

2024

Q2 MEETING

MAY 14, 2024





Contents

Agenda	1
Roll Call	2
Member States (Map)	3
Executive Director’s Report	4
Privilege to Practice Memo	6
EMS Week Resolution	12
Database Administrator Report	13
Bylaws & Rules Committee	14
Meeting Schedule (2024)	15
Press Releases	16
2024 Legislative Session Calendar	18
Commissioner Appointment Memo Template	19
Compact PTP Scenarios.....	20
Executive Committee Service History	27
Model Legislation	29
Current Administrative Rules.....	38
Current Bylaws.....	50
Commission Seal.....	56
Letters	Appendix



Q2 2024 Meeting Agenda

Location: Omni William Penn Hotel, Pittsburgh, PA
Date: May 14, 2024
Time: 2:00 p.m. (Eastern Time)

- I. Call to Order & Welcome - *Commissioner Kinney (IN), Chair*
 - a. Commissioner Roll Call - *Commissioner House (KS), Secretary*
 - b. Declare Quorum Present - *Kinney*
 - c. Introduce New Commissioners - *Kinney*
 - d. Adopt Business Agenda - *Kinney*
- II. Public Comments Regarding Matters Not on the Agenda - *Kinney*
- III. Old Business
 - a. Action: Review January 2024 (Q1) Meeting Minutes - *House*
- IV. New Business
 - a. Treasurer's Report- *Commissioner Vande Lune (IA)*
 - b. Chair's Report - *Kinney*
 - c. Establish Nominating Committee –*Kinney*
 - d. Executive Director's Report – *Donnie Woodyard, Executive Director*
 - i. Privilege to Practice Memo
 - e. National EMS Coordinated Database, Administrator Update – *Ray Mollers, NREMT*
 - f. Bylaws & Rules Committee Update – *Commissioner Joe Schmider [TX]*
 - g. State Roundtable Commissioner Updates – *All Commissioners*
 - i. Compact Implementation
 - ii. Status of Compliance with Statute and Administrative Rules
 - iii. Challenges / Opportunities
- V. Federal Partners Update
- VI. NGO & Professional Organizations Update
- VII. Adjourn Meeting

**** Executive Session of the Commission to immediately follow adjournment of the public meeting. ****

Meeting Norms:

To allow for equal participation by all attendees during the meeting, please note the following guidelines for all attendees:

- Public Attendees:
 - Public attendance is encouraged.
 - Members of the public may request to speak during public comment periods. Once recognized by the Chair public attendees should announce their name and organization before speaking. Public comments are limited to two minutes or less.

*All times are approximate.

