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*Testimony before the Senate Committee on Insurance, Licensing and Forestry
State Senator André Jacque
January 12, 2022*

Chair Felzkowski and Colleagues,

Thank you for the opportunity to testify before you today in support of Senate Bill 736, which will ratify the Emergency Medical Services Personnel Licensure Interstate Compact in Wisconsin.

Under current law, Emergency Medical Service providers are licensed within their state to provide services and cannot offer aid over a state border to a nearby community. As a result, Wisconsin and other states often face having to wait longer for in-state services to arrive to provide emergency care when closer EMS providers would otherwise be available.

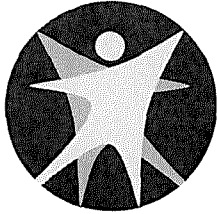
The Recognition of EMS Personnel Licensure Interstate Compact, also known as REPLICA, has been enacted by legislation in 21 states, works to protect the public, and enhances the Emergency Medical Services system in the United States. The EMS Compact authorizes state EMS offices to afford immediate legal recognition to EMS personnel licensed in any other member state allowing qualified EMS professionals licensed in a "Home State" to be extended a "Privilege To Practice" in Remote States for qualified circumstances.

REPLICA is the only national multi-state compact for the Emergency Medical Services profession. With the challenges of rural emergency response coverage, joining this compact to provide or be provided services by neighboring states should a community's EMS services be closer, but simply over a state line, is not only advantageous but common sense.

It's time for us to modernize our laws and join this compact in ensuring EMS service accessibility for Wisconsinites.

SB 736 has bipartisan support in both chambers and is supported by the Wisconsin EMS Association (WEMSA), Wisconsin State Fire Chiefs Association, Gunderson Health System, Mayo Clinic Health System, and the Specialized Medical Vehicle Association of Wisconsin. This legislation was first recommended to me by the U.S. Department of Defense state legislative liaison as part of their reciprocal licensing reform request.

Thank you for your consideration of SB 736.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary-Designee

TO: Members of the Senate Committee on Insurance, Licensing, and Forestry

FROM: HJ Waukau, Legislative Director

DATE: January 12, 2022

RE: Senate Bill 736, relating to: Emergency Medical Services Personnel Licensure Interstate Compact and granting rule-making authority

The Wisconsin Department of Health Services (DHS) would like to thank the Committee for the opportunity to submit testimony for information only on Senate Bill 736 (SB 736), regarding the State of Wisconsin becoming a member of the Emergency Medical Services Personnel Licensure Interstate Compact (Compact). DHS knows firsthand the health care access challenges across the state for all providers, and in particular our rural emergency medical service (EMS) providers. These challenges existed prior to the COVID-19 pandemic and have only been compounded by it since, forcing health care as a whole to reevaluate how services can be delivered in new and creative ways. DHS endeavors to be a key collaborator and partner in identifying new methods and efficiencies to improve health care service, access, and delivery; while maintaining our high-quality standard of care for all Wisconsinites.

EMS providers are licensed and certified by DHS under Wis. Stat § 256.15(5). Eligibility requirements for EMS providers are that an applicant must be 18 years old or older, have completed an approved training course based on Wisconsin curriculum, and completed the National Registry of Emergency Medical Technicians (NREMT) cognitive and psychomotor examination. EMS applicants must also self-report criminal history and actions on professional health care licenses which are verified by DHS staff against the Consolidated Court Automation Programs (CCAP) system, and the sex offender registry. Wisconsin does not charge applicants an initial licensing fee to those who are trained in-state, and is one of the few states where this occurs. While the state is allowed to charge a reasonable fee, DHS has historically not done so, and per Wis. Stat § 256.15(5)(f) DHS is prohibited from assessing fees on veterans, and other specified emergency medical technicians. Further, Wisconsin allows veterans and current members of the Armed Forces with a current NREMT certification to obtain a license without charge based on military training, as determined by DHS.

Under the Compact as specified by SB 736, Wisconsin would be required to expand how it handles the licensing and certification of EMS personnel. Per SB 736, DHS would be required to flag and expedite the licenses of military and veteran applicants. This provision would require DHS to modify and develop new tracking mechanisms for military and veteran applications in its licensing management system. The Compact would also require FBI background checks as a part of the initial application process. Costs for the background checks would need to be paid by either the applicant or the State of Wisconsin, effectively transferring the cost and compliance burdens to the individual states and/or applicants. Compact-compliant background checks would also involve more steps for the individual applicant including the use of fingerprint or other biometric data. Compact-compliant background checks may slow down the approval process which may increase the time between training completion and the individual entering the field as an EMS practitioner. For comparison, DHS conducts its criminal history vetting during the training permit process allowing for quicker licensure of EMS applicants. The Compact's requirements would necessitate a continuing appropriation for additional funding and staffing authorities to appropriately administer and meet the stipulations of the Compact. SB 736 as currently constructed does not provide additional funding or staffing authority for these purposes, and DHS can't absorb the required costs under its existing budget. As a result, were Wisconsin to become a Compact state DHS may need to

reconsider not charging licensing fees on applicants, which may adversely impact recruitment at a time of significant provider shortages.

