



**2016–2018**

**WISCONSIN  
EMERGENCY MEDICAL SERVICES  
PLAN**



**Wisconsin  
Department of Health Services**

Office of Preparedness and Emergency Health Care  
EMS Section  
P-00576 (01/2016)

## 2016–2018 WISCONSIN EMERGENCY MEDICAL SERVICES STATE PLAN

The 2016–2018 Wisconsin Emergency Medical Services Plan is prepared in accordance with Wis. Stat. § 256.08, which directs the Department of Health Services (DHS) to prepare a state emergency medical services plan and to identify priorities for changes in the state’s emergency medical services system for the two years following preparation of the plan. Under § 13.172 (2) of the statutes, the Department shall provide a copy of the state emergency medical services plan biennially to the legislature.

The National Highway Traffic Safety Administration (NHTSA), the Health Resources and Services Administration (HRSA) national *EMS Agenda for the Future*, and the Wisconsin State Health Plan, *Healthiest Wisconsin 2020*, provided the guidance and vision for the 2016–2018 Wisconsin Emergency Medical Services Plan. The plan supports Wisconsin’s overall goal for the future, to achieve an effective, efficient, and integrated Emergency Medical Services (EMS) system for the state.

There are 10 essential components of an optimal EMS system. Listed below are each of those components, a description of each component, and the plan for priorities to improve Wisconsin’s EMS System. Issues identified as priorities in earlier plans but not yet resolved are incorporated in this plan for continued attention.

The following plan is based on a National Highway Traffic Safety Administration (NHTSA) assessment conducted in June of 2012. This assessment identified 53 recommendations for improvement of the EMS system. These recommendations were then reviewed by DHS, the EMS Board, and stakeholders throughout the state to identify the most important recommendations. This 2016-2018 plan incorporates these priorities.

### 1. REGULATION AND POLICY

#### **National Highway Traffic Safety Administration Standard:**

“Each State should have in place comprehensive enabling legislation, regulations, and operational policies and procedures to provide an effective statewide system of emergency medical and trauma care.”<sup>[1]</sup>

#### **Priorities for Improvement**

- Identify sources of funding for the EMS and trauma system to help ensure sustainability.
- Provide authority to establish minimum standards related to system elements such as personnel, services, specialty care facilities and regional systems and identify penalties for noncompliance.
- Provide for an injury/trauma prevention and public education program.
- Continue to develop, in cooperation with EMS stakeholders and the Department, an initiative to support a stable infrastructure of the Wisconsin EMS system.

## **2. RESOURCE MANAGEMENT**

### **National Highway Traffic Safety Administration Standard:**

“Each State EMS lead agency should identify, categorize, and coordinate resources necessary for establishment and operation of regionalized, accountable EMS and trauma systems.”<sup>[1]</sup>

### **Priorities for Improvement**

- Develop programs for continuing the recruitment and retention of volunteer EMS personnel.
- Verify submitted ambulance service operation plans through periodic, on-site evaluations.
- Collaborate with the preparedness and trauma programs in the development of healthcare coalitions.
- Explore and assist areas of the state that have difficulty staffing ambulance calls and explore regionalization options.
- Identify best practices that may be used to establish, maintain and promote recruitment and retention.

## **3. HUMAN RESOURCES AND TRAINING**

### **National Highway Traffic Safety Administration Standard:**

“Each State should ensure that its EMS system has essential trained and certified/licensed persons to perform required tasks. These personnel include: first responders (e.g., police and fire), prehospital providers (e.g., emergency medical technicians and paramedics), communications specialists, physicians, nurses, hospital administrators, and planners. Each State should provide a comprehensive statewide plan for assuring a stable EMS workforce including consistent EMS training and recruitment/retention programs with effective local and regional support.”<sup>[1]</sup>

### **Priorities for Improvement**

- Assure statutory authority, rules and regulations to support a system of EMS personnel licensure that meets or exceeds the national EMS Scope of Practice Model, new National Education Standards, as they are available, and other aspects of the EMS Education Agenda for the Future.
- Identify the process required to change Wis. Stat. ch. 256 and Wis. Admin. Code ch. DHS 110 when deemed necessary based on changes that occur within the Wisconsin EMS System.
- Continue to investigate and prepare recommendations on the concept of minimum competencies versus curriculum adherence.
- Support the training centers in obtaining and/or maintaining paramedic program accreditation in preparation for the transition to the national education standards.
- Work with the Wisconsin Technical College System to identify alternative clinical locations.
- Develop and deploy an instructor evaluation system that involves both the EMS office and the Wisconsin Technical College System Office.
- Continue working to establish National Educational Standards for training and education.

#### 4. TRANSPORTATION

**National Highway Traffic Safety Administration Standard:**

“Each State should require safe, reliable EMS transportation.”<sup>[1]</sup>

**Priorities for Improvement**

- Assure coordination of all emergency transports within the EMS system, including public, private, or specialty (air and ground) transport and including center(s) for regional or statewide EMS transportation coordination and medical direction if appropriate; and
- Develop regulations to ensure ambulance drivers are properly trained and licensed.
- Continue to work with the Wisconsin Department of Transportation to revise Wis. Admin. Code ch. TRANS 309 to adjust the ambulance equipment standards.
- Investigate the effects of the implementation of emergency vehicle operation and driver safety training policy as required in Wis. Admin. Code § DHS 110.35(2)(a) and whether this has improved ambulance driver safety and reduced ambulance crashes.

#### 5. FACILITIES

**National Highway Traffic Safety Administration Standard:**

“It is imperative that the seriously injured (or ill) patient be delivered in a timely manner to the closest appropriate facility.”<sup>[1]</sup>

**Priorities for Improvement**

- Develop and publish a list of hospitals and their specialty care designations. Specifically identify those facilities designated as primary stroke centers, S-T elevation myocardial infarction (STEMI) centers, and trauma-designated facilities.
- Continue to foster development of specialty care systems of care such as stroke, S-T elevation myocardial infarction (STEMI), and trauma.

#### 6. COMMUNICATION

**National Highway Traffic Safety Administration Standard:**

“An effective communications system is essential to EMS operations and provides the means by which emergency resources can be accessed, mobilized, managed, and coordinated. Each State should assure a comprehensive communication system.”<sup>[1]</sup>

**Priorities for Improvement**

- Continue to help develop an interoperable system that enables communications from dispatch to ambulance, ambulance to ambulance, ambulance to hospital, hospital to hospital and ambulance to public safety communications.
- Develop dispatcher training and certification standards.
- Finalize the revisions to the State EMS communication plan and disseminate to EMS providers.
- Continue to support the implementation of dispatch training and certification.

## 7. PUBLIC INFORMATION AND EDUCATION

### **National Highway Traffic Safety Administration Standard:**

“Public awareness and education about the EMS system are essential to a high quality system. Each State should implement a public information and education (PI&E) plan.”<sup>[1]</sup>

### **Priorities for Improvement**

- Develop a broad-based public information and education plan that would target, in part, policy makers and the general public, to garner support for the Wisconsin EMS system. Among other topics, this should address emergency medical services and trauma systems.
- Continue to develop the EMS website to be the primary source of information regarding Wisconsin EMS.
- Leverage data system reports to create fact sheets for public dissemination to help educate the public on the EMS system.
- Identify funding to promote and educate the public about Wisconsin EMS.

## 8. MEDICAL DIRECTION

### **National Highway Traffic Safety Administration Standard:**

“Physician involvement in all aspects of the patient care system is critical for effective EMS operations. EMS is a medical care system in which physicians oversee non-physician providers who manage patient care outside the traditional confines of the office or hospital. States should require physicians to be involved in all aspects of the patient care system.”<sup>[1]</sup>

### **Priorities for Improvement**

- Continue to enhance the required credentials of EMS medical directors, based upon the level of the EMS programs involved.
- Discuss development of regional EMS systems and regional medical directors.
- Develop periodic, statewide and regional forums for local EMS medical directors to meet with the state EMS medical director and other bureau staff, discuss common issues, share solutions, and utilize electronic options for facilitating continual interaction among EMS medical directors.
- Translate the current medical director course into an interactive and measurable program that can generate a course completion certificate.
- Collaborate with EMS for Children on issues related to children.

