providing online medical consultation do so in a manner consistent with department-approved patient care protocols and guidelines.

(c) Establish, participate in, and ensure a continual quality improvement program as part of a patient care improvement process specific to the community emergency medical services.

(d) Approve, limit, suspend or revoke credentials as provided under s. DHS 110.53.

(e) Maintain liaison with the medical community, including hospitals, emergency departments, urgent care clinics, physicians, nurses, and other healthcare providers.

(f) Work with regional, state and local authorities to ensure that standards, needs and requirements are met

(g) Maintain current knowledge and skills appropriate for a community emergency medical services medical director/team through continuing education.

(h). Approve, direct, and assist in providing training activities that assure community emergency medical services practitioners are competent to provide safe and efficient patient care, based on the department approved patient care protocols/guidelines.

(3) MEDICAL DIRECTION TEAMS. A medical direction team may be used in lieu of a medical director so long as one member of the team meets the qualifications and responsibilities described under sub. (1) and (2). If the CEMS provider using a medical direction team is also licensed to provide other EMS education or patient services, a CEMS medical direction team shall include the EMS service medical director.

**SECTION 115.** DHS 110.50 (1) (intro.) and (a) to (c) are amended to read:

DHS 110.50 (1) An emergency medical service provider shall satisfy the staffing requirements appropriate to the level of service for which it is licensed. All individuals constituting the minimum staffing shall be credentialed with the emergency medical service provider under s. DHS 110.53. Except as provided in sub. (2) or (3), an emergency medical service provider shall comply with the following requirements that are applicable to the provider's level of service:

(a) ~~EMT-basie ambulance.~~ An ~~EMT-basie~~ ambulance shall be staffed with at least two individuals, credentialed with that emergency medical service provider under s. DHS 110.53, who are licensed at the ~~EMT-basie~~ level or one licensed ~~EMT-basie~~ and one with an ~~EMT-basie~~ training permit. When staffed with a person that holds an ~~EMT-basie~~ training permit the licensed ~~EMT-basie~~ must be in the patient compartment during transport.

(b) ~~AEMT-intermediate technician ambulance.~~ An ~~AEMT-intermediate technician~~ ambulance shall be staffed with at least two individuals credentialed with that emergency medical service

provider under s. DHS 110.53. One individual shall be licensed at the ~~AEMT-intermediate technician~~ level and one individual licensed at or above the EMT-~~basic~~ level. If a patient requires ~~AEMT-intermediate technician~~ skills, medications or equipment, the ~~AEMT-intermediate technician~~ shall remain with the patient at all times during care and transport of the patient.

(c) *EMT-intermediate ambulance.* An EMT- intermediate ambulance shall be staffed with at least two individuals credentialed with that emergency medical service provider under s. DHS 110.53. One individual shall be licensed at the EMT-intermediate level and one individual licensed at or above the EMT-~~basic~~ level. If a patient requires EMT-intermediate skills, medications or equipment, the EMT-intermediate shall remain with the patient at all times during care and transport of the patient.

**SECTION 116.** DHS 110.50 (1) (d) 1. is renumbered 110.50 (1) (d) 1. (intro.) and amended to read:

DHS 110.50 (1) (d) 1. For an ambulance service provider licensed before January 1, 2000, the ambulance shall be staffed with two ~~EMT-paramedics~~: credentialed with that emergency medical service provider under s. DHS 110.53 except if any of the following apply:

**SECTION 117.** DHS 110.50 (1) (d) 1. a. to c. are created to read:

DHS 110.50 (1) (d) 1. a. The ambulance is responding in a municipality with a population of less than 10,000.

b. The ambulance is performing an interfacility transport.

c. All regularly staffed two-paramedic ambulances are committed to emergency events. In that case, additional ambulances may be staffed with one paramedic and individual licensed at or above the EMT level.

**SECTION 118.** DHS 110.50 (1) (d) 2. is amended to read:

DHS 110.50 (1) (d) 2. Except as provided in subd. 3., for an ambulance service provider licensed after January 1, 2000, the ambulance shall be staffed with at least two individuals credentialed with that emergency medical service provider under s. DHS 110.53. ~~one~~ One individual shall be licensed at the ~~EMT-paramedic~~ level and one individual licensed at or above the EMT ~~at any~~ level. If a patient requires patient care at the paramedic level, the paramedic shall remain with the patient at all times during care and transport of the patient.

