State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

November 4, 2026

Mr. Cyrus Anderson
Senate Chief Clerk
PO Box 7882
Madison, WI 53707-7882

Mr. Edward Blazel
Assembly Chief Clerk
17 W. Main Street, Room 401
Madison, WI 53703

Dear Mr. Anderson and Mr. Blazel:

I am pleased to submit to the Legislature the 2026-2027 Wisconsin Emergency Medical Services Scope of Practice Changes Report as required by Wis. Stat. § 256.04(3). The plan was prepared by the Emergency Medical Services Board and the Department of Health Services (DHS) Division of Public Health, Emergency Medical Services Section.

Sincerely,

Kirsten L. Johnson
Secretary-designee

WISCONSIN DEPARTMENT
of HEALTH SERVICES

Emergency Medical Services Scope of Practice Changes

2026–2027

Wisconsin Department of Health Services
Division of Public Health
Office of Preparedness and Emergency Health Care
P-03824 (11/2026)

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Introduction

Purpose

Wisconsin Stat. § 256.04(3) requires the Emergency Medical Service (EMS) Board, in consultation with the Department of Health Services (DHS) and the Wisconsin Technical College System (WTCS), to submit a report to the Legislature annually on state and national changes to the scope of practice of emergency medical responders (EMR), EMS practitioners, or equivalent practitioners in other jurisdictions and how scope of practice changes may affect training of EMRs and EMS practitioners in Wisconsin.

Authority

Several different state entities work together on EMS scope of practice and training issues. Wisconsin Stat. § 256.08(4)(a) designates DHS as the lead state agency for EMS. The EMS Board, a 13-member body appointed by the governor from across the EMS system, provides DHS with advice and recommendations on EMS. Among its duties under Wis. Stat. § 256.04, the EMS Board appoints the Physician Advisory Committee (PAC), consisting of physicians with expertise in EMS. PAC, in turn, provides DHS with advice on medical issues under Wis. Stat. § 256.04(1). The EMS Board will also routinely assign medical questions or issues that arise during its deliberations to PAC for review and recommendation before going before the full EMS Board. The EMS Board also seeks involvement in its deliberations from both DHS and WTCS under Wis. Stat. § 256.04(5). DHS has its own requirement under Wis. Stat. § 256.08(4)(j) to consult at least annually with WTCS on issues affecting EMS providers, EMRs, and EMS practitioners. In practice, DHS, WTCS, the EMS Board, and PAC routinely meet throughout the year during the EMS Board's quarterly meetings or as needed to address areas of joint concern, such as scope of practice and EMR and EMS practitioner training.

Scope of practice

Scope of practice is the collection of medical skills, equipment, and medications individuals are permitted to use at a particular EMS certification or license level. Each of the five certification or license levels in Wisconsin has its own specific scope of practice. The critical care endorsement level, which allows paramedics with advanced training to transport severely ill or injured patients between health care facilities, additionally has a scope of practice specific to interfacility transport.

Scope of practice is closely interrelated to curricula and training for each practice level. The skills, equipment, and medications authorized for EMS professionals by the scope of practice are not benign. Skills, equipment, and medications used inappropriately may harm or even kill a patient. To minimize risks to the patient, EMS professionals, like all medical professionals, must be knowledgeable in the indications, contraindications, dosing, desired effect, safe administration, and potential complications of any skills, equipment, or medications they use. Additionally, EMS professionals must be trained and ready to use these interventions quickly and appropriately in the time sensitive

situations common in EMS. The curriculum for each practice level therefore typically includes the skills, equipment, and medications authorized for that level by scope of practice.

Scope of practice and curriculum are principally driven by federal standards published by the National Highway Traffic Safety Administration (NHTSA). NHTSA publishes the National EMS Scope of Practice Model as a guide that states and territories may use when setting their individual EMS scopes of practices. NHTSA is also responsible for publishing the National EMS Education Standards that nearly all states—including Wisconsin—use as the basis for their EMS curricula. The National EMS Scope of Practice Model and the National EMS Education Standards are interrelated, with scope of practice driving curriculum and curriculum limiting scope of practice. Change in either is based on practice analysis of pre-hospital care and data from the National EMS Information System (NEMSIS). While neither the National EMS Education Standards nor the National EMS Scope of Practice Model are mandatory for states, failure to adhere to the minimum requirements of either can complicate reciprocity among states.