Further, the provisions of SB 736 would create inconsistencies in Wisconsin's statutes for EMS providers. Current definitions for advanced emergency medical technicians, emergency medical technicians, medical directors, and paramedics differ from those proposed under SB 736. Additionally, Wisconsin recognizes certain license endorsements and has the license category of an "emergency medical technician-intermediate" which is not included in the bill. These endorsements and license categories are not specifically recognized in the Compact which could create compliance issues for those who hold such licenses. Wisconsin also has mutual aid agreements with all of its border states for patient transports across state lines which result in streamlined processes for patient transports. The Compact's provisions may impact these existing agreements. It is also unclear at this moment how joining the Compact would impact Wisconsin's relationships with non-member border states as Iowa is the only border state who is currently a Compact member.

Being a Compact member state would also have significant implications for the state's EMS licensure data. Under the Compact, Wisconsin would be required to enter its licensing data into the Compact's database for all individuals licensed within the state. This will require either significantly more data entry as all EMS licensees would need to be put into the database or a significant investment in software that is able to load information directly into the database, if available. This would require a significant initial effort as Wisconsin has approximately 16,000 existing EMS professionals that would need to be entered into the database. Additionally, Wisconsin adds approximately 2,000 to 3,000 new EMS professionals every two years that would also need to be entered into the database. Similar to the concerns highlighted for evaluating eligibility of EMS providers, SB 736 does not provide funding or staffing resources to carry out the tasks required by the Compact.

Wisconsin would also cede certain rulemaking authority under the Compact. Per SB 736, the Compact must be enacted without substantial changes, and it can only be amended if an amendment is enacted into law by all member states. The Compact also creates an Interstate Commission for Emergency Medical Services Personnel Practice (Commission), which has the authority to promulgate rules to facilitate and coordinate the implementation and administration of the Compact. The rules passed by the Commission have the force and effect of law and are binding on member states. The legislatures of the member states may reject any rule promulgated by the Commission, but only if a majority of the legislatures enact a statute or resolution rejecting the rule. As such it does not appear as if a single member state is able to reject a rule put forward by the Commission. Further, Wisconsin's scope of practice would not be the default scope for remote EMS providers under the Compact. Rather, remote EMS providers would practice under their home state's scope of practice rules, unless Wisconsin took affirmative steps to modify the scope of practice parameters in each of the 21 member states to conform to Wisconsin's scope of practice laws. As result of these provisions Wisconsin's ability to exert oversight over its own administrative rules, determine who practices within the state, and under what circumstances and conditions, would be effectively limited by the Compact.

Lastly, Wisconsin is a member state of other compacts such as the Interstate Medical Licensure Compact, the Nurse Licensure Compact, and the Physical Therapy Licensure Compact. Under these licensure compacts the specified professions are still required to be licensed at some level in the member states. Under the EMS Compact, EMS professionals would have a "privilege to practice," but would not be required to be licensed. This would be a unique exception amongst the state's health care professions and could create quality of care concerns. Conversely, per Wis. Stat. § 256.15(7) DHS can already issue a license for an EMS practitioner, without examination, to an individual who holds a current license or certificate from another jurisdiction, is qualified, and the standards in the other jurisdiction are at least as equivalent to those in Wisconsin. Additional exceptions to licensure also exist under Wis. Stat. § 256.15(2) regarding the number of transports that may be allowed before licensure is needed, as well as for mutual aid agreements during an emergency.

DHS thanks the Committee for the opportunity to provide testimony for information only and would like to continue to extend itself as a resource and partner to explore and examine how health care access across the state can be improved while maintaining our standard of high quality care.

Wisconsin EMS Association

Your voice for EMS



To: Senator Mary Felzkowski, Chair
Members of the Senate Committee on Insurance, Licensing & Forestry

From: Brian Donaldson, Board President

Date: Wednesday, January 12, 2021

Re: **Testimony in Support of Senate Bill 736**

Chair person Felzkowski and members of the Committee.

Thank you for allowing me to testify in support of Senate Bill 736, which if passed would allow Wisconsin to be a member of an EMS interstate licensure compact.

My name is Brian Donaldson, I am a resident of Wisconsin Rapids, am employed as EMS Chief by Waushara County, and am the President of the Wisconsin EMS Association.

The worsening EMS staffing crisis, coupled with other profession stressors, continue to present challenges that our EMS is not equipped to handle. The situation has been exacerbated with the extended pandemic circumstances impacting our health care systems.

The EMS interstate compact, while not presenting an all-encompassing solution, is likely one facet of the multi-faceted approach required to help overcome our current challenges.

There are currently 21 member states in this compact. The interstate compact offers some distinct advantages over the status quo. First, and foremost, it provides EMS clinicians the ability to possess the privilege to practice in any member state. Alleviating the geographical state line barrier to practice while waiting for what in some states can be a lengthy reciprocity process.

As we continue to see a staffing shortage crisis throughout Wisconsin and the nation the importance of this advantage cannot be over-emphasized.

While the compact will provide expedited privilege to practice, it is important to note the public safety aspect is maintained due to the compact uniformity of licensing standards.

Thank you for your consideration in the matter of Senate Bill 736 and I hope you will find it in the best interest of your constituents to support this. Thank you again for your attention.