



Members of the committee, thank you for allowing me to testify today on the Respiratory Care Interstate Compact (RCIC). My name is Grant Minix, and I am a Policy Analyst at The Council of State Governments (CSG). We at CSG worked to develop the RCIC as part of a cooperative agreement between the American Association for Respiratory Care (AARC) and the United States Department of Defense to develop interstate compacts that promote licensure portability for qualified professionals throughout the country.

Since 2016, 372 pieces of licensure compact legislation have been enacted by 52 states and territories throughout the U.S. The RCIC is similarly structured to other compacts Wisconsin is a part of including the PT, Counseling, and Audiologist and Speech Language Pathologists Compacts in that an individual who lives in a compact member state and meets the requirements of the compact may apply for and be issued a compact privilege to practice in any other member state. This application process is expedited by the compact's data system which is a shared data system solely between the member state licensing authorities. In addition to expediting licensure, the data system enhances public protection by giving a mechanism for states to share disciplinary history of licensees.

The primary requirement for practitioners looking to participate in the compact is for them to hold a qualifying credential from the National Board for Respiratory Care (NBRC). NBRC credential requirements mirror requirements for respiratory therapists in most states, including Wisconsin. Additionally, holding an active NBRC credential is almost universally required by healthcare employers of respiratory therapists.

By enacting the RCIC, the state of Wisconsin will provide qualified respiratory therapists the ability to quickly obtain authorization in Wisconsin as well as other compact member states. This will enhance the ability of healthcare providers in this state to provide quality care in an expeditious manner and be better equipped during public health emergencies. Patients will also see better access to care, especially in rural communities. One population that often sees the most benefits out of licensure compacts are military families who are commonly subject to relocation every 2-3 years. With the ability to expedite professional licensure across state lines through the RCIC, both military family members and the general respiratory therapist population will be more likely to stay in the profession and have the ability to provide quality respiratory care to Wisconsins.

Thank you for the opportunity to testify before the committee today and I will yield to any questions.