MINUTES
AD HOC EMERGENCY MEDICAL SERVICES (EMS) STUDY COMMITTEE
Regular Meeting
June 4, 2026 – 5:30 PM
Chippewa County Courthouse, Room 003

1. CALL TO ORDER

Chair Pam Guthman called meeting to order at 5:35 PM

2. ROLL CALL

Attendee Name	Title	Status	Arrived
Pam Guthman (Chair)	County Board Supervisor	Present	
Peter Gehring (Vice-Chair)	County Board Supervisor	Present	
Justus Busse	Chippewa Falls Fire & EMS Battalion Chief	Present	
Dan Dixon	Chippewa Falls District 5 Alderman	Present	
Sandi Frion	Bloomer City Administrator	Absent	
Dale Isaacs	Boyd Village Board	Present	
Corey LaNou	Town of Arthur Chair	Absent	
Ron Patten	EMS Association Chair	Present	
Deb Semanko	Cornell City Council	Absent	
Pauline Spiegel	Town of Eagle Point Supervisor	Present	
Dave Staber	Lafayette Town Chair & Fire District Board	Present	
Eric Weiland	Cadott Village Board & EMS	Present	
Eugene Gutsch	Wheaton EMS Director	Present	

Others Present: Traci Bremness, Andy Albarado, Garret Zastoupil, James Small, Deanna Wiersgalla, Margo Dieck, Emma, Allie Issacson, Jennifer Lenbom, Amber Gilles, Kathy Shear, Mark Schwartz, Mary Krall, Chuck Goettl, Meagan Frazer, Travis Glaus, Mike Nowak, Adam Dewitz, Jeff Ryba, Nick, and Jake.

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

(Comments from the public will be limited to five minutes per speaker.)

4. CONSENT AGENDA

1. Approve the Agenda Motion
2. Approve the Minutes of the – May 7, 2026
3. Schedule Next Regular Meeting Date – June 25, 2026, at 5:30 PM

Motion (Dave Staber/Justus Busse) to approve. Motion carried 13-0.

5. REPORTS

1. Presentation of Data Collection

    a. Garret Zastoupil presented data collected from local EMS agencies, providing an in-depth briefing report that assessed systemic risks within Chippewa County.

        i. Key points included:

- Identification of agencies where a single provider handled a disproportionately high share of calls (“heavy hitters”)

- Identification of agencies with inactive or minimally active personnel rosters ("ghost rosters")
- Assessment of system-wide risks and service imbalances

6. BUSINESS ITEMS

1. Discussion of Possible Interventions

   a. Ad Hoc EMS Committee members and local EMTs/EMRs participated in a guided facilitation session to identify and discuss potential interventions aimed at addressing EMS-related challenges and opportunities within Chippewa County.

      i. Topics Included:

         1. County wide medical director and standard protocols (5 votes)
         2. Regional medical director (2 votes)
         3. Each department supports solutions proposed by the Ad Hoc committee (1 vote)
         4. Localized training support
         5. Community support and buy-in for work proposed by Ad Hoc committee
         6. Cross licensing with good communication
         7. Continuing to support high-quality initial care and systems
         8. County board financial support for community hospital (2 votes)
         9. Maintain staffed quality dispatch center (4 votes)
         10. Full time EMS at any level (1 vote)
         11. County levy to pay staff and add more staff (7 votes)
         12. Public education of EMS (2 votes)
         13. Fully funded first out (6 votes)
         14. Taking advantage of new people from high school and CVTC (2 votes)
         15. Staff promote, recruit and retain EMS volunteers by offering benefits, insurance, and retirement (7 votes)
         16. Make CEUs easier to obtain, take out filler training, and do joint training between departments (1 vote)
         17. Combining areas to create districts (example: Cadott-Boyd-Stanley)
         18. Leadership that promotes high morale and a positive team culture (7 votes)

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

None identified.

8. ADJOURN

Motion (Dan Dixon/Dale Isaacs) to adjourn at 7:55 PM. Motion carried 13-0.

