OUTAGAMIE COUNTY BOARD MEETING
JUNE 13, 2017

RESOLUTION NO. 28—2017-18

Supervisor T. Krueger moved, seconded by Supervisor Patience, for adoption.

RESOLUTION NO. 28—2017-18 IS ADOPTED.

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Item 16 Passed (31 Y - 0 N - 0 A - 5 Absent) Majority Vote >
RESOLUTION NO.: 28—2017-18

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2017 Assembly Bill 151 creates an approval process and education requirements for community paramedics, community emergency medical technicians, and community emergency medical services providers in the state. A community paramedic or a community emergency medical technician may perform services 1) for which he or she is trained under the training program; 2) that are not duplicative of services already being provided to a patient; and 3) that are either approved by the hospital, clinic, or physician for which he or she is an employee or contractor or that are incorporated in the patient care protocol submitted by the community emergency medical services provider.

The bill also specifies that an emergency medical technician acting upon a delegation by a health care provider does not violate the actions authorized by the Department of Health Services for emergency services when performing actions in accordance with the delegation.

Assembly Amendment 1 harmonizes the terminology used in the bill with that in 2017 Assembly Bill 59, including the use of the umbrella term “emergency medical services provider” to refer to various emergency services providers.

This resolution supports legislation establishing an approval process for paramedics, emergency medical technicians, and emergency medical services providers to provide community services as described in 2017 Assembly Bill 151.

NOW THEREFORE, the undersigned members of the Public Safety Committee recommend adoption of the following resolution.

BE IT RESOLVED, that the Outagamie County Board of Supervisors does support legislation establishing an approval process for paramedics, emergency medical technicians, and emergency medical services providers to provide community services as described in 2017 Assembly Bill 151, and

BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy of this resolution to the Outagamie County Lobbyist for distribution to Governor Walker, the Legislature, and Wisconsin Counties Association.

Dated this 23rd day of June 2017
Respectfully Submitted,

PUBLIC SAFETY COMMITTEE

James Duncan

Katrin Patience

Mike Thomas

Duly and officially adopted by the County Board on: June 13, 2017

Signed:

Board Chairperson

County Clerk

Approved: 6.19.17

Vetoed: 

Signed:

County Executive
Resolution No. 28--2017-18

2017 ASSEMBLY BILL 151


AN ACT to amend 256.01 (3) and 256.12 (2) (a); and to create 256.04 (10), 256.15 (6p), 256.208, 256.21 and 258.215 of the statutes; relating to community paramedics, community emergency medical technicians, community emergency medical services providers, and services provided by emergency medical technicians.

Analysis by the Legislative Reference Bureau

This bill creates an approval process for community paramedics, community emergency medical technicians, and community emergency medical services providers. The bill also specifies that an emergency medical technician who is acting upon a delegation by a health care provider does not violate the actions authorized by the Department of Health Services for emergency services when performing actions in accordance with the delegation.

The bill establishes criteria for an approval as a community paramedic or community emergency medical technician, including completion of a training program approved by DHS. An individual may provide services as a community paramedic or community emergency medical technician only if he or she is a volunteer for or an employee of an ambulance service provider or nontransporting emergency medical technician provider that has approval as a community emergency medical services provider or if he or she is an employee of or under contract with a hospital, clinic, or physician. A community paramedic or community emergency medical technician is required to follow any protocols and supervisory standards established by DHS or by a medical director. A community paramedic or community emergency medical technician may perform services (1) for which he or she is trained under the training program; (2) that are not duplicative of services already being provided to a patient; and (3) that are either approved by the hospital, clinic, or physician for which he or she is an employee or contractor or that are incorporated in the patient care protocol submitted by the community emergency medical services provider.

The bill also establishes criteria for ambulance service providers and nontransporting emergency medical technician providers to be approved as community emergency medical services providers including establishing, submitting to DHS, and maintaining patient care protocols for use by community paramedics or community emergency medical technicians and providing a list of each community paramedic or community emergency medical technician of the community emergency medical services provider. A community emergency medical services provider may include in its patient care protocols only those services that do not require a license, certificate, or other credential from any of the following categories: board; medical; physical or occupational therapy; podiatric; nursing; chiropractic; dental; optometry; pharmacy; psychology; social work; and speech or as an acupuncturist.

For further information see the state and local fiscal estimate, which will be printed as an appendix to this bill.