**SECTION 119.** DHS 110.50 (1) (d) 3. is renumbered 110.50 (1) (d) 3. (intro.) and amended to read:

DHS 110.50 (1) (d) 3. For an ambulance service provider licensed at the paramedic level in the same primary service area in which paramedic service was or is provided by two ~~EMT-paramedics~~, the ambulance shall be staffed with two ~~EMT-paramedics~~ except if any of the following apply:-

**SECTION 120.** DHS 110.50 (1) (d) 3. a. to c. are created to read:



DHS 110.50 (1) (d) 3. a. The ambulance is responding in a municipality with a population of less than 10,000.

b. The ambulance is performing an interfacility transport.

c. All regularly staffed two-paramedic ambulances are committed to emergency events. In that case, additional ambulances may be staffed with one paramedic and individual licensed at or above the EMT level.

**SECTION 121.** DHS 110.50 (1) (d) 4., (e) to (g), (2) and (note) are amended to read:

DHS 110.50 (2) (d) 4. A provider that uses a two paramedic system, in which paramedics respond separately from different locations, shall dispatch both ~~EMT~~-paramedics immediately and simultaneously for all emergency response requests. A single paramedic performing in this staffing configuration may perform all the skills allowed in the scope of practice of the ~~EMT~~-paramedic prior to the arrival of a second paramedic, as long as the arrival of the second paramedic is expected within a reasonable and prudent time based on the patient's condition. ~~If only one EMT paramedic responds, care shall be provided within the next lower level scope of practice, and transport of the patient requires one EMT paramedic and one additional EMT at any level.~~ If 2 ~~EMT~~-paramedics respond, after the patient has been assessed and stabilized, one ~~EMT~~-paramedic may be released by patient care protocol or verbal order from a medical control physician. An ambulance service provider that responds with ~~EMT~~-paramedics from two different locations, or that releases one ~~EMT~~-paramedic after assessment, shall identify in its operational plan what time frame is considered to be a timely response based on its resources and primary service area logistics.

DHS 110.50 (1) (e) *Critical care ambulance.* A critical care level interfacility transport shall be staffed with at least two individuals credentialed with that emergency medical service provider under s. DHS 110.53. ~~One individual shall be licensed and credentialed at the critical care paramedic level and one individual shall be licensed and credentialed as an emergency medical services practitioner at any EMT-level.~~ If a patient requires critical care paramedic skills or medications, the critical care paramedic shall remain with the patient at all times during care and transport of the patient.

(f) *Non-transporting ~~EMT~~ emergency medical service provider.* A non-transporting ~~EMT~~ emergency medical service provider shall ~~staff the same as an ambulance service provider with the exception of the requirements relating to transporting of the patient~~ respond to a request for service with at least one licensed emergency medical services practitioner at the level for which the service provider is licensed.

(g) *First ~~Emergency medical responder~~ service provider.* When ~~a first~~ an emergency medical responder service provider responds to a request for service at least one certified ~~first-emergency medical responder~~ shall respond.

DHS 110.50 (2) A physician, physician assistant or a registered nurse may take the place of any ~~emergency medical responder or emergency medical services practitioner~~ ~~EMT~~ at any service level provided he or she is trained and competent in all skills, medications and equipment used by that level of ~~EMT-emergency medical responder or emergency medical services practitioner~~ in the pre-hospital setting and provided he or she is approved by the service medical director. A

physician assistant or registered nurse may not practice at a higher level of care than the level at which the service is licensed.

**Note:** To assist the service medical director in assuring competency, there are registered nurse to EMT–basic and registered nurse to paramedic transition courses available through the certified training centers. A physician, physician assistant, or registered who is not licensed as an EMS professional is operating under his or her physician, nurse or physician assistant license. Any conduct subject to enforcement action under subch. V while operating as an EMS professional will be reported to the appropriate governing board and may affect the individual’s physician, nurse or physician assistant license.

**SECTION 122.** DHS 110.50 (2m) is created to read:

DHS 110.50 (2m) Subject to the population requirements identified in s. 256.15 (4) (e) and (f). an ambulance service provider licensed at the EMT, AEMT, or EMT-intermediate level may staff an ambulance with one emergency medical service practitioner licensed at the level of the ambulance service provider and one certified emergency medical responder. The licensed emergency medical services practitioner shall remain with the patient at all times during care and transport of the patient.