The **mission** of this committee is to:

A. Assess the strengths and challenges of Chippewa County EMS services.
B. Review other county and municipal EMS models.
C. Develop recommendations to ensure sustainable and effective EMS operations over the next decade.
D. Establish an action plan for the implementation of these recommendations

Adopted by the Chippewa County Board per Resolution 39-25

Emergency Medical Services Briefing Report Assessing Systemic Risk in Chippewa County

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1. The Statewide EMS Crisis: A System at the Breaking Point

The Emergency Medical Services (EMS) network in Wisconsin is currently a failing safety net. For decades, our communities have relied on a "volunteer-only" model that was designed for a different era. Today, that model is like a bridge with missing planks—eventually, someone is going to fall through. According to the 2023 Reliability Report, an "unreliable" system is no longer just a fear; it is a documented reality. When a citizen dials 911, there is no longer a 100% guarantee that an ambulance will arrive.

State of the State Summary

- **The Fragile Core:** 41% of Wisconsin EMS agencies are "unreliable," meaning they rely on fewer than six staff members to provide 80% of their total coverage hours.
- **The Ripple Effect:** 78% of agencies are forced to cover neighboring communities because those neighbors lack available crews, stretching limited resources even thinner.
- **Unanswered Calls:** In the most extreme cases, 10 Wisconsin communities reported 911 calls that went completely unanswered, with no ambulance ever arriving at the scene.[i]

2. Local Staffing Realities: The "Heavy Hitter" and "Ghost Roster" Crisis

Analysis of 2025 operational data for Bloomer, Boyd, Cadott, and Cornell reveals a system held together by the extraordinary efforts of a few, while the rosters themselves are misleading.

- **The Heavy Hitters:** The entire EMS response for eastern and northeastern Chippewa County is sustained by fewer than 15 total people across Boyd, Cadott, and Cornell. The most extreme example is found in Boyd, where a single individual (**Responder #16**) logged **7,974.75 hours**, representing 45% of the agency's entire annual output.
- **The Ghost Rosters:** Roster size is a vanity metric that masks operational fragility. A "Ghost Roster" refers to members who appear on the books but contribute zero hours to the schedule.

Roster Vitality vs. Inactivity (2025 Data)[ii]

Agency	Total Roster Members	Members Logging 0 Hours	"Ghost Roster" %
Bloomer Ambulance	30	0	**0%**
Boyd-Edson-Delmar	32	16	**50%**
Cadott Community	27	15	**56%**
Cornell Area	30	11	**37%**

- **The Bloomer Contrast:** Notably, Bloomer maintains a **0% Ghost Roster**. This is largely attributed to their "flat rate" on-call pay model, which their Chief notes has "improved staffing a lot." This suggests that local staffing shortages are a solvable funding and leadership issue rather than an inevitable demographic fate.
- **The All-On-Call Risk:** Cadott relies heavily on an "All-On-Call" model where 10 responders logged zero scheduled hours but were expected to respond when paged for 259 incidents. This unpredictability frequently leads to "scratches"—emergency calls where the local agency cannot find a crew and must hand the call off to a neighbor, significantly increasing response times during life-threatening minutes.

3. Front-Line Perspectives: Burnout and the Burden of Nuisance Calls

The human cost of maintaining "EMS 1.0" is escalating. Locally, the closure of HSHS Sacred Heart and St. Joseph's Hospitals has fundamentally changed the workload, forcing crews into longer transport times and keeping them out of their home districts for extended periods.[iii]

- **Workforce Attrition:** We are facing a "mid-career slump" where roughly 25% of licensed providers are expected to let their licenses lapse this cycle due to exhaustion and the feeling that the work "isn't worth the money."
- **Nuisance Calls:** Responders are increasingly frustrated by non-emergency requests. As one local provider noted: *"People aren't that much sicker... it is way too easy to just call 911... lift assists used to be handled by police, neighbors, and family members. Now it is burning out EMS workers at all levels."*

- **Barriers to Entry:** The top three barriers identified by our crews are competing time commitments, the high cost of entry (the National Registry test alone costs over $100 and is often cited as disconnected from rural reality), and low pay/stipends.