## 9. TRAUMA SYSTEMS

### **National Highway Traffic Safety Administration Standard:**

“Each State should maintain a fully functional trauma system to provide a high quality, effective patient care system. States should implement legislation requiring the development of a trauma system.”<sup>[1]</sup>

### **Priorities for Improvement**

- Support the state trauma system with the promotion of the updated triage and transport guidelines.

- Support continued collaboration with the WI trauma system.
- Manage better dissemination of EMS data between services and hospitals to increase efficiencies in patient care and treatment.

## **10. EVALUATION**

### **National Highway Traffic Safety Administration Standard:**

“Each State should implement a comprehensive evaluation program to assess effectively and to improve a statewide EMS system.”<sup>[1]</sup>

#### **Priorities for Improvement**

- Provide summary feedback information, derived from submitted data, to the state’s EMS provider agencies.
- Develop a process (evaluation tools) to evaluate all EMS system activities and incorporate into existing committee work.
- Complete the transition from the National EMS Information System data set version 2.0 to 3.0.
- Create standard reports of system data to be used as indicators of the EMS system status.
- Publish statewide EMS data that can be utilized by stakeholders, providers, and services.
- Identify the use of data to help promote support for the Wisconsin EMS system.
- Provide courses that will help promote the use and application of WARDs Data to support continuous quality improvement for optimal patient outcomes.

### **Special Component - PREPAREDNESS FOR LARGE SCALE EVENTS (Public Health Emergency)**

#### **National Highway Traffic Safety Administration Standard:**

“EMS is a critical component in the systematic response to day-to-day emergencies as well as disasters. Building upon the day-to-day capabilities of the EMS system, each state should ensure that EMS resources are effectively and appropriately dispatched and provide prehospital triage, treatment, transport, tracking of patients and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations”<sup>[1]</sup>

#### **Priorities for Improvement**

- Assure state and regional involvement of EMS in emergency response plans and exercises
- Prepare and disseminate proper guidance to the EMS community in response to any declared public health emergency. Assure continued involvement in after-action planning activities that result from evaluations of operations to better prepare for future events.
- Assure EMS services are involved in disaster and emergency response, including involvement in the Mutual Aid Box Alarm System (MABAS).
- Encourage EMS services to participate in their regional Health Care Coalition to assist with the development and drilling of emergency response plans that EMS would be involved in during and after a local and/or state emergency event.

<sup>[1]</sup> National Highway Transportation Safety Administration. (2010). *Statewide EMS Reassessments Program Guide*.

January 20, 2016

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**Hearing Report - State Emergency Medical Services Plan**  
**Held Thursday, January 14, 2016, 3-5 P.M.**  
**Room B-370, 1 West Wilson Street, Madison, Wisconsin 53703**

Hearing opened at 3 P.M. by James Newlun, Wisconsin EMS Director.

One attended in person. This person did follow up with a letter outlining his comments about the plan. He did also receive a letter of support from another EMS Service.

Multiple written comments were received regarding the EMS plan via e-mail.

Written comments on EMS in general, and about the plan were received via e-mail (listed below).

No specific comments for or against the plan. There was in certain areas of the plan where it was felt that more focus needed to be done. Other sections people felt could be taken out of the plan.

Attached in this report are the comments made. You will see these comments below.

There were concerns about the amount of time allowed to comment on the plan. These comments were received from EMTs, Stakeholders, and Service Directors.

Hearing closed at 5 P.M. by James Newlun, EMS Director

## 2016-2018, Wisconsin Emergency medical Services Plan Public Hearing

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Public Meeting called to order at 15:00.

15:40, Tim Hillenbrand attended the public meeting. His areas of concern are the late date of the announcement, lack of communication to stakeholders to review the plan and to participate in the public meeting. Mr. Newlun expressed apologies for the shortness of time due to the assigned date. Also has concerns of regulation and policy section four, continue to develop, in cooperation with EMS stakeholders and the Department, an initiative to support a stable infrastructure of the WI EMS System. Has a concern that stakeholder groups are creating legislation independent of the Department and stakeholders are not being heard. Wants to have the AEMT stay in place, but go back to the EMT-IV Tech level.

Under resource management, and has concerns for how services are going to staff ambulances. Costs to services to operate at the higher level, including the staffing. Best practices for recruitment and retention is a crew that should be able to respond with any configuration of crew independent of the service licensure level. Wants EMT IV Tech added back to state licensure. Evaluation process will be interesting to see how the first responder and a basic crew blend into the EMS system. Discussions on NHTSA funding for EMS activities.

Would like to work with WORH to facilitate a leadership course for Dane County.

Public Meeting Adjourned at 17:00.



**From:** [Hillebrand, J Timothy](#)  
**To:** [Newlin, James C - DHS](#)  
**Cc:** [brandon@midwestfinancialgroup.net](#); [Reo Pope - LEGIS](#); [EMS Task Force \(newemstaskforce@gmail.com\)](#)  
**Subject:** Comments on 2016 - 2018 Wisconsin Emergency Medical Services Plan  
**Date:** Friday, January 15, 2016 11:56:00 AM  
**Attachments:** [2016 - 2018 State Emergency Medical Services Plan Response Letter.docx1.pdf](#)

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James, Attached are my comments

J. Timothy Hillebrand  
EMS Coordinator  
Dane County Emergency Management  
115 W. Doty Street, Room 2107  
Madison, WI 53703

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**From:** [Brandon Masbruch](#)  
**To:** [Hillebrand, Tim](#); [Newlun, James C. - DHS](#)  
**Cc:** [Rep.Pope - IEGIS; EMS Task Force \(newemstaskforce@gmail.com\)](#)  
**Subject:** RE: Comments on 2016 - 2018 Wisconsin Emergency Medical Services Plan  
**Date:** Friday, January 15, 2016 12:27:35 PM  
**Attachments:** [image002.png](#)  
[image003.png](#)

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James,

As the director of Belmont EMS I fully and completely support the letter sent by Mr. Hillebrand. While meeting with Senator Marklein's staff last week I realized that there are many factors that aren't being considered when looking at the needs of the patients served by volunteer EMS in our state. There needs to be a more proactive approach to engage these parts of our state. This includes scheduling meetings with a legitimate amount of notice, and potentially time changes to allow for the fact that most the EMS members and directors in our state have a full time job that isn't EMS. Because of the lack of adequate notice I was not able to attend the hearing yesterday. I hope that as we move forward we are able to bring the real stakeholders to the table.

Brandon Masbruch



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**From:** Hillebrand, J Timothy [mailto:Hillebrand@countyofdane.com]  
**Sent:** Friday, January 15, 2016 11:56 AM  
**To:** Newlun, James C - DHS (James.Newlun@dhs.wisconsin.gov)  
<James.Newlun@dhs.wisconsin.gov>  
**Cc:** Brandon Masbruch <brandon@midwestfinancialgroup.net>; Rep.Pope  
(Rep.Pope@legis.wisconsin.gov) <Rep.Pope@legis.wisconsin.gov>; EMS Task Force  
(newemstaskforce@gmail.com) <newemstaskforce@gmail.com>  
**Subject:** Comments on 2016 - 2018 Wisconsin Emergency Medical Services Plan

James, Attached are my comments

J. Timothy Hillebrand  
EMS Coordinator  
Dane County Emergency Management  
115 W. Doty Street, Room 2107  
Madison, WI 53703

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## Cross Plains Area Emergency Medical Services

J. Timothy Hillebrand, EMS Chief

2027 Park Street ♦ PO Box 152 ♦ Cross Plains WI 53528  
Phone: (608) 798.2720 ♦ Email: cpemsdirector@charter.net

January 15, 2016

Mr. James Newlun  
1 W. Wilson Street, Room 1150  
Madison WI 53703

James:

First I would like to express my support and thanks for your office and team for their help over the past year. I have had interaction with a number of your team members and found them very helpful.

In regards to the public hearing on the proposed 2016 – 2018 Wisconsin Emergency Medical Services Plan I would like to have the following comments entered into the public hearing that was held on January 14, 2016.

