

Local EMS directors respond to Marklein's rural EMS bill as Evers issues a veto, expert weighs in

Taylor Scott, *Managing Editor*

On March 31, Gov. Tony Evers announced that he had vetoed recently passed Senate Bill 89. The bill, introduced by Sen. Howard Marklein, R-Spring Green, would have made the

National Registry of Emergency Medical Technicians exam optional for emergency medical responders. Marklein argued the bill would improve recruitment and retention for rural emergency medical services. Local EMS directors fell on either side of the issue, with an expert in prehospital emergency medicine arguing lowering the bar is never the answer.

The rural EMS bill, SB 89, was introduced by Marklein in February 2021. The bill passed the Wisconsin state Senate in April of last year, with the state Assembly following suit in January of this year and the bill ending up on the governor's desk in late March.

The bill would have prohibited the Wisconsin Department of Health Services from requiring an applicant who is applying for certification as an EMR to register with or take the examination of the National Registry of Emergency Medical Technicians (NREMT).

Current DHS rules require an applicant for a license as an emergency medical services practitioner at any level, including an emergency medical responder, to be registered with the NREMT or to have completed the NREMT examination.

"I object to potentially lowering statewide educational qualifications needed to be certified as an emergency medical responder in Wisconsin," said Evers in his veto message.

Evers noted the important work EMRs are doing in our communities while acknowledging the challenges facing EMS in the state. According to Evers' statement, state aid to communities has gone down by more than nine percent since 2011, while public safety costs have increased more than 16 percent. Evers also noted more than half of EMS providers in the state are either operated exclusively by volunteers or through a combination of volunteers and paid staff.

Though he vetoed this bill, in his State-of-the-State address in mid-February, Evers announced an additional \$27.4 million funds for training, a Medicaid reimbursement rate increase and one-time flexible grants funded through the federal American Rescue Plan Act for EMS programs.

Evers said there are provisions in the bill he was open to considering, specifically satisfying emergency medical responder certification requirements by having

applicants demonstrate military service training, education or experience that is substantially equivalent to the course required for emergency medical responder certification.

"This effort could help further ensure our veterans entering our workforce after their service face fewer barriers to finding work," said Evers. "I cannot support other provisions in this legislation that I am concerned would have negative, long-term effects on patient care by lowering educational and training qualifications."

The next day Marklein expressed his disappointment in Evers' veto.

"I am extremely disappointed that Gov. Evers vetoed my bill that would have helped rural EMS with recruitment and retention," said Marklein in a statement. "I authored this bill with Rep. Travis Tranel, R-Cuba City, because our rural EMS squads told us that they needed some flexibility in order to have enough members to provide services in our small rural communities."

Marklein said the bill was inspired by conversations he had with rural EMS volunteers.

"They told us this is what they needed," said Marklein. "The governor isn't listening to local people and the local volunteers who are working hard to save lives in our communities."

Marklein also disputed Evers' assertion that the bill would have lowered standards, saying he believed the bill gave individual departments the ability to decide whether or not the NREMT exam would still be required for credentialing in their specific department.

"Every EMR would still have needed to complete a DHS approved training course and pass all other applicable tests and hands-on experiences to receive licensure," said Marklein.

Tracey Brent, Plain EMS service director, said she was hesitant to weigh in on the issue, fearing the bill has or may become political. Instead, she suggested, providing more incentive to volunteer.

"Instead of attacking the process for becoming a first responder," said Brent. "We would be better suited to look at incentivizing those who give back to their communities."

Brent says the few tax credits that exist for first responders is not enough.

"Volunteers give up a lot to serve their communities. They give up their freedom to leave town when on call, they leave their friends and families during the middle of dinner, holidays, and the middle of the night. They give up their life to serve others," said Brent. "Making classes for first responders more accessible and more affordable is an area that would serve us

better. Perhaps incentivizing taking the class is an option as well."

Volunteerism is a dying craft, says Brent, with both recruitment and retention issues facing many EMS services and the situation becoming dire in our rural communities.

"When you or a loved one needs help, you dial 911 expecting someone to answer the call," said Brent. "But what if there was nobody there to answer it?"

Brent says ambulance services in our area are in jeopardy of cessation without the continued involvement and volunteerism of members of the community.

"Having an ambulance service is a vital piece in what makes a community thrive, knowing that if you ever need help, help will be there," concluded Brent. "Volunteer services will only last as long as there's people to staff the truck."

Last year, when the bill was originally introduced, Tyler Tisdale, Arena EMS service director, said he believed the bill would help, but that it doesn't solve the main issue of recruiting volunteers.

"It's great to have EMRs," said Tisdale. "But we still need at least one EMT with an EMR to minimally staff the ambulance while maintaining a legal crew."

Tisdale says that Arena has the same problem that he believes is rampant across the state — recruiting people to become volunteer EMTs. Tisdale suggests the solutions lie in hiring full time EMTs, changing the requirements for incoming EMTs and providing better compensation for volunteers.

"We are aware of the time commitment one takes on when volunteering to be an EMT," says Tisdale. "These individuals give up so much of their time in an instant to respond to an emergency and, in many situations, their efforts are not compensated as they should be."

Both EMS directors agreed that more volunteers are needed and urged those interested to reach out to their local EMS program and sign up for classes.

"It's a great cause," says Tisdale.