Wisconsin, like most states, modifies its scope of practice to meet state needs beyond the federal standards. State-specific items may be in response to statutory requirements, to address needs unique to Wisconsin, or based on recommendations from PAC. Wisconsin also separates skills into core required skills and advanced optional skills. Ultimately, service medical directors at the local level make final determinations on patient care within the scope of practice, including which advanced optional skills to include.

DHS is authorized to set the scope of practice for EMRs and EMS practitioners under Wis. Stat. §§ 256.15(8)(e) and 256.15(13)(c). Wisconsin. Admin. Code § DHS 110.12 specifies an EMS practitioner or EMR may only perform the skills, use the equipment, and administer the medications that are specified by DHS in the Wisconsin EMS Scope of Practice. A footnote to Wis. Admin. Code § DHS 110.12 notes that DHS reviews the scope of practice for each practice level annually in consultation with the EMS Board and PAC. It further specifies that DHS publishes and posts a copy of the scope of practice on its website by March 31 of each year. While DHS reviews the scope of practice for each practice level annually, it is not required to make annual changes. DHS last published the Wisconsin EMS Scope of Practice in March 2026.

Changing scope of practice

As with other fields of medical care, EMS is continually changing as new research, treatments, equipment, and medications emerge. EMS also continually adapts to changing public expectations surrounding pre-hospital care. The EMS Board and PAC make recommendations to DHS during their reviews of the scope of practice to address such changes in medicine and public expectations. DHS may also bring scope of practice questions to the EMS Board and PAC for discussion and recommendation.

DHS, the EMS Board, and PAC also receive requests from EMS professionals, EMS providers, and medical directors to change scope of practice. Most proposed changes to scope of practice each year originate with these members of the EMS community. Intake

and review of these requests was historically challenging due to limited information from the requestor and lack of a standardized process. DHS developed an online scope of practice change request form in partnership with the EMS Board and PAC to address these issues. This form prompts the requestor to provide critical information regarding the proposed change including justification of need, anticipated effect on training time, supporting research studies, and cost to service providers. When possible, DHS incorporates an opportunity for comment on proposed changes. These changes help ensure DHS, the EMS Board, and PAC have broader information available when reviewing proposed changes.

While changes in medical practice cannot be avoided due to evolutions in medicine, DHS, WTCS, the EMS Board, and PAC recognize change can have implications in both training time and cost. They are especially aware of these implications at the EMR, emergency medical technician (EMT), and advanced EMT (AEMT) levels more commonly used in rural communities dependent on volunteer or paid-on-call staff. The current process is designed to ensure more consideration of cost and training increases to minimize unnecessary scope of practice growth at those levels.

State changes for 2026

Proposals received for 2026

All proposed scope of practice changes for the 2026 scope of practice originated with individual EMS practitioners or members of the public. None of the proposed changes were initiated by DHS, WTCS, the EMS Board, or PAC. During 2025, DHS received seven proposals for scope of practice changes for 2026:

- Expansion of intranasal medication to include epinephrine at EMR.
- Change oxygen from an advanced optional to required medication at EMR.
- Change pulse oximetry from an advanced optional to required skill at EMR.
- Addition of ondansetron at EMT (two separate proposals).
- Addition of cardiac epinephrine at the AEMT.
- Expansion of use of point of care ultrasound (POCUS) at paramedic.

One of the proposed changes—intranasal epinephrine at the EMR level—was already in the process of incorporation into 2025 scope of practice at time of receipt. That proposed change was therefore moot for 2026.

Proposals adopted for 2026

Of the remaining six proposed scope of practice changes, the EMS Board and PAC only recommended changing oxygen from an advanced optional medication to a required medication. As oxygen administration is already in EMR curriculum—and has been for

decades—the change from an optional to a required skill does not affect training requirements. DHS changed oxygen to a required medication at EMR based on the EMS Board and PAC recommendations in March 2026. This was the only scope of practice change at any level in the received 2026 scope of practice proposals.

Proposals not adopted for 2026

The remaining five proposed scope of practice changes were not included the 2026 scope of practice. A synopsis of the review for each is provided.

Pulse oximetry at EMR

Pulse oximetry measures the amount of oxygen bound to hemoglobin in the blood. It has been available for years as an advanced optional skill at EMR. Using a pulse oximeter is a simple skill but the devices can be costly, especially to smaller EMR service providers. While pulse oximetry can provide additional information as part of an overall patient assessment, that information is unlikely to substantially alter patient care at the EMR level. Neither PAC nor DHS found compelling information to change its use from an advanced optional to a required skill. Additionally, neither PAC nor DHS found the potential medical benefit of adding as a required skill to justify the added cost to EMR service providers.