1. I was disappointed with the short notice to the stakeholder's to review, prepare and respond to this document. I received an email just two day prior and checking with other Chiefs and Directors some just a day prior.
2. In reviewing the plan introduction you reference the National Highway Traffic Safety Administration (NHTSA), the Health Resources and Services Administration (HRSA) National EMS Agenda for the Future, and the Wisconsin Health Plan, Healthiest Wisconsin 2020, provided the guidance and vision for the plan. It would have been ideal to have these reference links attached to the plan for review? In the end it appears the plan is based off of 10 essential components from the National Highway Traffic Safety Administration assessment done back in 2012.
3. In reviewing these 10 components it indicates that each State "Should" not "Shall" have these components of the plan in their system. Wisconsin take great pride in being a "Home Rule State" and we should remember this when stakeholders have request that do not fall under the National Standard.
4. "Regulation and Policy" bullet four "Continue to develop, in cooperation with EMS stakeholders and the Department, an initiative to support a stable infrastructure of the Wisconsin EMS system"
  - a. To build a stable infrastructure we need to listen to the stakeholders, what works in heavily populated (large tax base) areas of the State do not always work in the less populated and lower tax base communities in the State. Local communities are and should be in control of what level of service they are going to provide and what is the best way to provide it. For example if a communities operational plan list they are going to provide an Advanced EMT level of care we should allow for that level unless they are unable to at a particular time. If unable to provide the AEMT level but can provide the next lower level of care (EMT-Basic) we should allow them to

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operate at that level at that time. This change would allow the system to have a stable infrastructure in place by allowing the local provider to handle the call and not pull a neighboring ambulance provider to handle the call which may be at the EMT-Basic level of care. The patient would receive the same level of care from the local provider that the neighboring provider would be providing without taking a neighboring provider out of service thus keeping the stable infrastructure in place.

5. Resource Management, your top bullet is to "Develop programs for continuing the recruitment and retention of volunteer EMS personnel."
  - a. For retention one of the best tools the State every had was the IV-Technician program. Why, because basic EMT could attend additional training at about half of the current hours required for the AEMT and provide the same skills. This kept the basic in the game to move to the next level without all the extra hours in the classroom, National Registry exams, added cost for training and testing. If you were to survey the providers they will tell you that most of the current EMT Basic do not want to take the Advanced EMT class because of the time and money commitment. Additionally the last line states " Each State should provide a comprehensive state wide plan for assuring a stable EMS workforce including consistent EMS training and recruitment/retention programs with effective local and regional support."

The national standard is not local or regional, you ask for stakeholder input and when provided you drop back to the national standard. The first bullet is a perfect example under Priorities for Improvement, it states, assure statutory authority, rules and regulations to support a system of EMS personnel licensure that meets or exceeds the national EMS Scope of Practice model, new National Education Standards, as they are available and other aspects of the EMS Education Agenda for the future. I see no reference to local stakeholder, community needs, or local and regional support. The final bullet confirms this by stating "Continue working to establish National Educational Standards for training and education."

What this plan does is it excludes the real stakeholders, the front line volunteers and local communities in this form. It creates dissension within the EMS system as we saw in 2015 when local stakeholder felt a need to have the statute change to allow for them to provide service in their area that kept a stable infrastructure in place for their local system. Additional grass root efforts are ongoing for additional changes but they do not include the EMS office at this time because they feel their request fall on deaf ears or the office provide reasons why not to make the change rather than what steps are needed to make the change.

If we want continue to have a strong EMS system and infrastructure in place then this plan need's to have the local stakeholders involvement that includes actions on their concerns rather than fall back on a national standard. Thank you for allowing me to comment on this plan.



J. Timothy Hillebrand  
EMS Chief  
Cross Plains Area EMS

**Wisconsin EMS Association**  
Your voice for EMS



January 15, 2016

James Newlun, EMS Director  
WI Department of Health Services  
Emergency Medical Services Section  
1 West Wilson Street RM 1150  
PO Box 2659  
Madison, WI 53701-2659

Dear Mr. Newlun;

The Wisconsin EMS Association has reviewed the 2016-2018 State EMS Plan and appreciates the opportunity to submit the following comments. We have included our comments and concerns under each standard.

**1. Regulation and Policy**

*"Continue to develop, in cooperation with EMS stakeholders and the Department, an initiative to support a stable infrastructure of the Wisconsin EMS system."*

**Comments:** While the Association supports this initiative, we urge the Department to be cognizant of the fact that the majority of Wisconsin's EMS system is supported by volunteers. Current policy and regulations at both the state and national levels are creating hardships on volunteer EMS providers, making it more and more difficult to sustain our current infrastructure. This initiative will not be successful if it fails to include measures that do not take these hardships into consideration or fails to provide accommodations and support of the current volunteer infrastructure.

**NHTSA Recommendation:** *Establish a sustainable source of funding for the EMS and trauma system.*

**Comments:** Similar to the 2014-2016 EMS plan, this document lacks an action plan to deal with Wisconsin's underfunded EMS system. Since the release of NHTSA's recommendations nearly four years ago, minimal to no movement has been done to ensure the viability and sustainability of Wisconsin's EMS system. Several EMS agencies across the state continue to struggle to meet the increasing educational and financial requirements to provide emergency medical services to their communities. The state EMS Office and the state EMS system continues to be understaffed and underfunded. We urge the Department to include a comprehensive improvement plan that will identify a stable funding source, address inadequate Medicaid reimbursement rates, increase the Funding Assistance Program (FAP), and provide adequate staffing within the state EMS office to ensure the its responsibilities are carried out in a timely manner as statutorily required.

## **2. Resource Management**

*"Verify submitted ambulance service operation plans through periodic, on-site evaluations."*

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**Comments:** Performing periodic site visits appears to be an overly aggressive priority based on the EMS office's limited staffing and financial resources. In addition, the priority statement is vague in relation to accomplishing the NHTSA recommendation under this particular category. It appears the EMS office's intentions with site visits would be more suited under the Regulation and Policy category. It is uncertain how EMS office site visits will improve or accomplish the recommendations in regards to Resource Management.

*"Explore and assist areas of the state that have difficulty staffing ambulance calls and explore regionalization options."*

**Comments:** While regionalization has been a "buzz" word used by various stakeholders for several years, no group has defined what the ultimate goal is or what regionalization actually means for Wisconsin. Several EMS agencies around the state have developed agreements and working arrangements with their neighboring and mutual aid partners. While this particular priority speaks to areas that are experiencing difficulty, we urge the Department not to disrupt these existing relationships when researching a statewide regionalization plan.

## **3. Human Resources and Training**

*"Investigate and prepare recommendations on the concept of minimum competencies versus curriculum adherence."*

**Comments:** The Association supports the establishment of minimum competencies and standardized curricula at all provider levels. However, we oppose any latitude provided to training centers to significantly expand the number of hours, include content outside the standard curriculum or require excessive amounts of out-of-class student work. This practice increases costs, places hardships on volunteer EMS providers and strains recruitment and retention efforts. Additionally, our members report that the NREMT exams contain questions and topics not addressed in the classroom, specifically at the ABMT level. The Association urges the EMS Office, in collaboration with the educator stakeholders, to continue to monitor and audit NREMT pass/fail rates to ensure the test questions accurately reflect the standard curricula. In addition, the Association urges the EMS Office to work towards the development of "bridge" courses between licensure levels.

**NHTSA Recommendation:** *Establish EMT as the state minimum level of licensure for all transporting EMS personnel.*

**Comments:** The Association finds that NHTSA's recommendation "to establish EMT as the state minimum" contradicts recently passed legislation that permits ambulances to be staffed by personnel at the first responder level. In the future, the Association encourages the Department to be proactive and provide data-supported recommendations when approached with proposed legislation that includes any unfunded mandates, lowers the standard of care, is not sustainable or would have a negative system-wide impact.

#### 4. Transportation

*"Investigate the effects of the implementation of emergency vehicle and driver safe training policy..."*

**Comments:** The Association supports and encourages EMS agencies to implement comprehensive and vetted emergency vehicle operational programs. However, we oppose any unfunded mandates that would require driver certification and cause financial hardships on EMS providers. EMS agencies are already required to include an emergency vehicle operations policy in their operational plan. There is no current ambulance crash data to support this change.