Dr. Michael Abernethy, clinical professor of emergency medicine at UW-Madison's School of Medicine and Public Health and the chief flight physician for UW Med Flight said he believes the bill would lower the standard of medical care.

"I think lowering the bar is never the answer," said Abernethy, an expert on prehospital emergency medicine.

Having practiced emergency medicine abroad, Abernethy says the problem in the US is the divide between prehospital care and health care, with EMS being largely reliant on individual communities.

Abernethy uses the examples he sees of EMS programs and volunteers doing bake

sales and pancake breakfasts "to keep the lights on."

"I do work in other countries where they look at us and sort of shake their heads, why is there this divide?" says Abernethy. "Why isn't there just this continuum of health care?"

Abernethy says the quantity and quality of care in the US is "all over the place." He says in the UK paramedicine requires a four year college degree and is uniform, saying a paramedic in Edinburgh, Scotland would have the same training and medical education as a paramedic in London, England.

"[In the US] you can have everything from a four year degree to a two year degree to a one year certificate and now there's programs, you can do it almost all online," says Abernethy. "So the idea of any uniformity when someone says, 'we have a paramedic' here, I don't know what that means...when I have a new graduate or a new paramedic, I have no idea what that means."

Abernethy says that he considers a national registry test to be the bare minimum.

"So by having a national registry test, it minimally says 'okay, they've probably met these standards,'" says Abernethy.

Though he believes there is value in looking into the possibility of using a grandfather clause to license paramedics that have equivalent experience in the field.

"[You] can talk about higher standards, and all that, but until the government recognizes that this is a problem," Abernethy says, comparing the situation to other regulations enacted after loss of life. "Do people have to die because of lack of care for people to pay attention to this?"

As for solutions, Abernethy suggests moving EMS regulation at the federal level to be under Health and Human Services rather than under the Department of Transportation, where it is currently. He also suggests looking into a penny tax on a gallon of gasoline to put into EMS infrastructure.

He agrees that getting volunteers is the biggest issue facing rural EMS right now, but says it's "absurd" that a critical service depends on volunteers and there needs to be better funding.

"I certainly understand, 'Oh, my God, we don't have volunteers and now we're making more requirements and making it harder for them to do this when we should be making it easier,' but we have to have standards," says Abernethy. "We can't just say, 'we need more doctors, so let's cut two years out of medical school or let's skip spleen week or something,' you can't lower the standards, you got to fix the problem."

Better ways to do elections are out there, critics say. Other countries use them. Why not here?

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to negotiate with minor parties to pass legislation.

"That could lead to more fluid coalitions when it comes to making policy and could help mitigate the zero-sum politics that currently defines how the major parties interact in the capital," Burden said.

Sounds almost idyllic, right?

But to enact proportional representation, Congress would have to scrap the single-member district mandate, which has been in place since 1967.

At least one effort is underway. U.S. Rep. Donald Beyer (D-VA) has introduced The Fair Representation Act, which would eliminate single-member districts and replace them with multi-member districts across the country, drawn by an independent commission. The bill would also launch ranked-choice voting, which allows voters to rank candidates based on their preference rather than voting for one. Maine and Alaska use the system, and Nevada and Missouri are considering it.

The bill has no Republican sponsors though, giving it a very low likelihood of passage.

And in Wisconsin, the state's constitution must be amended to enact proportional representation, Burden, the UW political science professor said. That's a highly unlikely scenario at the moment.

But another reform has brighter prospects here.

Ranked-choice voting, which requires a candidate win a majority of the vote before they win a seat, is gaining momentum across the country. Many cities, including New York City, Minneapolis, and Saint Paul, also use it.

Last year, a bipartisan group of legislators in Wisconsin, including state Sen. Dale Kooyenga (R-Brookfield) and state Rep. Daniel Riemer (D-Milwaukee), introduced what they call The Final-Five Bill.

The bill would eliminate partisan primary elections for U.S. Senate and Congress in the state. Experts and at least one study say the partisan primary format pushes candidates to the political extremes to

protect their seats.

Final-Five would call for every candidate from any party to run on a single primary ballot. The top-five total vote winners would move on to the general election, where voters would then use ranked-choice voting to select one winner.

If the top vote getter fails to win a majority of first-choice votes, the last-place finisher is eliminated and their second-place votes are distributed to the remaining candidates. The process is repeated until one candidate has a majority.

Democracy Found, a political reform group based in Wisconsin, is championing the bill. The organization focuses on initiatives that are powerful and achievable now, Sara Eskrich, Democracy Found's executive director, wrote in an email.

"Final-Five Voting is evolutionary, not revolutionary," Eskrich said. "It keeps intact what Americans tend to like about our political system — geographical representation, choosing our own candidates — which proportional representation and/or multi-member

districts lose."

At the same time, Eskrich and other experts argue Final-Five Voting could fix much of what's broken with election maps — partisan gerrymandering, the lack of competition, gridlock and hyper-partisanship.

Final-Five could become law in Wisconsin without a change to the state constitution or federal law, Eskrich noted. All it needs is a majority of state lawmakers to pass a bill and the governor's signature.

The bill is off to a promising start.

A total of 22 co-sponsors from both parties and both houses of the legislature are sponsoring the bill.

The state Senate ended its annual session March 15 without considering the measure. It will need to be reintroduced in 2023, when it will likely face Republican leadership with little incentive to change a system that is working well for their party.

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