

IDEAS LAB

Do Wisconsin's local fire and emergency medical services need resuscitation?

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Published 9:00 a.m. CT Nov. 24, 2021

While most citizens aren't well-versed in how their local fire departments operate, there are a few things they do know. Those include the distance to the nearest fire station and a general expectation of how long it might take for the first engine or ambulance to arrive if they dial 911.

A dozen Wisconsin Policy Forum analyses over the past several years show that policymakers and citizens alike may now need to re-examine those expectations. We issue that sobering statement based on the growing sense of desperation we're seeing in small and mid-sized communities that are finding it increasingly difficult to preserve the staffing levels required to maintain current levels of fire and emergency medical service (EMS) operations.

For decades, small Wisconsin villages and towns have relied on volunteers to staff fire and EMS. There are several different volunteer models, including some in which part-time responders are paid only when they are called in to respond to a fire or medical emergency; others in which they receive stipends to be on call during set time periods or are paid hourly to work shifts at the station; and still others in which they respond to calls without pay, although that purely volunteer model now applies mostly to fire calls and not EMS.

For smaller communities with departments that receive no more than a call or two per day, these models make sense. Instead of paying full-time salaries and benefits to responders who are stationed at the fire house waiting for an infrequent call, these departments have been able to maintain healthy rosters of individuals who live or work nearby and can drop what they are doing to respond when needed. Often, they are supplemented by one or two full-time staff who might be able to initiate the response and can be joined at the scene by volunteer reinforcements.

Unfortunately, while the volunteer fire and rescue model is a point of great pride for many communities, it is becoming next to impossible for a growing number to sustain.

The challenge of medical emergencies

A particular challenge involves response to medical emergencies. As populations age, EMS calls increase. In fact, EMS calls now comprise nearly 80% of most departments' call volumes.

Rising numbers of EMS calls can be particularly problematic because they are most frequent during daytime hours, when volunteers are least likely to be available. EMS personnel also have licensing and training requirements that can be a significant burden; combined with the busy lifestyles of today's society and the tight labor market, this confluence of factors has led to shrinking volunteer rosters for many departments.

The situation has grown so challenging that some departments occasionally are unable to field a response, particularly when facing simultaneous calls for service. Fortunately, fire departments in Wisconsin have developed strong systems of mutual aid, but relying on one's neighbors also can cause problems. For one thing, neighboring departments may be experiencing staffing difficulties of their own. Moreover, even if the neighbor can readily respond, the response time suffers given the distance involved.

Some small departments have reacted to their increasing staffing challenges by maintaining only their fire operations (plus possibly first response for EMS calls) while turning to contracts with private ambulance companies or larger neighboring departments for advanced or paramedic services. But staffing challenges are emerging for those entities, as well. In Milwaukee, for example, two of the private companies that supplement the city's EMS response recently pulled out of contractual agreements because of their own difficulty filling shifts.

Several of our recent studies have found that moving to a larger mix of full-time staff will be a benefit and even a must for many departments. Housing at least some full-time staff at stations can allow the initial response to occur almost immediately after the call arrives instead of being delayed as staff respond from remote locations. Yet, such an approach may be cost prohibitive and perhaps impossible for some communities without a voter referendum in light of state-imposed property tax limits.

What Wisconsin communities could do

So what can be done?

Merging with neighboring departments may be the best solution given the opportunity provided by a consolidated department to share the cost of full-time staff and expensive vehicle replacements across multiple jurisdictions, as well as the ability to deploy resources more effectively.

But we have found that despite these benefits, consolidation may not be right for all communities. Some of the reasons include geography that is not conducive to consolidation, conflicts between municipalities over other issues, and differences in circumstances between departments that may cause some to be perceived as “winners” or “losers” if consolidation were to occur.

Another option is to vest greater responsibility and accountability for EMS response times and service levels with counties and state government or even new regional bodies. In looking at other states, we have observed that many organize their EMS regionally; even if they rely on municipal agencies to provide the services, there is regional service coordination and oversight as well as regional planning and standard-setting that may be financed by state grants.

Indeed, it could be argued that one of the fundamental challenges for EMS in Wisconsin is that system design decisions should be made regionally, but under the state’s current structure most EMS delivery systems are funded and “owned” locally. This disconnect can lead to questionable policy decisions as local governments fend for themselves with little incentive to consider what might be best for the larger county or region.

State assistance may also be warranted when it comes to staffing. While higher pay likely is not the sole answer to recruiting more fire and EMS responders, it may be a necessity given today’s tight labor market. Unfortunately, increased compensation will not be possible for many communities without some relaxation of state levy limits or revised Medicaid reimbursement policies for ambulance transports or non-transport EMS activities.

Overall, we hope state and local elected officials are paying attention to our recent reports and their overriding message: the ability of many communities to provide an appropriate level of fire and emergency medical services is in jeopardy and may soon require an emergency response of its own.

Rob Henken is president of the Wisconsin Policy Forum. See more of the forum's work at www.wispolicyforum.org