*"Continue to work with the Wisconsin Department of Transportation to revise TRANS 309 to adjust the ambulance equipment standards."*

**Comments:** The state EMS board provided several revisions for TRANS 309 to DHS and DOT several years ago. The Association encourages the DHS to work with DOT to expedite and implement these changes.

#### 5. Facilities

*"Develop and publish a list of hospitals and their special care designations."*

**Comments:** While the Association agrees that a hospital designation list is important, we don't agree that this task (which is not a statutory requirement) is a function of the EMS Office. The Association believes there are ample resources within the hospital-based programs that have the ability to accomplish this task so as to not overload the already understaffed EMS Office, ultimately allowing the EMS office to focus on and complete administrative requirements.

*"Continue to foster development of specialty care systems of care such as stroke, S-T elevation myocardial infarction (STEMI), and trauma."*

**Comments:** The Association supports the development of systems of care for stroke, STEMI, and trauma and encourages the EMS Office to regularly communicate best practice recommendations to EMS providers.

#### 6. Communication

*"Continue to support the implementation of dispatch training and certification."*

**Comments:** The Association agrees this initiative should continue to be a priority in Wisconsin. The Association also encourages the Department to support and assist with the implementation of pre-arrival instructions for dispatchers for hands only CPR, choking and bleeding control, as recommended by the state EMS board.

#### 7. Public Information and Education

*"Develop broad-based public information and education plan...Leverage data to create fact sheets."*

**Comments:** The Association supports this initiative to enhance community relations. However, this priority was identified in the last plan and was not accomplished. The Association is concerned with the lack of transparency surrounding the DOT funds that were to be earmarked and provided to DHS to create and deliver a public relations plan. Allegedly, DOT did not produce the funds and no explanation was provided to stakeholders as to the disposition of the funds earmarked for statewide PR. This plan lacks a funding source for this initiative. Without additional financial support to develop a public relations and education plan, the Association believes this priority cannot realistically be achieved.

Additionally, in order to utilize data for fact sheets, accurate data needs to be available. The inability to collect and access valid EMS data is of great concern. The Association strongly encourages the Department to identify stable funding to adequately fund a data position with a dedicated person to manage the data collection and reporting of Wisconsin's EMS data. The Association encourages the Department to develop a plan to ensure its ability to produce accurate reports to stakeholders upon request. As a stakeholder, the Association often receives calls for data from the media and the public. Unfortunately, data is not readily available. This inhibits the Association's ability to properly provide public information and statistics about Wisconsin's EMS system.

#### **8. Medical Direction**

**Comments:** The Association supports all the listed priorities for improvements but encourages the Department to consider regionalization efforts and arrangements already in place as expressed under item number 2. The Association feels the state EMS medical director's position is a vital position in Wisconsin and encourages the EMS office to increase collaboration with the state medical director to accomplish these priorities. In addition, the Association encourages the Department to take action on these same initiatives that were identified in the previous plan that were not completed.

#### **9. Trauma Systems**

*"Manage better dissemination of EMS data between services and hospitals to increase efficiencies in patient care and treatment."*

**Comments:** The Association supports all three of the listed priorities but encourages data already being submitted by EMS providers to WARDS is made available to the hospitals without duplicating efforts or creating hardship for EMS providers. The Association encourages the Department to develop a process to streamline data sharing between EMS agencies and the receiving hospitals.

#### **10. Evaluation**

**Comments:** While the Association supports all the listed priorities for improvements, there continues to be inadequate financial resources and staffing to support EMS data collection and reporting. The Association encourages the Department to fund a position and assign data responsibilities to a designated staff person.

## 11. Preparedness for Large Scale Events

*"Assure EMS services are involved in disaster and emergency response, including the involvement in MABAS."*

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**Comments:** The Association encourages the Department to collaborate with EMS stakeholders and assist with legislative measures, if necessary, that would ensure the inclusion of all EMS providers in MABAS agreements, including private non-profit and private for-profit providers. Currently, many of the MABAS agreements exclude private EMS providers, which limit the number of available resources. To ensure efficient movement of patients, the Association also encourages the Department to review and revise any previous interpretations of law that would prohibit an EMS provider from transporting Wisconsin patients to an out-of-state hospital, specifically in cases of mutual or automatic aid or when the out-of-state facility may be the closest and most appropriate medical facility for that particular patient.

## 12. General Comments:

The Association encourages the Department to develop action plans with timelines to show stakeholders how these items will be completed. However, it is unreasonable to expect that these initiatives will be accomplished without adequate funding and sustainable resources. Without the inclusion of a funding component, the priorities in this plan are unachievable and become words on paper for the purposes of meeting a submission requirement.

The Association continues to be concerned with the lack of communication from the EMS office to stakeholders. The announcement of the public hearing to solicit public comment for this state EMS plan was disseminated on Tuesday, January 12, allowing less than two full business days for EMS providers to review, develop, and submit comments. Furthermore, a public hearing was held despite the fact that the official posting included an inaccurate date. Although the deadline to submit public comment was extended by one day, the timeframe is unreasonable to adequately collect feedback from EMS stakeholders. It should be noted that this short timeframe to submit comments establishes a pattern and is similar to the one-day timeline given to stakeholders following the release of the 2014-2016 EMS plan. The Association strongly encourages the Department to prioritize and ensure timely communication with stakeholders in the future.

Thank you for the opportunity to share our concerns. We encourage you to actively work with the EMS stakeholders and EMS board to accomplish these goals over the next biennium. We look forward to seeing progress towards a healthier statewide EMS system as the improvements identified in the 2016-2018 Wisconsin EMS plan are completed.

Sincerely;



Mindy Allen  
Executive Director

**From:** Boland, James R.  
**To:** Newlun, James C - DHS  
**Subject:** #3 Human Resources and Training and #4 Transportation Proposals  
**Date:** Thursday, January 14, 2016 11:00:58 AM

---

*Mr. Newlun,*

*Brian Litza shared his e-mail he sent to Wisconsin EMS Technical College educator stakeholders expressing his opinions as it is related to Develop and deploy an instructor evaluation system that involves both the EMS office and the Wisconsin Technical College System Office and Develop regulations to ensure ambulance drivers are properly trained and licensed.*

*I support Brian's expressed opinions and facts as they are stated on both agenda items. We here at NWTC do have a checks and balance system within our college as to staff credibility and this is laid very specifically in our yearly performance evaluation and progression structure with our Human Resource department and direct supervisors and Dean. I agree it would put a hardship on the technical colleges, not to mention the strain on already taxed EMS instructional staff to jump through more hoops to prove their worth.*

*On the proposal to mandate ambulance driver training, I have taught and still teach the CEVO III Ambulance Driving courses to agencies in our area on a "as needed/requested" basis and those who reach out to us at the college do it on a voluntary basis and not mandatory. Services as Brian stated are already under budgeted and understaff and to add a mandatory ambulance training would also create financial as well as staffing hardships. The services that hire drivers for their agencies take it upon themselves to request a driving course as needed.*

*In closing, Mr. Newlun, I would support holding off until more direct one-on-one discussion in a "town meeting" format with the Technical Colleges and EMS agencies that these mandates would effect to allow voices to be heard. These opinions are mine and do not reflect the entire college as a whole. Thank-you for the opportunity to express my opinions!*

*Respectively submitted,*

*Jim Boland; EMS Instructor  
Northeast Wisconsin Technical College  
Public Safety Division  
CC 144 {Green Bay - 920-498-7964}  
SB 111 (Sturgeon Bay - 920-746-4925)  
Cell phone: 920-255-3623  
[james.boland@nwtc.edu](mailto:james.boland@nwtc.edu)*

*Tell me and I forget. Teach me and I remember. Involve me and I learn.  
Benjamin Franklin*

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**From:** [John McCourt](#)  
**To:** [DHS\\_EMSSMail](#)  
**Subject:** Re: 2016-2018 State EMS Plan Hearing Notice  
**Date:** Friday, January 15, 2016 12:08:28 PM

---

Why did I receive this message

Sent from my iPhone

On Jan 14, 2016, at 5:24 PM, <[DHSEMSSMail@dhs.wisconsin.gov](mailto:DHSEMSSMail@dhs.wisconsin.gov)>  
<[DHSEMSSMail@dhs.wisconsin.gov](mailto:DHSEMSSMail@dhs.wisconsin.gov)> wrote:

Our apologies for the last email that had a mistake in the posted year. Below is the corrected information.