4. System Strengths: Building on the SOAR Framework

Despite the crisis, Chippewa County has strong internal assets that can be leveraged for a transition to a more stable "EMS 2.0."

Strength	Impact	Potential for Growth
Volunteer Dedication	High-quality care from neighbors who feel a deep "sense of duty."	Transition to a hybrid model where professionals support peak hours, keeping volunteers from burning out.
County Dispatch	Efficient 911 coordination and existing multi-agency trust.	Implement standardized, county-wide electronic scheduling to manage staffing in real-time.
Crew Camaraderie	Strong "family" culture and mutual respect among current responders.	Leverage this trust to develop a formal, county-wide Peer Support and CISM (Critical Incident Stress Management) team.

5. Strategic Solutions: Policy Pathways for Sustainability

The Ad Hoc Committee may focus on two legislative structures that provide the financial and operational scale necessary for rural survival.

Pathway 1: Act 212 "Qualified Districts"

This path allows for a joint EMS district to exceed state levy limits, but it comes with rigorous, recurring legal restrictions defined in the statutes.[iv]

- **The 5-Year Referendum Restriction:** Unlike other funding models, Act 212 requires constant voter re-approval. The law states that "*five years after a qualified district is first qualified... and every 5th year thereafter,*" a referendum must be held across the *"entire territory"* of the member municipalities. If the voters do not approve it in any of those five-year cycles, the district loses its "qualified" status and its ability to exceed tax limits.

- **The "CPI Plus 2%" Calculation:** The Act places a strict cap on how much the budget can grow each year. The annual increase in the amount levied must be *"less than or equal to the percentage change in the U.S. consumer price index (CPI)... plus 2 percent".* This means if inflation is 3%, the district's levy increase cannot exceed 5% for that year.
- **Size and Scope Requirements:** To even begin this process, the district must include at least **8 municipalities** or cover a service area of at least **232 square miles**. It must also operate under a formal agreement that specifies exactly how costs are assessed to member towns and identifies one specific entity responsible for EMS coordination.[v]

Pathway 2: The County-Wide EMS Levy

This pathway uses an existing exception in the law (**Wis. Stat. § 66.0602(3)(e)6**) that allows a county to levy property taxes for a countywide emergency medical system without being restricted by standard tax limits.

- **A "Simpler" Statutory Process:** This path is legally more straightforward because it does not require the recurring 5-year referendums or the specific CPI-based growth caps mandated by Act 212. Once established, the county can levy the amount it sees fit to support the system.
- **The "Agreement" Challenge:** While the law is simpler, the political process is challenging. Experts note that this path requires massive "consensus building". For it to work in Chippewa County, every municipality and provider would essentially have to agree on a single model.
- **Operational Shifts:** Transitioning to a county levy often means moving from many small, struggling volunteer services to a consolidated system with fewer, but more reliably staffed, professional stations. This requires local towns to be willing to trade some "local control" and their "community name on the side of the rig" for a guarantee that an ambulance will always show up.
- **Implementation Models:** The county has flexibility here; it can choose to **own and operate** the ambulances directly, **contract with one provider**, or **contract with multiple existing providers** to cover different zones

6. Conclusion and Committee Action Items

Chippewa County is at a crossroads. We can no longer expect 15 "Heavy Hitters" to protect the lives of thousands. To move toward a sustainable "EMS 2.0," the following actions are recommended:

- **Staffing Hybridization:** Implement a model using paid, full-time staff to cover weekday daytime gaps, relieving the volunteer "Heavy Hitters" and reducing the number of "scratches."
- **Administrative Modernization:** Adopt standardized, county-wide electronic scheduling. This serves as a "force multiplier," allowing services to see staffing gaps across borders in real-time.
- **Lowering Barriers:** Explore "Training Subsidies" and advocate for local EMR testing to remove the financial and geographic hurdles of the National Registry, which currently deters new recruits.