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

Section 1. 256.01 (3) of the statutes is amended to read:

256.01 (3) "Ambulance service provider" means a person engaged primarily in the business of transporting sick, disabled, or injured individuals by ambulance to or from facilities or institutions providing health services.

Section 2. 256.04 (10) of the statutes is created to read:

256.04 (10) Prepop recommendations on training and approval qualifications for community paramedics and community emergency medical technicians.

Section 3. 256.12 (2) (a) of the statutes is amended to read:

256.12 (2) (a) Any county, city, town, village, hospital, ambulance service,
department, conduct an emergency medical services program using emergency medical technicians — paramedics for the delivery of emergency medical care to sick, disabled, or injured individuals at the scene of an emergency and during transport to a hospital, while in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, and during transfer of a patient between health care facilities. An ambulance service provider may, after submission of a plan approved by the department, conduct an emergency medical services program using emergency medical technicians — paramedics for the delivery of emergency medical care to sick, disabled, or injured individuals during transfer of the individual between health care facilities. Nothing in this section prohibits an emergency medical services program from using community paramedics.

Community emergency medical technicians for services described in s. 256.325 (9), and 256.15 (6p) or from providing nonemergency services in accordance with sub. (5g).

Nothing in this section shall be construed to prohibit the operation of first department, police department, for-profit ambulance service providers, or other emergency vehicles using the services of emergency medical technicians — paramedics in conjunction with a program approved by the department. Hospitals that offer approved training courses for emergency medical technicians — paramedics should, if feasible, serve as the base of operation for approved programs using emergency medical technicians — paramedics.

Section 4, 256.15 (6p) of the statutes is created to read:

Emergency medical technician who is acting upon a delegation by a health care provider does not violate the actions authorized for emergency services under sub. (6p) for actions taken in accordance with that delegation.

Section 5, 256.325 of the statutes is created to read:

Community paramedics. (1) Definition. In this section, "community paramedic" means an individual who has obtained an approval issued under sub. (2).

(2) Departmental approval. No person may use the title "community paramedic" unless he or she obtains an approval from the department issued under this section to provide services as a community paramedic. To be eligible for an approval by the department as a community paramedic, an individual shall meet all of the following criteria:

(a) The individual is licensed as an emergency medical technician — paramedic, that license is not suspended or revoked, and the individual is not the subject of an action under s. 256.15 (11).

(b) The individual has the equivalent of 2 years of service as an emergency medical technician — paramedic.

(c) The individual successfully completes a training program that has been approved by the department under sub. (3).

(d) The individual submits an application for the approval on a form specified by the department.

(e) The individual satisfies any other requirements established by the department.

(3) Training program. The department shall, after consulting the board, approve training programs for community paramedics that include clinical experience that provide flexibility in addressing local service needs, and that meet any other criteria established by the department.

(4) Application. A community paramedic may provide services under sub. (6), only if he or she is a volunteer or an employee of a community emergency medical services provider, as defined in s. 256.215 (1g) (6), or if he or she is an employee of or under contract with a hospital, clinic, or physician.

(5) Requirements. (a) A community paramedic shall follow any protocols and supervisory standards established by the department or by a medical director.

(b) A community paramedic is subject to certification, disciplinary, complaint, and other regulatory requirements that apply to emergency medical technicians under s. 256.15.

(6) Services provided. Notwithstanding actions authorized for emergency services under s. 256.15 (6p), a community paramedic may provide services for which he or she is trained under a training program approved by the department under sub. (3), that are not duplicative of services already being provided to a patient, and that are approved by the hospital, clinic, or physician for which the community paramedic is an employee or contractor or are incorporated in the patient care protocols under s. 256.215 (2) (b).

Section 6, 256.21 of the statutes is created to read:

Community emergency medical technicians. (1) Definition. In this section, "community emergency medical technician" means an individual who has obtained an approval issued under sub. (2).

(2) Departmental approval. No person may use the title "community emergency medical technician" unless he or she obtains an approval from the department issued under this section to provide services as a community emergency medical technician. To be eligible for an approval by the department as a community emergency medical technician, an individual shall meet all of the following criteria:

(a) The individual is licensed as an emergency medical technician of any level, that license is not suspended or revoked, and the individual is not the subject of an action under s. 256.15 (11).
(2) The individual successfully completes a training program that has been approved by the department under sub. (3).
(3) The individual submits an application for the approval on a form specified by the department.
(4) The individual satisfies any other requirements established by the department.