Notice is hereby given that the Department of Health Services, Division of Public Health, will hold a public hearing to receive comments regarding the 2016-2018 State Emergency Medical Services Plan. This plan describes the working objectives for operation of the Wisconsin EMS system for calendar years 2016 – 2018. The draft plan is available on the Wisconsin EMS office website at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems).

Oral and written comments will be accepted at the hearing. Persons unable to attend can email James Newlun at [James.Newlun@dhs.wisconsin.gov](mailto:James.Newlun@dhs.wisconsin.gov) or send written comments to:

James Newlun, EMS Director  
EMS Section  
1 W. Wilson Street, Room 1150  
Madison, WI 53703

Written comments must be received by 4:00PM on January 15, 2016\*\* for consideration. Additional information may be obtained by written request at the same address. The meeting site is handicapped accessible. If you are hearing or visually impaired, non-English speaking, or have circumstances which require interpreter services to effectively participate in the meeting, contact the Emergency Medical Services Section, by phone at 608-266-1568 or by email at [DHSEMSSMAIL@dhs.wisconsin.gov](mailto:DHSEMSSMAIL@dhs.wisconsin.gov). Hearing impaired persons who wish to submit comments or request information by telephone may contact the above phone number (voice only) by using the Wisconsin Telecommunications Relay System.

**Meeting date and location: January 14, 2016\*\***

**Time 3:00PM to 5:00PM**

**Room number B370**

**1 W. Wilson Street**

**Madison, WI 53703**

\*\*Due to a mistake on the posted year. The EMS Office will be extending the public comment until 4:00 PM on January 15, 2016.

<hearingregform.doc>

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**From:** [Lynn Johnston](#)  
**To:** [DHS\\_EMSSMail](#)  
**Subject:** RE: 2016-2018 State EMS Plan Hearing Notice  
**Date:** Saturday, January 16, 2016 12:24:30 PM

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Dear Mr. Newlun,

As an EMS volunteer, of which we volunteers make up most of the licensed EMS providers in the State of Wisconsin, I find this less than 48 hours notice to attend a meeting or 24 hour notice to respond via email very concerning. You must realize most of us work full-time jobs, don't have access to our personal email to get these notices until it's too late to respond and arrange for time off. We need a voice. We have similar, but also quite different concerns that the paid professional services have. Please in the future consider this and send out a notice such as this as far in advance that you can, so we can arrange for time off from our jobs to attend if able.

Sincerely,

Lynn Johnston, EMT  
Training Officer  
Brodhead Area EMS

**From:** [DHSEMSSMail@dhs.wisconsin.gov](mailto:DHSEMSSMail@dhs.wisconsin.gov) [mailto:[DHSEMSSMail@dhs.wisconsin.gov](mailto:DHSEMSSMail@dhs.wisconsin.gov)]  
**Sent:** Thursday, January 14, 2016 4:21 PM  
**To:** [lmjohnston@charter.net](mailto:lmjohnston@charter.net)  
**Subject:** 2016-2018 State EMS Plan Hearing Notice

Our apologies for the last email that had a mistake in the posted year. Below is the corrected information.

Notice is hereby given that the Department of Health Services, Division of Public Health, will hold a public hearing to receive comments regarding the 2016-2018 State Emergency Medical Services Plan. This plan describes the working objectives for operation of the Wisconsin EMS system for calendar years 2016 – 2018. The draft plan is available on the Wisconsin EMS office website at [www.dhs.wisconsin.gov/ems](http://www.dhs.wisconsin.gov/ems).

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James Newlun, EMS Director  
EMS Section  
1 W. Wilson Street, Room 1150  
Madison, WI 53703

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**Meeting date and location: January 14, 2016\*\***

**Time 3:00PM to 5:00PM .  
Room number B370  
1 W. Wilson Street  
Madison, WI 53703**

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**\*\*Due to a mistake on the posted year. The EMS Office will be extending the public comment until 4:00 PM on January 15, 2016.**

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This email has been checked for viruses by Avast antivirus software.  
[www.avast.com](http://www.avast.com)

**From:** [Andrews, Steven](#)  
**To:** [Newlin, James C - DHS](#)  
**Subject:** 2016-2018 State Emergency Medical Services Plan Comment EMD and PSAP  
**Date:** Friday, January 15, 2016 11:48:02 AM

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The State of Wisconsin shall empower the department to require that all emergency callers to Public Safety Answering Points (PSAPs) are assured of interaction with Emergency Medical Dispatch (EMD) certified staff by a center whose EMD program has a medical director and has been reviewed and approved/certified by the department.

Steve Andrews, MD, EMT-P, FACEP  
Prehospital Emergency Medical Director, Aurora Medical Group  
Emergency Physician  
W3985 County Road NN  
Elkhorn, WI 53121  
[steven.andrews@aurora.org](mailto:steven.andrews@aurora.org), [steveandrews@hotmail.com](mailto:steveandrews@hotmail.com)  
Cell: 414-617-6469

**From:** [Andrews, Steven](#)  
**To:** [Newlin, James C - DHS](#)  
**Subject:** 2016-2018 State Emergency Medical Services Plan Comment license Ambulance Services as midlevel providers allowed to dispense a controlled substance  
**Date:** Friday, January 15, 2016 12:37:42 PM

The State of Wisconsin should make EMS services (ambulance services) midlevel providers licensed to dispense a controlled substance in the course of professional practice (see below DEA reference). Currently, the ambulance services in Wisconsin work off DEA licenses through their medical director. The DEA doesn't think this is legal but is awaiting proposed federal legislation to correct the problem (HR 4365, 114th Congress <https://www.congress.gov/bills/114th-congress/house-bill/4365/text>) before taking action. The proposed federal legislation would require the ambulance service to be licensed to dispense controlled substances. We need Wisconsin State legislation to enact this, otherwise our prehospital patient's may not be able to receive pain medications in the future.

Pursuant to Title 21, Code of Federal Regulations, Section 1300.01(b28), the term mid-level practitioner means an individual practitioner, other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice. Examples of mid-level practitioners include, but are not limited to, health care providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists and physician assistants who are authorized to dispense controlled substances by the state in which they practice.

<b>AMB</b>	Ambulance Service
<b>AS</b>	Animal Shelters
<b>CC</b>	Certified Chiropractor
<b>DOM</b>	Doctors of Oriental Medicine
<b>ET</b>	Euthanasia Technicians
<b>HMD</b>	Homeopathic Physician
<b>MP</b>	Medical Psychologists
<b>ND</b>	Naturopathic Physician
<b>NH</b>	Nursing Homes
<b>NP</b>	Nurse Practitioners
<b>OD</b>	Optometrists
<b>PA</b>	Physician Assistants
<b>RPH</b>	Registered Pharmacists

Steve Andrews, MD, EMT-P, FACEP  
 Prehospital Emergency Medical Director, Aurora Medical Group  
 Emergency Physician  
 W3985 County Road NN  
 Elkhorn, WI 53121  
[steven.andrews@aurora.org](mailto:steven.andrews@aurora.org), [steveandrews@hotmail.com](mailto:steveandrews@hotmail.com)  
 Cell: 414-617-6469

**From:** Andrews, Steven  
**To:** Newlun, James C - DHS  
**Subject:** 2016-2018 State Emergency Medical Services Plan Comment State Medical Director Full time  
**Date:** Friday, January 15, 2016 11:25:37 AM

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The State of Wisconsin should have a full time State EMS and Trauma Medical Director. As so well expressed by the National Association of EMS Physicians, the American College of Emergency Physicians and the National Association of EMS officials:

## Role of the State EMS Medical Director

### Position Statement

*A Joint Statement by the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the National Association of State EMS Officials (NASEMSO)*

Dedicated and qualified medical direction is required to ensure safe and quality patient care. Medical direction is a fundamental element of the emergency medical services (EMS) system. It is essential that the lead agency for EMS within the fifty states, the District of Columbia, Puerto Rico, the territories of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Marianas Islands, has a state EMS medical director.