Closing Statement: The transition from EMS 1.0 to 2.0 is a necessary evolution. We must move from a system based on "hope" to a system based on "guaranteed response." When a resident calls for help, the system must be ready to answer.

[i] **Small, J. (2023).** The.Reliability.of.Wisconsin's.❺77.Ambulance.Response. Wisconsin Office of Rural Health. This report provided the benchmark data showing that **41% of Wisconsin EMS agencies** lack 24/7 staffing and that **78% of agencies** provided mutual aid due to neighbor staffing gaps

[ii] **Chippewa County EMS Ad Hoc Committee. (2026).** Draft.Summary.from.Rosters¿Final.868❶EMS. Operational.Data.Analysis.™ .Systemic.Risk.Report. This memo identified the **"heavy hitters"** sustaining local services and the **"ghost roster"** effect where 50% to 56% of members in some towns log zero hours

[iii] **Amedoadzi, F., et al. (2025).** Inadequate.EMS.in.Rural.Wisconsin¿Strategies.to.Improve.Reliability. Robert M. La Follette School of Public Affairs. This capstone study examined hospital closures and the demographic shift toward an aging population that increases EMS demand

[iv] **Wisconsin Legislature. (2026).** 868❶Wisconsin.Act.878. This statute outlines the requirements for **"Qualified Districts,"** including the **5-year referendum** mandate and the **CPI plus 2%** annual growth cap

[v] **Wisconsin Legislative Council. (2026).** Act.Memo¿868❶Wisconsin.Act.878. This legal summary explained the levy limit exceptions for regional EMS and the inclusion of **debt service** as an eligible cost

WISCONSIN TOWNS ASSOCIATION
Empowering Town Officials

Saving EMS:
One Size does Not fit All

Wisconsin Towns
District Meetings

Dana Sechler, NRP, CCP

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EMS in Crisis

- Reporting
- Response
- Detection
- On-Scene Care
- Care in Transit
- Transfer to Definitive Care

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~~EMS is Failing~~

EMS has Failed

- Stats from WI Office of Rural Health Studies

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State Statutes

- 9-1-1 EMS responses are a responsibility / function of Government
  - 1973 – National EMS Systems Act passed by Congress
    - States adopted EMS statutes and Rules based on local need
    - Wide variety of EMS systems and levels implemented from
      - State to State
      - Municipality to Municipality

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State Statutes

- Towns SHALL provide ambulance service (Wis Stat § 60.565)
  - The town board shall contract for or operate and maintain ambulance services unless such services are provided by another person
  - If the town board contracts for ambulance services, it may contract with one or more providers
  - The town board may determine and charge a reasonable fee for ambulance service
  - The town board may purchase equipment for medical and other emergency calls

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State Statutes

- 9-1-1 EMS responses are a responsibility / function of Government
  - Cities & Villages MAY provide ambulance service
    - Wis. Stats § 256.12(2)(a) and § 61.64
  - Counties MAY provide ambulance service
    - Wis. Stat § 66.0602(3)(e)6

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State Statutes

- Towns SHALL provide Fire Protection
  - WI Stat § 60.55(1)(a)
- Cities MAY provide Fire Protection
  - WI Stat § 62.13(2e)(a)(a)
- Villages under 5,500 pop. MAY provide Fire Protection
  - WI Stat § 61.66(1)
- Villages over 5,500 pop. SHALL provide Fire Protection
  - WI Stat § 61.65(2)

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What are the Options?