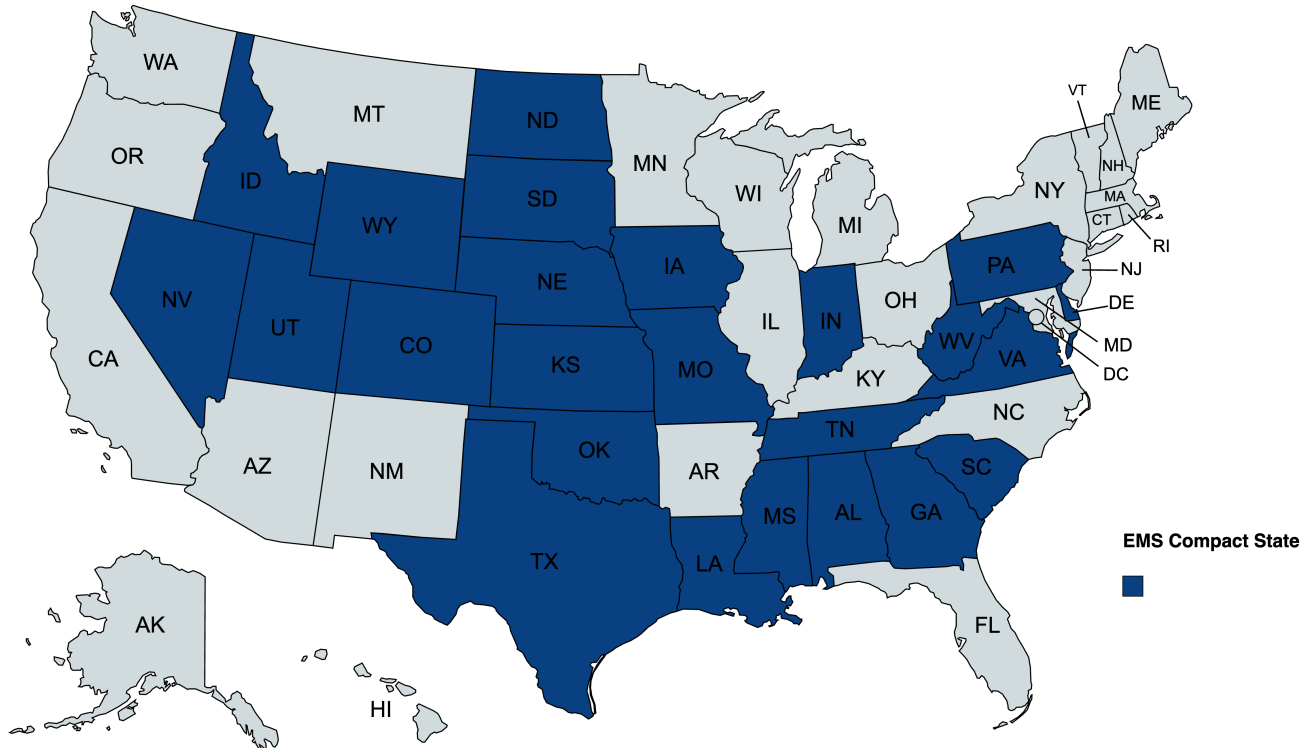
Commissioner Roll Call – May 14, 2024

State	Commissioner	Elected Role	Present Absent
Alabama	Jamie Gray		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Colorado	Michael Bateman		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Delaware	Britany Huss		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Georgia	Michael Johnson		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Idaho	Wayne Denny	Vice Chairperson	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Indiana	Kraig Kinney	Chairperson	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Iowa	Brad Vande Lune	Treasurer	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Kansas	Joe House	Secretary	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Louisiana	Susan Bailey		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Mississippi	Teresa Windham		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Missouri	George Miller		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Nebraska	Tim Wilson		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Nevada	Bobbie Sullivan		<input type="checkbox"/> Present <input type="checkbox"/> Absent
North Dakota	Christopher Price		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Oklahoma	Joy Fugett		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Pennsylvania	Anthony Martin		<input type="checkbox"/> Present <input type="checkbox"/> Absent
South Carolina	Mitch Stewart		<input type="checkbox"/> Present <input type="checkbox"/> Absent
South Dakota	Marty Link		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Tennessee	Brandon Ward		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Texas	Joseph Schmider	Immediate Past Chair	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Utah	Mark Herrera		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Virginia	Camela Crittenden		<input type="checkbox"/> Present <input type="checkbox"/> Absent
West Virginia	David Jamie Weller		<input type="checkbox"/> Present <input type="checkbox"/> Absent
Wyoming	Aaron Koehler	At-Large	<input type="checkbox"/> Present <input type="checkbox"/> Absent

Ex-Officio & Staff

Role	Name	Present Absent
Executive Director	Donnie Woodyard, Jr	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Counsel	Doug Wolfberg, JD / Christie Mellott, JD Page, Wolfberg & Wirth	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Database Admin	Ray Mollers / National Registry of EMTs	<input type="checkbox"/> Present <input type="checkbox"/> Absent

MAP: 2023 EMS Compact Member States



Executive Director's Report: Q2 2024

Dear Commissioners and Stakeholders,

It is with pleasure that this updated Quarterly Report is presented for the Interstate Commission for EMS Personnel Practice, covering the activities following the February 2024 Commission Meeting. This quarter witnessed substantial advocacy efforts, strategic meetings, and collaborative endeavors, all contributing to the mission of enhancing EMS personnel licensure across states and ensuring a harmonized approach to EMS practice.

Key Updates:

1. Legislative Advocacy and Congressional Engagement:

- The Commission participated in an in-person hearing with the United States House Ways and Means Committee in Texas during March. This event provided an opportunity to educate committee members about the EMS Compact and advocate for its interests. Written testimony was also submitted for the congressional record, a copy of which is included in the meeting book.
- Support was extended in February to the States Handling Access to Reciprocity for Employment (SHARE) Act (House Resolution 1310) through a letter to the Committee on Education and the Workforce and the Committee on the Judiciary in the United States Congress.

2. Code of Conduct Work Group:

- Chaired by Commissioner Michael Johnson of Georgia, the Code of Conduct Work Group convened its inaugural meeting in April. The group actively reviewed the conceptual Code of Conduct and is anticipated to provide recommendations for a uniform Code of Conduct for EMS practitioners utilizing the privilege to practice across the United States.

3. Data Protection Work Group:

- The inaugural meeting of the Data Protection Work Group, chaired by Commissioner Michael Bateman of Colorado, was held on May 7. The group addressed standards for the protection of EMS practitioner data, focusing on balancing the public right to validate an EMS practitioner's license and credentials with the need to protect Personally Identifiable Information (PII) and secure large data sets against potential cybersecurity threats to critical national infrastructure and security.

4. National Representation:

- The Compact was represented at the American Ambulance Association Annual Conference in Nashville, Tennessee. Participation included the Joint National EMS Leadership Forum and a roundtable discussion with the Substance Abuse and Mental Health Services Administration (SAMHSA) concerning the behavioral health crisis and the National 988 hotline.