The state EMS medical director provides specialized medical oversight in the development and administration of the EMS system and is an essential liaison with local EMS agencies, hospitals, state and national professional organizations, and state and federal partners. The state EMS medical director provides essential medical leadership, system oversight, coordination of guideline development for routine and disaster care, identification and implementation of best practices, system quality improvement, and research. The state EMS medical director is essential to the comprehensive EMS system at the local level by promoting integration of direct and indirect medical oversight for the entire emergency health care delivery system.

The state EMS medical director should be a physician with extensive experience in EMS medical direction and an unrestricted medical license within the state. Ideally, the state EMS medical director will be a board-certified emergency physician.

State EMS medical direction requires political, administrative, and financial support to achieve these goals. The foundation of the relationship between the state EMS lead agency and the state EMS medical director, including the job description, responsibilities and authority, should be clearly defined within legislation, regulation, or a written contract. The state EMS medical director should be provided with mutually agreed upon compensation for services,

necessary materials and resources, and liability protection specific to the unique duties and actions performed.

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In summary, ACEP, NAEMSP, and NASEMSO strongly encourage the establishment of a regular full-time position for a state EMS medical director in all fifty states, the District of Columbia, Puerto Rico, the territories of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Marianas Islands.

Thank you for your consideration,

Steve Andrews, MD, EMT-P, FACEP  
Prehospital Emergency Medical Director, Aurora Medical Group  
Emergency Physician  
W3985 County Road NN  
Elkhorn, WI 53121  
[steven.andrews@aurora.org](mailto:steven.andrews@aurora.org), [steveandrews@hotmail.com](mailto:steveandrews@hotmail.com)  
Cell: 414-617-6469

**From:** [Andrews, Steven](#)  
**To:** [Newlin, James C - DHS](#)  
**Subject:** 2016-2018 State Emergency Medical Services Plan Comment Statewide Protocols  
**Date:** Friday, January 15, 2016 11:34:36 AM

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The State of Wisconsin should allow the department to produce statewide EMS protocols that can be opted out of by a services EMS Medical Director. Many States have statewide protocols (Ex. Pennsylvania, Michigan, Maine) that allow for a baseline, uniform standard of care is provided throughout their states. These would not be mandated protocols, but would be default protocols if an individual service/Medical Director did not produce their own protocols.

Steve Andrews, MD, EMT-P, FACEP  
Prehospital Emergency Medical Director, Aurora Medical Group  
Emergency Physician  
W3985 County Road NN  
Elkhorn, WI 53121  
[steven.andrews@aurora.org](mailto:steven.andrews@aurora.org), [steveandrews@hotmail.com](mailto:steveandrews@hotmail.com)  
Cell: 414-617-6469

**From:** Camp Douglas President  
**To:** Newlun, James C. - DHS  
**Subject:** 2016-2018 State EMS Plan Hearing Notice comment  
**Date:** Friday, January 15, 2016 10:59:00 AM

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Mr. Newlun,

One comment I would like to be considered under the HR and training section is finding ways to get more initial and refresher training course out to the outlying areas. In Juneau County as you know we are in the middle of three TCs, in Westerns area. It is very difficult to refreshers and almost impossible to get initial courses closer to the area to allow personnel to get trained without driving over an hour to go to courses. I would like to see a push to get more training available in remote rural areas.

Tim Kolonick  
President  
Camp Douglas Rescue, Inc.  
715-281-0214  
[cdrpresident1@gmail.com](mailto:cdrpresident1@gmail.com)

**From:** [Jeff Grimm](#)  
**To:** [Newlin, James C - DHS](#)  
**Subject:** 2016-2018 WI EMS Plan Comments  
**Date:** Sunday, January 17, 2016 1:58:58 PM

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James,

This is my summary of our discussion Friday regarding the WI EMS Plan for 2016-2018. I didn't have a chance to get it to you via e-mail after the meeting. Please feel free to contact me for clarification on any item.

#4 "Transportation"

- I would recommend clarification of the 1<sup>st</sup> bullet point "Assure coordination of all emergency transports within the EMS system..." In our discussion you stated that a part of this was to include education regarding appropriate utilization of resources such as air medical.

#5 "Facilities"

- I strongly support the development and publishing of a list of hospitals and their specialty care designations. Along with this should be recommendations for destination facilities for STEMI/ACS and acute stroke patients similar to what has been done with trauma scene guidelines.

"Special Component"

- I would recommend an additional bullet point stating, "Encourage inclusion of air medical providers in the development and drilling of emergency response plans."

I will send you the EMTALA info related to hospital helipad intercepts and the WI Air Medical Assoc. Scene Response PowerPoint in a separate e-mail.

Thank you again for meeting with Chris & I.

Jeff Grimm  
WI Air Medical Council Chair

Jeff Grimm, RN, EMT-P  
Flight Nurse  
Safety Program Coordinator  
ThedaStar Air Medical  
130 Second Street, PO Box 2021  
Neenah, WI 54957-2021

ThedaStar Communications: 800-236-2066

Fax: 920-729-2006

[www.thedacare.org/thedastar](http://www.thedacare.org/thedastar)

[Jeff.grimm@thedacare.org](mailto:Jeff.grimm@thedacare.org)

**From:** [DHSEMSSMail](mailto:DHSEMSSMail)  
**To:** [Newlun, James C - DHS](mailto:Newlun, James C - DHS)  
**Subject:** FW: 2016-2018 State EMS Plan Hearing Notice  
**Date:** Thursday, January 14, 2016 10:27:16 AM

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**From:** Manning, Mark C [<mailto:manning.mark@lakeviewmedical.org>]  
**Sent:** Wednesday, January 13, 2016 12:09 PM  
**To:** DHS EMSSMail  
**Subject:** RE: 2016-2018 State EMS Plan Hearing Notice

No sense replying since the written reply date is January 14<sup>th</sup>, 2015© And meeting date is 2015 as well©

*Mark Manning*  
**EMS MANAGER**  
**LAKEVIEW MEDICAL CENTER AMBULANCE**  
**(W) (715)-236-6285**  
**(M) (715)-651-2900**

**From:** [DHSEMSSMail@dhs.wisconsin.gov](mailto:DHSEMSSMail@dhs.wisconsin.gov) [<mailto:DHSEMSSMail@dhs.wisconsin.gov>]  
**Sent:** Tuesday, January 12, 2016 4:17 PM  
**To:** Manning, Mark C  
**Subject:** 2016-2018 State EMS Plan Hearing Notice

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James Newlun, EMS Director  
EMS Section  
1 W. Wilson Street, Room 1150  
Madison, WI 53703

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**Meeting date and location: January 14, 2015**  
**Time 3:00PM to 5:00PM**  
**Room number B370**  
**1 W. Wilson Street**  
**Madison, WI 53703**

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**From:** [Brian Litza](#)  
**To:** [Newlun, James C - DHS](#)  
**Subject:** Public Comment on State EMS Plan 2016-2018  
**Date:** Thursday, January 14, 2016 7:26:44 AM

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Mr. Newlun,

I applaud the EMS section in focusing on the items that are contained within the proposed 2016-2018 EMS State Plan. However, I have two items that I believe will be problematic and should be removed from the state plan.

### **#3 Human Resources and Training**

#### **Develop and deploy an instructor evaluation system that involves both the EMS office and the Wisconsin Technical College System Office.**

I find it very problematic that the stakeholders have been very loud and clear that this recommendation from the NHTSA assessment is off base and has no merit and the current administration has ignored their voice. While certain individuals within the state office and the WTCS have conspired to force this idea to the training centers, the tool development was exactly that, a tool for training centers to use. Please hear the voice of the stakeholders that this is not an idea they support.