- ❑ Provide the Service
- ❑ Contract for Service
- ❑ Shared Services*
- ❑ Collaborate with others
  - ❑ EMS District
  - ❑ Countywide EMS
  - ❑ Merge/Consolidate/ Regionalize

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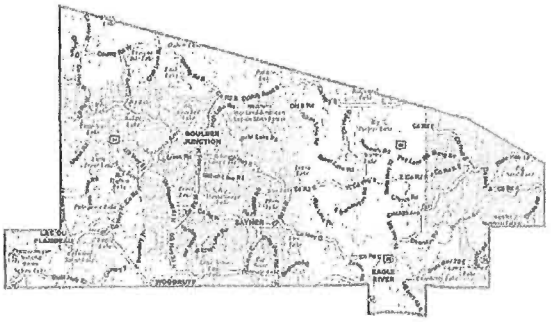
Case #1 –
Northwoods EMS District



Towns of:

- Boulder Junction
- Manitowish Waters
- Presque Isle
- Winchester

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Timeline

~2019: Towns / County first started talking about supporting EMS

~Spring 2022: EMS Leadership class had discussions on EMS options; consultant contacted to assist with Project

~Fall 2022: Performed EMS Study that included options for Towns and County

~Spring 2023: Study released and options discussed by municipalities. Meetings held by Towns to create an EMS District

~February 2024: Four Towns sign Intermunicipal agreement to create the EMS District

~Summer/Fall 2024: Hiring process for staff; completion of Administrative paperwork

~January 16, 2025: Start time of 8 am

~First call responded to at 8:43 am)

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Successful Stats (2025)

- ✓ 428 calls for the year
- ✓ 2 staffed rigs 24/7
- ✓ 6 full-time / 6 part-time / plus volunteers
- ✓ All calls had a Paramedic
- ✓ 73% received ALS intervention
- ✓ 6 incidents of 3 or more concurrent calls
- ✓ Turnout time = 1.29 minutes
- ✓ Time to scene = 13.4 minutes
- ✓ Started EMS Training Center
  - ✓ 17 EMR students

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Case #2
Florence County

- Florence County Rescue Squad
  - Florence, Commonwealth, Fence & Fern
- Florence County Rescue Squad (DBA Aurora-Homestead Rescue Squad)
  - Aurora & Homestead
- Long Lake-Tipler Rescue Squad
  - Long Lake and Tipler (Florence County)
  - Popple River and parts of Alvin (Forest County)
- Long Lake FD had been providing EMS, but closed after a short time period

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Timeline

~December 2020: Notification of Service closures, due to staffing shortages

~January 2021: Special EMS ad hoc committee created

~May / June 2021: Sustainability Study completed by WI Office of Rural health

~February / May 2022: Contacted by EM Director to create Implementation plan

~July 2022: County Board approves Countywide EMS system with existing 3 locations and 24-hour paid staff

~November/December 2022: MOAs for EMS signed by all municipalities

~January 2023: Implementation of Countywide system

~April/July 2023: Job postings / interviews

~July 2023: WI State EMS License issued)

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Successful Stats (2025)

- ✓ 584 calls for the year
- ✓ 100% of calls responded to since January 1, 2024
- ✓ 3 staffed rigs 24/7 (and 2 reserves)
- ✓ 3 rapid response vehicles
- ✓ 26 staff (EMR, EMT, AEMT, Paramedic, CCP, and Nurses)
- ✓ EMT flex to AEMT / Paramedic
- ✓ Turnout time = 3 - 5 minutes
- ✓ In process of being licensed to provide Interfacility transfers

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Innovation Grant (Shared Services)

- $300 million available
- Deadline is March 31, 2026

- Higher ranking assigned to the following in the grading of the submissions:
  - Public safety (Law Enforcement)
  - Fire Protection
  - Emergency Services (EMS)

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Innovation Grant (Shared Services)

- Several options to consider
- Grant award is based on 25% of Municipalities expenses / contributions
- Can receive funding for 3 to 5 years

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Innovation Grant (Shared Services)

- 5 municipalities each contribute $25,000 = $125,000
- $125,000 x 25% = $31,250
- $31,250 x 5 years = $156,250

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Future Success Requires a Change of Mindset

- Each Community is unique and must consider its specific needs
- EMS 1.0 → EMS 2.0
- Merging / consolidation is not a loss of identity

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Future Success Requires a Change of Mindset

- EMS is Expensive and will become more costly
  - Growing expectations
- Shared Revenue supplemental program
- Tax Levy cap can be exceeded by Referendum
- Towns under 3,000 can exceed levy on vote of electors

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