(3) TRAINING PROGRAM. The department shall, after consulting the board, approve training programs for community emergency medical technicians that include clinical experience, that provide flexibility in addressing local service needs, and that meet any other criteria established by the department.

(5) AFFILIATION. A community emergency medical technician may provide services under sub. (6) only if he or she is an employee of or under contract with a hospital, clinic, or physician.

(6) REIMBURSEMENT. A community emergency medical technician shall follow any protocols and supervisory standards established by the department or by a medical director.

(7) A community emergency medical technician is subject to certification, disciplinary, complaint, and other regulatory requirements that apply to emergency medical technicians under s. 256.15.

(6) SERVICES PROVIDED. Notwithstanding the actions authorized for emergency services under s. 256.15 (6), a community emergency medical technician may provide services for which he or she is trained under a training program approved by the department under sub. (3), that are not duplicative of services already being provided to a patient, and that are approved by the hospital, clinic, or physician for which the community emergency medical technician is an employee or contractor or are incorporated in the patient care protocols under s. 256.215 (2) (b).

Section 2. 256.215 of the statutes is amended to read:

256.215 Providers of community emergency medical services. (1)

(2) "Community emergency medical services provider" means an emergency medical services provider that has approval from the department for its personnel to provide community emergency medical services under sub. (2).
256.15 (6p) Delegation from a health care provider. An emergency medical technician services practitioner who is acting upon a delegation by a health care provider does not violate the actions authorized for emergency services under sub. (6n) for actions taken in accordance with that delegation.

5. Page 5, line 16: after that line insert:

"SECTION 5m. 256.205 (2) (a) and (b) and (5) (b) of the statutes, as created by 2017 Wisconsin Act .... (this act), are amended to read:

(2) (a) The individual is licensed as an emergency medical technician — paramedic a paramedic, that license is not suspended or revoked, and the individual is not the subject of an action under s. 256.15 (11).

(b) The individual has the equivalent of 2 years of service as an emergency medical technician — paramedic a paramedic.

(5) (b) A community paramedic is subject to certification, disciplinary, complaint, and other regulatory requirements that apply to emergency medical technicians services practitioners under s. 256.15.".

6. Page 7, line 7: after that line insert:

"SECTION 6m. 256.21 (title), (1), (2) (intro.), (a) and (b), (3), (4), (5) (a) and (b) and (6) of the statutes, as created by 2017 Wisconsin Act .... (this act), are amended to read:

256.21 Community emergency medical technicians services practitioners. (1) Definition. In this section, "community emergency medical technician services practitioner" means an individual who has obtained an approval issued under sub. (2)."
(2) (intro.) No person may use the title “community emergency medical technician services practitioner" unless he or she obtains an approval from the department issued under this section to provide services as a community emergency medical technician services practitioner. To be eligible for an approval by the department as a community emergency medical technician services practitioner, an individual shall meet all of the following criteria:

(a) The individual is licensed as an emergency medical technician services practitioner of any level, that license is not suspended or revoked, and the individual is not the subject of an action under s. 256.15 (11).

(b) The individual has the equivalent of 2 years of service as an emergency medical technician services practitioner at any level.

(3) TRAINING PROGRAM. The department shall, after consulting the board, approve training programs for community emergency medical technicians services practitioners that include clinical experience, that provide flexibility in addressing local service needs, and that meet any other criteria established by the department.

(4) AFFILIATION. A community emergency medical technician services practitioner may provide services under sub. (6) only if he or she is a volunteer for or an employee of a community emergency medical services provider, as defined in s. 256.215 (1) (a), or if he or she is an employee of or under contract with a hospital, clinic, or physician.

(5) REQUIREMENTS. (a) A community emergency medical technician services practitioner shall follow any protocols and supervisory standards established by the department or by a medical director.
(b) A community emergency medical technician services practitioner is subject to certification, disciplinary, complaint, and other regulatory requirements that apply to emergency medical technician services practitioners under s. 256.15.