The training centers have reputations and quality measures they must meet. I can assure you, with the implementation of Act 10 those instructors that do not meet the measure are being dealt with accordingly. It is unreasonable to think, that the state office can effect change in instructor quality through an evaluation process. While quality assurance is part of the NHTSA framework, you will find that the state pass percentages are higher than most and meet the national standards. Where is the problem that we need another layer that will do absolutely nothing to improve quality? I assure you, that with the implementation of accreditation, most schools are looking to push those tenets down to the lower levels effecting an improved quality throughout the entire training organization. Why add the additional work to both the understaffed EMS office and the training centers?

I am not sure you truly understand the impact of forcing the use of an instructor evaluation for each biennium. In most institutions the supervisor is the only one that can do an evaluation on an employee. With the many demands it's difficult to get evaluations done for the employer let alone another for the state. It's not difficult if only the full time instructors were required, but add the 10-40 Instructor II credentialed with the training centers on top, and that is an undue hardship for the training centers.

I would hope that you would listen to the stakeholders and drop this idea from the plan and off the continuing agenda. There is not a problem with instructor quality that the training centers are not already addressing.

The other issue within the plan is with the transportation section.

### **#4 Transportation**

#### **Develop regulations to ensure ambulance drivers are properly trained and**

**licensed.**

This has been an ongoing issue for several years. If you look back into the archives you will see that the WI DOT evaluated the implementation of an emergency vehicle driver's license level and deemed it fiscally unreasonable based on the population that it would effect. Additionally, the EMS stakeholders and services were against the additional costs of training and licensure especially with the reduced budgets and fiscal constraints in which they operate. Fiscal implications and burden of training were the reasons DHS 110 was written in the manner it was. I would rather see the evaluation of the current process during this biennium rather than look to a training and licensure process that will be an additional burden to all the services in these times of unequitable reimbursement and difficulty in staffing. Adding this layer will only make staffing more difficult for the volunteer services who are already complaining that training requirements are too hard for them to manage and are limiting those that choose to volunteer. I ask that you consider removal of this item and save it for the next biennium should the evaluation of the current process show no effect. In reality, Wisconsin has had only two ambulance crash related deaths in its history... where is the problem?

I appreciate the opportunity to share my concerns and hope that they are found reasonable and prudent. I would like to suggest that when the plan is next updated, that there be a progress report as to completion of the items within the proposed plan.

Respectfully submitted,

Brian Litza, MBA, NRP

**From:** [Mindy Allen](#)  
**To:** [Newlyn, James C - DHS](#)  
**Subject:** RE: 2016-2018 State EMS Plan Hearing Notice  
**Date:** Friday, January 15, 2016 9:13:20 PM  
**Attachments:** [image001.png](#)  
[Written comments on state EMS plan Jan2016.pdf](#)

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Hello James;

Attached are our comments regarding the state EMS plan. I understand that you were just recently notified of this deadline. However, I want to reiterate that we are really hoping that these short notices are rectified in the future. Jerry informed us of your intentions for the 2018-2020 state plan process and that is encouraging.

As always, if there is anything that we can assist with that will help advance our statewide EMS system, please let me know.

Have a good weekend.

Thanks, Mindy

Mindy Allen, Executive Director  
Wisconsin EMS Association  
26422 Oakridge Drive  
Wind Lake, WI 53185  
PH: 414.431.8193  
TF: 800.793.6820  
FX: 414.431.8744  
[www.WisconsinEMS.com](http://www.WisconsinEMS.com)



Registration is Now Open for the 30<sup>th</sup> Annual  
[Working Together EMS Conference & Expo](#)  
January 26-31, 2016  
Wisconsin Center, Downtown Milwaukee  
[Download our New Conference App!](#)

**From:** [DHSEMSSMail@dhs.wisconsin.gov](mailto:DHSEMSSMail@dhs.wisconsin.gov) [mailto:[DHSEMSSMail@dhs.wisconsin.gov](mailto:DHSEMSSMail@dhs.wisconsin.gov)]

**Sent:** Thursday, January 14, 2016 9:36 PM  
**Subject:** 2016-2018 State EMS Plan Hearing Notice

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~~Our apologies for the last email that had a mistake in the posted year. Below is the corrected information.~~

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James Newlun, EMS Director  
EMS Section  
1 W. Wilson Street, Room 1150  
Madison, WI 53703

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Meeting date and location: January 14, 2016\*\*  
Time 3:00PM to 5:00PM  
Room number B370  
1 W. Wilson Street  
Madison, WI 53703

\*\*Due to a mistake on the posted year. The EMS Office will be extending the public comment until 4:00 PM on January 15, 2016.



James Newlun, EMS Director  
EMS Section  
1 W. Wilson Street, Room 1150  
Madison, WI 53703

13 January 2016

Mr. Newlun:

I have received and reviewed the proposed 2016-2018 State Emergency Medical Services Plan. Please accept and consider my comments contained herein at the 14 January 2016 public hearing regarding said plan.

In Section 1. REGULATION AND POLICY, one of the priorities is stated as:

- *Continue to develop, in cooperation with EMS stakeholders and the Department, an initiative to support a stable infrastructure of the Wisconsin EMS system.*

In Section 2. RESOURCE MANAGEMENT, three priorities are stated:

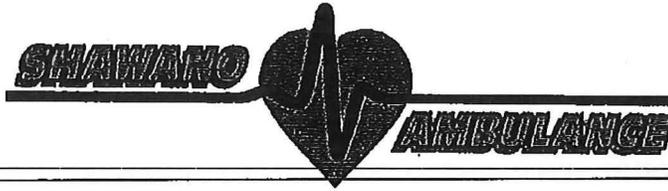
- *Develop programs for continuing the recruitment and retention of volunteer EMS personnel*
- *Explore and assist areas of the State that have difficulty staffing ambulance calls and explore regionalization options.*
- *Identify best practices that may be used to establish, maintain and promote recruitment and retention.*

(highlighted emphasis added)

In the midst of what some may describe as difficult staffing environment, while others may describe it as a staffing 'crisis,' anything that can be done to preserve advanced levels of care in these locales should be explored. To this end, **we are firmly against downgrading all individuals licensed at the EMT-Intermediate level to the EMT-Advanced level of licensure at the 2016 renewal.** Our service, and I am sure many others, rely on EMT-Intermediate licensees to support our paramedic staff whenever and however necessary. Our Intermediates field calls (appropriately) to keep paramedic staff available for 911 responsibilities. This allows us to provide the best possible coverage and is in the best interest of all patients involved.

In retrospect, when the idea of eliminating the EMT-Intermediate was initially considered, there wasn't a lot of opposition mainly because the "bridge" course to paramedic had been set at 340 hours. I and many others figured this was a reasonable alternative to dropping licensure levels and limiting individuals' capabilities. However, somewhere in the meantime, the "bridge" course criteria increased to **over 1200 hours.** While I won't beleaguer the merits of this change, suffice it to say many of us would have fought harder to keep the Intermediate had this been initially proposed.

(Continued on page 2)



(continued from page 1)

When considering the priorities in Sections 1 and 2 of the 2016-2018 State Emergency Medical Services Plan highlighted above, I find it hard to understand why all these individuals who are able to deliver advanced level skills in some of our hardest to staff areas of the state will be "downgraded" to the EMT-Advanced level of licensure, effectively stripping them of their ability to administer ACLS lifesaving procedures unless they complete a paramedic course of instruction similar to that of a provider with no field experience.

I understand aligning with National levels of licensure might simplify things in the administrative environment. However, at a time when EMS is approaching critical staffing issues and risking the loss of effective delivery of care, it seems reasonable that some consideration be given to any measure available to maintain the skills and proficiencies these individuals can deliver in their communities. To strip them of this ability in favor of "administrative efficiency" would be a travesty, and holds potential negative effects for the populations we serve.

The EMT-Intermediate designation is costing the State or the Section little - if any, time or effort in development or maintenance. Most licensees are now simply completing paramedic refreshers to satisfy the renewal requirements, negating the need for special consideration. Since it has been a part of our system for over 17 years - but is no longer being taught or promoted, there can and should be a means of simply maintaining this very useful level of licensure that some of us depend heavily upon. Too much time and effort has been expended by these care providers - who by virtue have many years of experience - to simply eliminate their ability to practice at this level.

