



HOWARD MARKLEIN

STATE SENATOR • 17TH SENATE DISTRICT

April 27, 2021

Assembly Committee on Regulatory Licensing Reform Testimony on Assembly Bill (AB) 93

Thank you Chair Sortwell and committee members for hearing Assembly Bill (AB) 93, which reduces barriers to entry for Emergency Medical Responders (EMRs). Thank you Rep. Knodl for co-sponsoring the bill.

EMS departments are staples of our rural communities. However, many rural, volunteer departments are struggling to recruit new members and retain current members. In the Fall of 2019, I held four “Rural Volunteer EMS Summits” across the 17th Senate District to answer the question, “*What can the state do to encourage volunteers and help with recruitment and retention of rural volunteer EMS?*” Nearly 70 EMS volunteers, representing almost 30 different departments, attended. AB 93 is one of three bills that are the direct result of feedback I received at these Summits.

AB 93 will make the National Registry of Emergency Medical Technicians (NREMT) exam optional for EMRs. However, individual departments will have the ability to decide whether or not the NREMT exam will still be required for credentialing with their department. I have consistently heard that the NREMT exam is difficult, expensive, and doesn’t always test for relevant information. Many departments told me that they would have two, three, or even eight more volunteers if the NREMT exam was not a required part of the initial licensure process. No less than 10 other states, including Minnesota, do not require the NREMT exam for EMRs.

It is important to note that even with this change, AB 93 leaves in place the requirement that each EMR would need to complete a Department of Health Services (DHS) approved training course and pass all other applicable tests and hands-on experiences to receive licensure. This bill simply states that DHS cannot require the NREMT exam to be one of the requirements for licensure for EMRs.

In conclusion, this bill is designed to help and support rural, volunteer EMS departments. The changes are not designed to intrude on the services that Paramedic departments provide. They do important work and are vital to a functioning EMS system in Wisconsin.

These changes are not going to solve the volunteer shortage overnight, but will remove obstacles and improve state-level regulation. There is still work to do, but I am proud of this initiative to support the local men and women who respond when we need them.

The companion bill, SB 89 passed the senate by a voice vote on April 14th. Thank you again for hearing AB 93, and your timely action on this proposal.



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April 27, 2021

The Assembly Committee on Regulatory Licensing Reform Testimony on Assembly Bill 93

Thank you, Chair Sortwell and committee members, for taking the time today to hold a public hearing on Assembly Bill 93. It has been great working on this legislation with my co-author, Senator Marklein. We both have consistently heard from our local Emergency Medical Service (EMS) department leaders, about the challenges they face in recruiting new volunteers in their communities.

One of the biggest hurdles individuals face is the state's requirement to pass the National Registry of Emergency Medical Technicians (NREMT) exam, in order to become an Emergency Medical Responder (EMR).

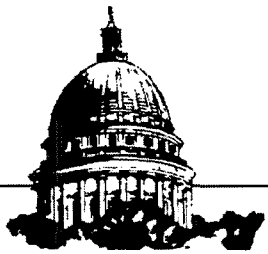
Since 2011, by rule, the Department of Health Services has required that the NREMT exam be taken and passed prior to becoming licensed. Unfortunately, the feedback we have received about this exam is that it's extremely challenging, expensive, and doesn't always test the most relevant information needed to become an EMR volunteer in Wisconsin. The exam is such a significant deterrent that it's become a recruitment barrier for getting new people interested in becoming volunteers.

This bill would make the NREMT exam optional for Emergency Medical Responders (EMRs), which is the lowest level recognized in Wisconsin. The NREMT exam is optional for EMRs in at least 10 other states, which include; Minnesota, North Dakota, South Dakota, and New York.

Under this bill, EMRs would still need to pass a Department of Health Services certified training course before they would be able to be licensed. Also, individual departments would have the ability to decide if they think that the NREMT exam should be a requirement for their department.

I would like to thank Senator Marklein for his leadership on this issue, as well as my colleagues who signed on as co-sponsors of Assembly Bill 93. It's my hope that we can all come together and make this common sense reform to help support Wisconsin's rural EMS departments throughout the state.