**SECTION 123.** DHS 110.50 (3) (intro.) is amended to read:

DHS 110.50 (3) Except as provided under subs. (2) and (2m), ~~An~~ ambulance service provider may only deviate from the ambulance staffing requirements under sub. (1) if all 9-1-1 response ambulances are busy and the service has an approved reserve ambulance vehicle and one of the following condition applies:

**SECTION 124.** DHS 110.50 (3) (b) is repealed.

**SECTION 125.** DHS 110.50 (4) is created to read:

DHS 110.50 (4) An ambulance service provider may supplement its 9-1-1 response resources with ambulances staffed at a lower service level in addition to the ambulances staffed at its normal level of licensure under all of the following conditions:

(a) The ambulance service provider does not reduce the number of ambulances staffed at the level of its licensure available for 9-1-1 responses, except as permitted under s. DHS 110.37(2).

(b) The ambulance service provider maintains a minimum of one 9-1-1 response ambulance staffed at the level of its licensure 24 hours-a-day, 7 days-a-week.

(c) The ambulance service provider provides documentation to the department that the ambulance service provider is dispatched by a public safety answering point or dispatch center using an emergency medical dispatch system. Ambulances staffed at a lower level of service shall only be dispatched if one of the following applies:

1. The emergency response meets the standards identified within the public safety answering point’s or dispatch center’s emergency medical dispatch system for the lower service level.

2. All 9-1-1 ambulances staffed at the highest level of licensure are already committed to other 9-1-1 responses.

(d) The ambulance service provider has protocols approved by the service medical director and the department for when a patient's condition requires a response must be upgraded to a higher level of care.

(e) If an ambulance service provider is licensed as both a 9-1-1 provider and an inter-facility provider, the provider shall maintain a minimum of one ambulance available at the level of its licensure in its primary service area for 9-1-1 response while providing interfacility transports.

(f) The ambulance service provider obtains approval from the department. The ambulance service provider shall request approval through submission of an operational plan.

**SECTION 126.** DHS 110.51 (2) (a) and (b) are amended to read:

DHS 110.51 (2) (a) The individual shall be licensed as an ~~EMT~~emergency medical services practitioner at or above the skill level of the training provided and shall have the knowledge and experience in using the skills, equipment and medications that are required by the scope of practice for the certification or licensure for which training is provided. A physician, registered nurse or physician assistant with training and experience in the pre-hospital emergency care of patients is deemed trained to the paramedic level.

(b) A preceptor shall have a minimum of two years pre-hospital patient care experience as a licensed, practicing ~~EMT~~emergency medical services practitioner at or above the level of the training provided, or as a physician, registered nurse or physician assistant.

**SECTION 127.** DHS 110.52 (1), (3) to (6), and (8) are amended to read:

DHS 110.52 EMS ~~personnel~~professional credentialing.

DHS 110.52 (1) In order to provide emergency medical care ~~above the first aid scope of practice level, a first~~ an emergency medical responder or EMT-emergency medical services practitioner must first be credentialed with an emergency medical service provider with which the ~~first emergency medical responder or EMT-emergency medical services practitioner~~ will provide emergency medical care.

DHS 110.52 (3) The service medical director shall authorize any skills, equipment, or medications that the individual may use in the service of the provider, ~~other than those that are within the first aid scope of practice.~~ The service medical director may only authorize EMS ~~personnel professionals~~ to perform skills, use equipment and administer medications that are within the scope of practice of the individual's certificate or license and within the scope of practice of the emergency medical service provider's license.

(4) A certified ~~first emergency medical responder or licensed EMT-emergency medical services practitioner~~ may be credentialed by more than one emergency medical service provider.

(5) An individual's credential remains in effect until the individual's service with the emergency medical services provider ceases, the service medical director ~~withdraws limits, suspends, or revokes~~ the credential, or the department suspends or revokes the individual's license.

(6) The service medical director may ~~withdraw limit or suspend~~ an individual's credential if the individual has engaged in conduct that is dangerous or is detrimental to the health or safety of a patient or members of the general public, while acting under the authority of his or her certificate or license, or if the service medical director determines that individual needs remedial training to properly treat patients. If an individual's credential is ~~withdrawn~~limited or suspended for remedial

training, the service medical director and service director shall develop a course of remedial training for the individual with a timeline for completion and return to full service.