(6) SERVICES PROVIDED. Notwithstanding the actions authorized for emergency services under s. 256.15 (6n), a community emergency medical technician services practitioner may provide services for which he or she is trained under a training program approved by the department under sub. (3), that are not duplicative of services already being provided to a patient, and that are approved by the hospital, clinic, or physician for which the community emergency medical technician services practitioner is an employee or contractor or are incorporated in the patient care protocols under s. 256.215 (2) (b)."

7. Page 8, line 21: after that line insert:

"SECTION 7m. 256.215 (1) (b) and (d) and (2) (intro.), (b) and (c) of the statutes, as created by 2017 Wisconsin Act .... (this act), are amended to read:

(1) (b) "Community emergency medical technician services practitioner" has the meaning given under s. 256.21 (1).

(d) "Emergency medical services provider" means an emergency medical services program under s. 256.12 that provides services as a nontransporting emergency medical technician services practitioner provider or an ambulance service provider licensed under s. 256.15 (5).

(2) (intro.) No emergency medical services provider may advertise as providing community emergency medical services or may advertise having community paramedics or community emergency medical technicians services practitioners unless the emergency medical services provider has approval from the department
under this subsection. To be eligible for approval to provide community emergency
medical services, an emergency medical services provider shall satisfy all of the
following criteria:

(b) The emergency medical services provider establishes, submits to the
department, and maintains patient care protocols corresponding to the appropriate
service level to be used by a community paramedic or a community emergency
medical technician services practitioner. The emergency medical services provider
may include in a patient care protocol only those services that do not require a
license, certificate, or other credential under subch. II, III, IV, or VII of ch. 448 or ch.
441, 446, 447, 449, 450, 451, 455, 457, or 459 to provide.

(c) The emergency medical services provider agrees to provide to the
department a list identifying each community paramedic and community emergency
medical technician services practitioner providing community emergency medical
services as a volunteer or employee of that emergency medical services provider. If
the emergency medical services provider is approved under this subsection as a
community emergency medical services provider, the emergency medical services
provider shall provide and update its list of community paramedics and community
emergency medical technicians services practitioners.

SECTION 8m. Effective dates. This act takes effect on the day after
publication, except as follows:

(1) TERMINOLOGY CHANGE RECONCILIATION. If either 2017 Assembly Bill 59 or
2017 Senate Bill 24 is enacted into law, the treatment of sections 256.04 (10) (by
SECTION 2m), 256.15 (6p) (by SECTION 4m), 256.205 (2) (a) and (b) and (5) (b) (by
SECTION 5m), 256.21 (title), (1), (2) (intro.), (a), and (b), (3), (4), (5) (a) and (b), and (6)
(by SECTION 6m), and 256.215 (1) (b) and (d) and (2) (intro.), (b), and (c) (by SECTION
7m) of the statutes and the repeal and recreation of section 256.12 (2) (a) of the statutes take effect on the effective date of 2017 Wisconsin Act ... (Assembly Bill 59) or 2017 Wisconsin Act .... (Senate Bill 24) or on the effective date of 2017 Wisconsin Act .... (Assembly Bill 151), whichever is later. If either 2017 Assembly Bill 59 or 2017 Senate Bill 24 is not enacted into law in the 2017-18 legislative session, the treatment of sections 256.04 (10) (by SECTION 2m), 256.15 (6p) (by SECTION 4m), 256.205 (2) (a) and (b) and (5) (b) (by SECTION 5m), 256.21 (title), (1), (2) (intro.), (a), and (b), (3), (4), (5) (a) and (b), and (6) (by SECTION 6m), and 256.215 (1) (b) and (d) and (2) (intro.), (b), and (c) (by SECTION 7m) of the statutes and the repeal and recreation of section 256.12 (2) (a) of the statutes are void."
2017 Assembly Bill 151 creates an approval process for community paramedics, community emergency medical technicians, and community emergency medical services providers in the state. The bill also specifies that an emergency medical technician acting upon a delegation by a health care provider does not violate the actions authorized by DHS for emergency services when performing actions in accordance with the delegation.

Assembly Amendment 1

Assembly Amendment 1 harmonizes the terminology used in the bill with that in 2017 Assembly Bill 59, including the use of the umbrella term “emergency medical services provider” to refer to various emergency service providers.

Bill History

On March 27, 2017, Assembly Amendment 1 was offered by Representative Loudenbeck. On March 29, 2017, the Assembly Committee on Health recommended adoption of the amendment and passage of the bill, as amended, on a vote of Ayes, 12; Noes, 0.