Thank you for listening to my testimony, and I would be happy to take any questions.



DALE KOOYENGA
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April 27, 2021

TO: Members of the Assembly Committee on Regulatory Licensing Reform
FR: Senator Dale Kooyenga
RE: Support for Assembly Bill 93

Good morning committee members. Assembly Bill 93 has been reintroduced this session. It was 2019 Assembly Bill 740 last session and was in this same committee.

When the bill was originally introduced in 2019, the main provision relating to the National Registry of Emergency Medical Technicians (NREMT) test was the same as this year's bill. AB 93 prohibits DHS from requiring the NREMT exam for an applicant who is applying for certification as an emergency medical responder. The bill still allows an ambulance service provider or emergency medical services program to require the test for their employees or volunteers.

I supported the bill as a cosponsor last session, but had an idea to improve the bill while opening opportunities for the many veterans returning to Wisconsin from military service. Some of these individuals have received significant medical training during their time serving our country.

Under current law, DHS reviews the certification for an applicant who has relevant education, training, and experience gained through military service. Last session, I worked with the authors, Sen. Marklein and Rep. Tranel on an amendment. For applicants with military service intending to volunteer for or be employed by an ambulance service provider or emergency medical services program, the determination of whether an applicant has obtained relevant education, training, and experience is solely within the discretion of that ambulance service provider or emergency medical services program. If the applicant is not affiliated with an ambulance service provider, the determination remains with DHS as under current law.

The amendment to 2019 AB 740 has been incorporated into 2021 AB 93 when it was introduced.

Thank you for your attention to this matter. I respectfully ask for your support of Assembly Bill 93.

Wisconsin EMS Association

Your voice for EMS



To: Representative Shae Sortwell, Chair
Members of the Assembly Committee on Regulatory Licensing Reform

From: Alan DeYoung, Executive Director

Date: Tuesday, April 27, 2021

Re: **Testimony in Opposition to 2021 Assembly Bill 93**

On behalf of the Wisconsin EMS Association, the following testimony is in opposition to Assembly Bill 93.

Specifically, the Association is concerned with the sections of the bill that would allow individuals seeking to become an emergency medical responder (EMR) the ability to bypass the National Registry of Emergency Medical Technicians (NREMT) exam.

Nearly every profession certifies or licenses its members in some manner. The intent of obtaining certification by the National Registry is to show to the public the individual has successfully completed the educational requirements and demonstrated their skills and abilities in the examination.

To pass this exam individuals need a minimum score of 70 percent. Those taking the exam are also provided the ability to take the NREMT exam up to six times. During the past five years (2015-2020) 2,294 individuals in Wisconsin have taken the exam with 72 percent passing on the first attempt and 80 percent within three attempts. Wisconsin exceeds the national benchmarks, which are 69 percent and 77 percent respectively. While 12 percent (284) did not complete the exam within 2-years, it should be noted that 1 individual is recorded as failing all six attempts during this five-year period.

It is a fact that the Wisconsin EMS system is facing critical shortages with finding qualified individuals to serve as EMRs and EMTs – this is especially true for departments that rely on unpaid or paid-on-call volunteers. Nearly 75 percent of Wisconsin's emergency medical services (EMS) rely on volunteers.

However, it is our contention that lowering educational and/or training qualifications does not serve the best interest of patient care. Further, ending the exam for EMRs will not significantly increase the number of qualified candidates. Nor, will implementing such a policy contend with the root causes of staffing shortages. Both nationally and in Wisconsin, to a greater extent, we are losing volunteers because more and more individuals can no longer financially afford or

have the time to volunteer. While many communities and their taxpayers have benefited from the low labor cost of volunteer-based EMS systems – many communities are facing the prospect of either terminating EMS services or moving to a partial or full paid EMTs or EMS contracted service, scenarios that will significantly increase operating costs. And, while most EMS services are municipal based - provided by county, city, village and town governments – only towns are required to provide EMS services and counties are the only municipal government that have an exemption from the levy limit to provide such services.