Ondansetron at EMT

Ondansetron is an anti-emetic medication used to treat nausea and vomiting. As an anti-emetic, its administration in the field may help alleviate unpleasant symptoms but will not generally address a patient's underlying medical condition, nor will it address any immediate threats to life. Historically, anti-emetic medications were limited to the intermediate or paramedic level as they required intravenous administration. Additionally, while generally safe, ondansetron is not without risk. Restricting its use to more advanced practitioners helps mitigate any risks. Ondansetron was only added to the AEMT scope of practice in 2022. Ondansetron also comes in several oral administration forms, which were what were proposed for EMT. As no anti-emetic medications are currently allowed at the EMT level, adding ondansetron would add to EMT training requirements. PAC did not recommend, nor did DHS decide, to add ondansetron to the EMT scope of practice.

Cardiac epinephrine at AEMT

Intravenous epinephrine (1mg/10mL) is used during cardiac arrest as both a vasopressor and to increase cardiac contractility. As such, it can be a potentially lifesaving medication. Intravenous epinephrine is one of the aspects of AEMT scope of practice where states differ with some allowing intravenous epinephrine while others reserve it only for higher levels. Wisconsin is among the latter group. AEMTs are not

trained in cardiac rhythm interpretation or most other advanced cardiac life support procedures and medications, limiting cardiac epinephrine's overall utility at that level. Furthermore, as intravenous epinephrine would be a new medication not previously allowed at AEMT, its addition would require adding to existing AEMT training requirements. PAC did not recommend, nor did DHS decide, to add intravenous epinephrine to the AEMT scope of practice.

POCUS at paramedic

POCUS is a diagnostic tool that uses soundwaves to create images of inside the body. Scope of practice currently allows POCUS at the paramedic level only in the limited setting of cardiac arrest. While POCUS is non-invasive, interpretation of the images generated requires specialized training not in paramedic curriculum. PAC previously reviewed proposals for expanded use of POCUS for multiple purposes at paramedic (such as scanning for internal hemorrhage) but found insufficient evidence surrounding its use in the pre-hospital setting to endorse further expansion. The submitted proposal did not offer any new evidence to alter that determination. PAC did not recommend making any change to the existing use of POCUS, nor did DHS remove existing limits in scope of practice.

Proposed state changes for 2027

Proposals received for 2027

DHS received four scope of practice change proposals for 2027 as of June 2026. These proposals are a mixture of recommendations from EMS practitioners and PAC. Additionally, following receipt of a protocol submission from a service provider including esophageal temperature monitoring, DHS requested PAC to review and provide recommendations on where certain temperature monitoring devices should fall under scope of practice. The scope of practice change proposals received during the first half of 2026 are:

- Expansion of POCUS to include lung scans at paramedic.
- Addition of doppler devices during interfacility transfers at critical care paramedic.
- Addition of intra-aortic ballon pumps (IABP) at critical care paramedic.
- Expansion of the number of medication infusions allowed at paramedic.
- Clarification of core temperature assessment to include recommendations on status of esophageal and rectal temperature monitoring.

Status of proposed changes for 2027

PAC discussed four of the five proposals during its meetings in the first half of 2026. PAC did not schedule the expansion of POCUS at paramedic for further discussion. PAC recommended expanding the number of medication infusions allowed at paramedic, allowing doppler devices at the paramedic level, allowing rectal temperature monitoring at EMT, and allowing esophageal temperature monitoring at EMT when an advanced airway is in place during its June 2026 quarterly meeting. PAC did not recommend addition of IABP at any level. DHS has not made any determinations yet on any proposed changes to scope of practice for 2027.

State developments 2026–2027

Paramedic curricula

The current paramedic curriculum was last revised in 2011. As with other Wisconsin EMS curricula, it was based on the National EMS Educational Standard in place at the time. NHTSA released new versions of the standards in 2021. Wisconsin updated its EMR, EMT, and AEMT curricula in 2024 in response to that change as those levels were farthest out of alignment. Paramedic was not included in the 2024 revisions. This delay was in part due to the requirement under Wis. Admin. Code § DHS 110.22 that paramedic training centers be accredited by a national EMS education credentialing body. Accreditation standards require training centers to continually monitor and keep pace with changes in EMS. This in turn led to paramedic training centers making more incremental adjustments to their programs between changes in educational standards.

In 2026, WTCS identified its paramedic associate degree program for routine review. While completion of the associate degree is not required for paramedic licensure (nor are there plans that it will be in the future), the paramedic curriculum forms the basis for paramedic associate degree requirements.