**In light of the stated priorities related to helping EMS services recruit and maintain staffing, improve the delivery of care in our state, and the fact these resources are sorely needed right now, please consider allowing the EMT-Intermediate level of licensure to continue past the 2016 renewal.**

If you (or anyone reading these comments) have any questions, please feel free to contact me.

Sincerely,

Patrick A. Trinko  
Director of Operations

220 N. Main Street ♦ Shawano, WI 54166  
Tele 715-524-2036 ♦ Fax 715-524-3292

January 14<sup>th</sup>, 2016

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James Newlun,  
EMS Director  
EMS Section  
1 W. Wilson Street, Room 1150  
Madison, WI 53703

Dear Mr. Newlun:

This letter is to express written commentary on the 2016-2018 Wisconsin Emergency Medical Services Plan.

Under I. Regulation and Policy, under Priorities for Improvement. Listed is: Identify sources for funding for EMS and Trauma System to help insure sustainability. The identify part is easy, the State of Wisconsin has not increased reimbursement for transport of a title 19 patient in over 9 years. This includes Badger care, and Title 19 HMO's as well. In fact, 9 years ago, the State reduced EMS funding by no longer covering patients with Medicare and Title 19 co-pay portion. Then to add insult to injury, DHS went to a broker system for non-emergency transportation. This broker system has been an almost total failure. The first provider, Logisticare left the State leaving providers owed thousands of dollars. The current broker, MTM is currently processing incompletely with payments delayed for months. This is a travesty. Compare the ambulance reimbursement with Minnesota as an example. There is no current procedure in place to evaluate Title 19 reimbursement for ambulance service. Wisconsin's reimbursement of ambulance service under the Title 19 program is nothing short of a disgrace.

Under 2. Resource Management. Listed is: Develop programs for continuing the recruitment and retention of volunteer EMS personnel. Why only volunteer EMS personnel? There is a severe shortage of EMS personnel statewide. Some of it is caused by wages lagging behind other professions, caused in large part by funding issues. Another reason of the shortage is caused by onerous regulation and training requirements which drive personnel out of the field. Finally, the training centers are not keeping up with the demand for new EMTs. Class positions are being taken by nursing students, security guards, firefighters and other people who will not be spending their time in the back of an ambulance. There are currently over 25 full time open positions for EMTs in Milwaukee alone. Providers are paying large hiring bonuses, but there are no personnel to hire. Maybe less regulation would be better than more? Perhaps a possible solution would be allowing certified first responders to act as part of an ambulance crew by removing the current population requirement limit of ten thousand people. Clinically, there is no reason why this could not be done.

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~~While it is important for stakeholders in EMS to focus on what will improve the EMS System statewide, unless some of the issues mentioned above are corrected, you will be lucky to keep what you have currently.~~

I would comment at greater length, but the short time notice prior to the hearing prevents that.

Sincerely;

James G. Baker Jr.  
C.E.O  
Curtis Ambulance.

**From:** [Howard Fischer](#)  
**To:** [Newlin, James C - DHS](#)  
**Subject:** Wisconsin State Statutes 256 (8)  
**Date:** Thursday, January 14, 2016 10:07:33 PM

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Director,

How many "Public Hearings" will your office be conducting regarding Wisconsin Statute 256.08? I have many projects demanding my time and attention, I wonder what benefit would be realized if I diverted some of my focus to this document.

Possibly the two hour window on January 14th 2016, is sufficient to gather enough data and other information from the EMS community for a comprehensive, viable "State EMS Plan" to be constructed.

I'm curious why the deadline for *written comments* is the day after the public hearing?

When I got the e-mail announcing the public hearing, I thought what a great opportunity to express my views and concerns regarding EMS in Wisconsin. I just need to push all other projects aside and compose a written comment or arrange a vacation day with my non-ems boss, with just two days notice, simple enough.

Just my perception from an EMS volunteer from rural Wisconsin.

Howard Fischer, AEMT or IV-Tech  
6517

**From:** Newlun, James C - DHS  
**To:** Happel, Charles F - DHS; Pullen, Helen M - DHS  
**Subject:** FW:  
**Date:** Thursday, January 14, 2016 1:36:30 PM

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**From:** Louise Ladenthin [mailto:[ladenthinlouise@gmail.com](mailto:ladenthinlouise@gmail.com)]  
**Sent:** Wednesday, January 13, 2016 1:32 PM  
**To:** Newlun, James C - DHS  
**Subject:**

EMD Letter Support Request -

<https://docs.google.com/document/d/1DaBkkpoGO8khNo1dnYvmJLoAedBZLOrB6oijREmPkkY/edit?usp=sharing>

Sawyer County Fire and Emergency Service Association  
10167 Nyman Ave, Hayward WI 54843

~~President: Robert Schuck, Vice President: Jerry Overman, Secretary: Connie Lopley~~

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October 21, 2015

Dear Elected Officials,

Sheriff Mark Kelsey & Sawyer County Board of Supervisors Public Safety Members  
H. Helwig, F. Zeitlow, D. Schleeter, J. Bassett, D. Pearson and D. Thompson

This letter is to request your support of Emergency Medical Dispatch, the funding for software program(s), necessary training and protocol tools to implement it.

Advances in the provision of field care make Dispatch a critical link in the chain of patient care. Support for training standards for all dispatchers can allow for 'pre-arrival instructions' for emergency medical calls and also aid in getting the right things, in the right time and in the right way to scenes.

Multiple software programs to meet the diverse needs of communities are available. Most programs can be integrated with CAD - Computer Aided Dispatch. All programs aid in quickly getting patient and scene information to determine the appropriate dispatch code - then sends the response configuration that has been assigned to that code by local medical and EMS Control. This is similar to the fire program MABAS that is being considered right now by Sawyer County FDs.

Emergency Medical Dispatch can decrease ALS response with commensurate decrease in costs and assist callers in aiding the patient prior to on-scene arrival of field personnel with commensurate increase in public safety.

Thank you for your consideration of this matter. Your response to this request for support of EMD is greatly appreciated. We invite you all to attend our meetings held monthly Jan thru Oct on the 3rd Wed at 7:30 PM. Contact any emergency service worker for the location of the meeting as we move it around the county.

Sincerely and on behalf of all member Departments,

cc: Member Departments  
File



State of Wisconsin  
Department of Health Services

Scott Walker, Governor  
Kitty Rhoades, Secretary

February 9, 2016

Jeffrey Renk  
Senate Chief Clerk  
B20 SE Capitol  
Madison, WI 53702

Patrick E. Fuller  
Assembly Chief Clerk  
17 West Main Street, Room 401  
Madison, WI 53703

Dear Mr. Renk and Mr. Fuller:

The Department of Health Services is pleased to submit to you and the legislature the State Emergency Medical Services (EMS) Plan. The plan was prepared by the Division of Public Health—EMS Section, as required by Wis. Stat. § 256.08, and is available at <https://www.dhs.wisconsin.gov/publications/p0/p00576.pdf>.

Wisconsin's EMS system continues to grow and mature. Over the past two-year period, the plan has been focused on strengthening and improving the EMS system. Significant objectives in this State EMS plan include:

- Continue to develop, in cooperation with EMS stakeholders and the Department, a stable infrastructure for the Wisconsin EMS system.
- Collaborate with the preparedness and trauma programs in the development of health care coalitions.
- Develop programs for continuing the recruitment and retention of volunteer EMS personnel.
- Continue to work with the Wisconsin Department of Transportation to revise TRANS 309 to adjust the ambulance equipment standards.

It is our goal, with this updated plan, that we will continue to ensure that the highest quality and standards of pre-hospital emergency medical care is available to all citizens of and visitors to Wisconsin. Please let us know if you have any questions or concerns regarding the enclosed plan.

Sincerely,

A handwritten signature in cursive script that reads "Kitty Rhoades".

Kitty Rhoades  
Secretary

Enclosures

RECEIVED

FEB 15 2016

LEGISLATIVE REFERENCE BUREAU