While there is no single magic solution to dealing with the EMS shortages throughout the state, an important piece of the overall solution is to provide local communities the flexibility needed to continue to fund their EMS services so they can adapt to the changing times – including flexibility in their levy limits when a community needs to transition their volunteer-based department.

Finally, there is a new provision included in 2021 Assembly Bill 93 as compared the original legislation from 2019 Assembly Bill 740. This new provision requires DHS to issue the certification for an applicant who has relevant education, training, and experience gained in connection with military service.

The Wisconsin EMS Association is supportive of this second provision as current law already allows an EMR applicant for certification who demonstrates to the department that the education, training, instruction, or other experience gained by the applicant in connection with military service is substantially equivalent to the course required for emergency medical responder certification is considered to have satisfied completion of that course.

Thank you for the opportunity to provide testimony today. If you have any questions, please feel free to contact me at Alan@WisconsinEMS.com.

McCarthy, Steven

From: Rep.Brostoff
Sent: Monday, April 26, 2021 3:55 PM
To: Pfaffenbach, Zach
Cc: McCarthy, Steven
Subject: FW: Wisconsin Assembly Bill 93

Good afternoon,

Below, please find written testimony for Assembly Bill 93. Additionally, Representative Brostoff would like to request that all emailed testimony for the three bills on the calendar tomorrow please be included in the hearing materials posted on the bill pages.

Thank you,
Rebecca Frank

Office of Representative Brostoff
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From: Ray Mollers <rmollers@nremt.org>
Sent: Monday, April 26, 2021 3:45 PM
To: Rep.Brostoff <Rep.Brostoff@legis.wisconsin.gov>
Subject: RE: Wisconsin Assembly Bill 93

Good afternoon Ms. Frank,

It was a pleasure to speak to you today. I would like to present the below information as testimony for the committee members concerning Wisconsin Assembly Bill 93. As a native Wisconsin citizen relocated by a full military career, followed by a combined Federal, Medical First Responder career with the Department of Homeland Security, and now serving in my capacity with the National Registry of EMTs – I was that volunteer Emergency Medical Responder in the early 1980s, on a volunteer ambulance for a small community, volunteer firefighter, and deputy police officer. The National Standards that are established and verified as minimal level of competency by the National Registry of EMTs for emergency medical service providers is the absolute floor, it would be, in my humble opinion a dishonor to my family who still reside in the state to expect anything less. What is expected in the state of Texas or Colorado, should be the same level that a Wisconsin resident should receive, if a certified and licensed provider is responding to their home.

We asked a member of our examinations team to pull all the EMR test questions with the word “tire”. She found one item and it is about discovering a flat tire on an ambulance. The test question was developed and may have shown up on a test as a pretest question (which does not count towards the candidate’s final score) but it has not been used operationally. That does not mean that a tire pressure question was never on the EMR examination, however our records do not show any such items within the last few years.

The National Registry follows an extensive process to develop/create cognitive exam items (or questions), which involves extensive drafting and reviewing of potential items by subject matter experts, who also assess potential sources of bias in those exam items.

The same method is used to develop all National Registry test items. The test is written and reviewed by the EMS community. First, an item is drafted by the subject matter experts and reviewed by a separate subject matter expert group. Then it is pilot tested in a high stakes atmosphere by being placed in live exam test pools. The test pool is a ‘bank’

of test questions that the computer can draw from when delivering an exam. Pilot items are placed in test pools to be calibrated, determining where on the scale of difficulty they will be placed. When the drafted item is being pilot tested, it does not count towards the pass/fail score of the candidate being examined. In order for an item to be placed in a "live" (when the items counts toward pass/fail) test pool, it must meet strict calibration requirements. The National Registry conducts differential statistical analysis of items in pre-test item pools and live item pools on a regular basis.

As the Nation's EMS Certification Organization, the National Registry develops valid, legally defensible and psychometrically sound exams, which ensure entry-level competency. The National Registry's exam development processes are accredited by the National Commission for Certifying Agencies (NCCA) and adhere to industry best practices as outlined in the Standards for Education and Psychological Testing. As established in the 2019 National EMS Scope of Practice Model, national certification is an essential element of infrastructural support for all nationally defined EMS licensure levels, which includes EMR.