Because the current curriculum is no longer in compliance with the corresponding national standard, the age of the current curriculum, and WTCS' pending review of its associate program requirements, the paramedic curriculum is overdue for revision. Paramedic scope of practice over the last 15 years has expanded beyond that covered in existing curriculum, including but not limited to unrestricted use of ventilators, initiation of blood products, and new medications. However, despite this growth, paramedic curriculum changes are not anticipated to be as broad as those that occurred at the EMR and EMT levels in the 2024 curricula revisions. Paramedic training centers continually adjust their programs to keep pace with accreditation requirements. Paramedic training in practice, therefore, has already been evolving over time to keep pace with changes in the field. Additionally, paramedic training is different from other levels in that paramedics are already trained to a much higher level of depth and breadth in anatomy, physiology, pharmacology, cardiology, and other pre-hospital fields. With this broader knowledge base, paramedics can more readily learn and adapt to changes in medicine. Paramedic training has therefore always contained more options for care than other levels. Additional medications within paramedic scope of practice, for example, are often

simply additional options within classes of medications paramedics already receive training in. Paramedics can readily become familiar with these additional medications as their actions, indications, contraindications, and side effects are often similar to other medications within the same class.

Critical care paramedic curricula

As with paramedic curriculum, critical care paramedic curriculum is out of date. The critical care paramedic curriculum, first released and unchanged since 2009, is the oldest curricula at any level and is approaching nearly two decades old. Medicine has changed substantially since 2009, as has the affordability and transportability of certain advanced medical devices. Hospital systems are already using some of these devices in critical access hospitals and tertiary facilities to stabilize critically ill or injured patients but lack sufficient intensive care beds or other specialist care to properly manage those patients long term. There is therefore a need to ensure availability of a safe means of transporting critically ill patients on these devices to larger magnet hospitals with more specialized resources and staff. The critical care paramedic curriculum is due for revision.

Critical care paramedic curriculum, however, poses unique challenges as there is no corresponding national standard for it. NHTSA does not include critical care as part of the National EMS Educational Standards, nor does it publish a stand-alone critical care curriculum. There is therefore no uniform, national standard to base state curriculum off. States differ significantly in their definitions, use, and curricula for critical care. Some states do not even recognize it at all. Additionally, several private national organizations market critical care certification or training (including several which sought and obtained Wisconsin approval) but use different standards when doing so. Some of these national programs already include information well outside of current Wisconsin scope of practice. As an example, two of the proposals under review for 2027 involve critical care interventions (IABP and doppler devices) allowed in other states and in some national training programs. Current Wisconsin curriculum includes only awareness training for such interventions. Awareness training assumes critical care paramedics would only be assisting higher level practitioners from the sending hospital, not managing them directly. Revision of critical care paramedic curriculum could thus be significant.

National developments 2026–2027

Federal standards

The current versions of the National EMS Education Standards and the National EMS Scope of Practice Model are both still relatively new. NHTSA last revised the National EMS Scope of Practice Model in 2019, with a minor COVID-19-specific addendum issued in 2021. NHTSA then followed with updates to the National EMS Education Standards in 2021, based in part on the changes in the updated National EMS Scope of Practice Model. There is no indication that NHTSA is planning to release updates to either the

National EMS Scope of Practice Model or the National EMS Educational Standards in 2026 or 2027.

National emerging trends

While no immediate changes are expected in any of the major federal standards, there are still emerging trends receiving attention nationally including:

- Whole blood administration
- POCUS

Wisconsin already permits these as optional skills at the paramedic level. Neither, however, is in existing paramedic curriculum. There is the potential that these would be considered for inclusion in any revision of existing paramedic curriculum.

Conclusion

DHS, WTCS, and the EMS Board continue to monitor changes in EMS that may affect scope of practice and training requirements at all levels. The recent revisions of EMR, EMT, and AEMT curricula restored alignment to national standards and scope of practice at those levels. While paramedic and critical care curricula are overdue for updates, changes at those levels have already begun occurring incrementally. They are therefore less likely to be as noticeable as those that occurred at other levels during prior revisions. DHS, WTCS, and the EMS Board worked together for the last several years to minimize unnecessary scope of practice growth, especially at the EMR, EMT, and AEMT levels. As members of the EMS community continue to ask for more skills, equipment, and medications at all levels, this has at times been a challenging balance. However, minimizing unnecessary scope of practice growth while still allowing the state's EMS system to adapt to the changing needs and expectations of Wisconsinites will continue to be a focus moving forward.