DHS 110.52 (8) The ~~termination~~ limitation, suspension, or withdrawal–revocation of an individual’s credential does not by itself affect the individual’s certificate or license.

**SECTION 128.** DHS 110.52 (7) is repealed and recreated to read:

DHS 110.52 (7) The service medical director may revoke an individual’s credential if the individual has engaged in conduct that is dangerous or is detrimental to the health or safety of a patient or members of the general public. Prior to the revocation, the service medical director shall consult with the department’s emergency medical services staff and the state emergency medical services medical director.

**SECTION 129.** DHS 110.525 (1) and (2) are amended to read:

DHS 110.525 (1) An ambulance service provider may provide supervised field training of EMS ~~personnel~~ professionals through its licensed staff who have been designated as preceptors by the provider’s service medical director under s. DHS 110.51 (1).

DHS 110. 525 (2) An ambulance service provider that provides supervised field training of EMS ~~personnel~~ professionals shall have a written agreement with a certified training center that describes who the field training is provided and the responsibilities of the provider and the training center with respect to the field training. This agreement shall be signed by the training center’s program director and the ambulance service provider’s service director after consultation with both the training center medical director and the service medical director.

**SECTION 130.** DHS 110.526 is created to read:

DHS 110.526 **Opioids training.** (1) An EMS practitioner shall undergo training regarding the safe and proper administration of naloxone or another opioid antagonist to individuals who are undergoing or suspected of undergoing an opioid-related drug overdose consisting of instruction in recognizing opioid-related drug overdose patients, medication preparation and administration, and any other information requested by the department.

(2) An EMS practitioner may fulfill the training requirement under sub. (1) through any of the following:

(a) Initial training in the applicable Wisconsin curriculum that includes administration of naloxone or another opioid antagonist.

(b) Continuing education through a training center that includes administration of naloxone or another opioid antagonist.

(c) Training provided by an emergency medical service provider with which the individual is credentialed that is approved by the service medical director and the department.

(d) Any other training as approved by the department.

**SECTION 131.** DHS 110.54 (7), (13), and (17) are amended to read:

DHS 110.54 (7) The person was disciplined as a ~~first~~ an emergency medical responder, EMT emergency medical services practitioner or other healthcare provider in Wisconsin or another state.

DHS 110.54(13) The person failed to maintain certification in CPR for health care professionals by completing a course approved by the department and has performed as an ~~first~~ emergency medical responder or EMT-emergency medical services practitioner.

DHS 110.54 (17) The person engaged in conduct that was dangerous or detrimental to the health or safety of a patient or to members of the general public while performing as an ~~first~~ emergency medical responder or EMT-emergency medical services practitioner.

**SECTION 132.** DHS 110.54 (26e), (26m), and (26s) are created to read:

DHS 110.54 (26e) The person violated or aided and abetted a violation of any law substantially related to the practice of emergency medical services or was convicted of any crime substantially related to the practice of emergency medical services. A certified copy of a judgment of conviction is prima facie evidence of a violation.

(26m) The person failed to notify the department within seven days of any arrest for violation of any law substantially related to the practice of emergency medical services

(26s) The person failed to notify the department of a felony or misdemeanor conviction in writing within 48 hours after the entry of the judgment of conviction, including the date, time, place, and nature of the conviction or finding. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime in order that the department determine whether the circumstances of the crime of which the person was convicted are substantially related to the practice of emergency medical services.

**SECTION 133.** DHS 110.54 (27) is amended to read:

DHS 110.54 (27) A person licensed as an emergency medical services provider failed to provide or maintain, when required, insurance coverage sufficient to protect ~~EMS personnel~~ professionals in the performance of their duties for the provider.

**SECTION 134.** DHS 110.59 (note) is amended to read:

**Note:** A mailing address of the Division of Hearings and Appeals is PO Box 7875, 5005 University Ave., Suite 201, Madison, WI 53705-5400. The division's fax number is 608-264-9885. A copy of the request shall be submitted to the department at 1 West Wilson St., Room, P.O. Box 2659, Madison WI 53701-2659 or faxed to 608-261-6392.

**SECTION 135. EFFECTIVE DATE:** This rule shall take effect on the first day of the month following publication in the Wisconsin administrative register, as provided in § 227.22 (2), Wis. Stats.