Please let me know if there is anything we can do to help.
Sincerely, Ray Mollers



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Let's Write The Future Together

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MEMO TO: Senate Committee on Insurance, Licensing, and Forestry
FROM: Mike Koles, WTA Executive Director
RE: AB93 Testimony
DATE: 3/4/2021

Chair Sortwell, members of the committee, thank you for the opportunity to provide our comments on AB93. For many years, the WTA has indicated that Wisconsin must address an impending fire and EMS service provision crisis. As you are aware, towns are required by statute to provide fire and ambulance service. Several changes in recent sessions helped. Last session's inclusion of joint EMS in the 2% + CPI levy limit alleviation that has historically been available to joint fire and the temporary increased investment in LOSA that built on changes adopted in the 2017-19 budget were a great start. However, an even deeper and wider approach is necessary. The Senator Marklein-Representative Tranel/Kurtz package of bills, including AB93, begins that more comprehensive strategy.

Four towns covering ½ of Florence County recently lost their ambulance service due primarily to lack of volunteers. Luckily for them, with significant work they were able to find a temporary solution for the remainder of 2021 from the private sector at a significantly increased cost. Last Fall, six towns in Ashland County were informed that their private provider would no longer be offering service starting January 1, 2021. Three towns were able to find a neighboring service at an increased cost. One town was without ambulance service for three months and deployed their only option to create their own individual town service. Two towns, which cover the area of five townships (one town is a double township and one a triple), currently have no ambulance service. They asked to partner with every provider that was close and received only one potential offer that has subsequently been pulled back. If it wouldn't have been taken off the table, it would have required a 170% and a 492% increase in town taxes. The issues driving these crises are many, varied, and beyond describing in this memo.

One of the issues our members communicate to us frequently pertains to training standards. Some members are satisfied with the current training requirements, while others feel the training requirements are too extensive. The former are concerned that lower training standards will decrease safety, while the latter beg the question - "Is it better to have someone show up that is trained at a lower level than today's requirements or not have anyone show up at all?" This bill does not address this dilemma, but it is incumbent upon me to note the dilemma.

More consensus exists regarding the need to examine how Wisconsin evaluates EMR, EMT, AEMT, and Paramedic readiness. Many of our members, who believe strongly in the existing training requirements, simultaneously question whether or not the NREMT is the correct evaluative tool, including wondering if a

Wisconsin tailored written examination would be a better tool. Many cite that they have lost highly qualified would-be EMS volunteers because they have test anxiety, are not good at computers, have difficulty with the multiple choice approach of the NREMT, or have difficulty with test questions they do not consider pertinent to the skills being assessed. Again, this bill does not address this overall dilemma.

Our Board unanimously supports AB93 and the common sense, minor change it makes. It does not change training standards or hours required. It simply allows for a department to choose whether or not the NREMT is the correct evaluative tool for the most basic EMS professional at the EMR – first responder - level. The EMR training curriculum is different and requires fewer hours than the EMT level for which the NREMT is designed to evaluate. Yet, despite this major difference, Wisconsin still requires the application of a testing tool that is designed to evaluate the next level of practitioner. This bill allows local decision makers the flexibility to use the current testing requirement or to simply evaluate readiness based on completion of a Department of Health Services (DHS) approved training course and passage of all other applicable tests and hands-on experiences required to receive licensure.



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Assembly Committee on Regulatory Reform:

I support AB 93 and removing the requirement for EMRs to pass the NREMT written exam. As an EMS coordinator for one of the states EMS training centers we teach EMR students to state and national standards and pass or fail them based on their ability to pass those standards. If a student passes our EMS training program, they are meeting the requirements set by the state and our training center. I am also a chief of a rural EMS service who utilizes EMRs to staff our ambulances. We have had several perspective members go through an EMR training course at a technical college pass the class with an A+ and then fail the NREMT exam which prevents them from joining our service. This creates a waste of money and time on the member as they can't join our service as an EMR. It also is a disservice to our community by not being able to bring a new member on. With the shortage of EMS providers in the state and nation we need to use any advantage we can to ensure ambulances are getting out the door and responders are able to respond to calls for help.