5. Interagency Coordination:

- Regular monthly meetings were continued with the Bureau of Land Management for interagency wildland fire coordination. Engagements also included the Interstate Healthcare Collaborative and the Department of Defense State Liaison Office, which supports the development of various healthcare licensure compacts.

6. Technical Expert Panel on EMS Workforce Measurement:

- Participation in the Technical Expert Panel meeting coordinated by the National Association of State EMS Officials and supported by the NHTSA Office of Emergency Medical Services in March focused on clarifying high-priority questions and establishing a path for state and national EMS workforce analysis.

7. Federal Collaboration:

- Meetings with the United States HRSA Workforce Office discussed recent EMS workforce projections, addressing concerns about the accuracy of baseline data and establishing a collaborative path forward to enhance the reliability of EMS workforce data projections. This will be an ongoing multi-year project.
- Engagement continued with the National Fire Administration and the NHTSA Office of EMS, in addition to multiple federal offices and agencies. A briefing was provided to the Federal Interagency Committee on EMS (FICEMS) in June.

Website Updates: The [EMS Compact website](#) has been updated to reflect recent activities, upcoming events, and new resources available to our stakeholders.

As we progress, the Commission remained committed to enhancing collaborative efforts and ensuring that initiatives align with the needs of the EMS community. Your continued support and dedication to our mission are greatly appreciated.

Sincerely,



Donnie Woodyard, Jr.
Executive Director



Privilege to Practice Memo

Subject: Clarifications and Discussions on Restricting the Privilege to Practice
Date: 7 MAY 2024
To: Commissioners
Cc: Counsel
From: Donnie Woodyard, Jr., Executive Director

This memorandum aims to provide a comprehensive overview and guidance for Commissioners concerning a recent scenario that has implications for the Privilege to Practice under the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA). It includes background information, a detailed discussion, foundational insights, and specific recommendations from the Executive Director. The central goal of this document is to foster a consistent and unified interpretation and application of key terms and provisions across all member states. Such consistency is crucial for preserving the integrity of multistate collaboration and ensuring effective regulation within the EMS framework. By harmonizing these interpretations, the memorandum equips Commissioners with the necessary insights to apply these provisions judiciously and uniformly, thereby enhancing public health and safety through the regulated practice of EMS professionals across member states. Additionally, this memo may prompt the Commission to consider whether further Administrative Rules, policy adjustments, or the development of position papers on this topic are necessary.

Scenario at Question

The Executive Committee recently reviewed a situation concerning an EMS Practitioner licensed in two Member States, Kansas and Missouri. The practitioner voluntarily requested an inactive license status in Kansas. According to guidance from the Kansas EMS Authority, EMS practitioners with such status are prohibited from identifying as or working as an EMS practitioner in Kansas. Consequently, Kansas designated the practitioner's Privilege to Practice status as "No Privilege to Practice." Meanwhile, the practitioner maintained an active, unrestricted license in Missouri, which was in good standing and had a Privilege to Practice status listed as "Yes/Active." The National EMS Coordinated Database confirmed that no discipline was reported against the Missouri license, thus the overall Privilege to Practice status was considered "Active." Despite the inactive status in Kansas, the practitioner wished to utilize the EMS Compact's Privilege to Practice, by virtue of their active Missouri license, to continue working in Kansas. Additionally, this case prompted further consideration of Section 8.B.2 of the model legislation, which addresses the restoration of an individual's Privilege to Practice under specific conditions.

This scenario highlighted four important areas for clarification:

1. Can an EMS Practitioner utilize a Privilege to Practice, granted by a second Home State, to practice in a Home State where their license status is inactive?
2. Is a voluntary change of license status to inactive in a Home State, which restricts or limits practice in that Home State, considered an Adverse Action?
3. Should this voluntary, non-disciplinary related action globally restrict a Privilege to Practice status in the same manner as disciplinary-related Adverse Actions?
4. Can an individual with a restricted license in a Home State, practice in a Remote State?



Definitions

Key definitions in the Model Legislation pertinent to this discussion include:

- **Adverse Action** (Section 2[B]): is defined as “any administrative, civil, equitable or criminal action permitted by a state’s laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual’s license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual’s practice, letters of reprimand or admonition, fines, criminal convictions and state court judgments enforcing adverse actions by the state EMS authority.”
- **Home State** (Section 2[G]): is defined as “a member state where an individual is licensed to practice emergency medical services.”
- **Remote State** (Section 2[M]): is defined as “a member state in which an individual is not licensed.”
- **Restricted** (Section 2[N]): is defined as “the outcome of an adverse action that limits a license or the Privilege to Practice.”

Model Legislation

The pertinent sections of REPLICA that provide a framework for understanding and managing the Privilege to Practice include:

- **Section 4.A** mandates Member States *shall* recognize the Privilege to Practice of individuals licensed in another Member State. However, this recognition is subject to certain conditions and limitations aimed at safeguarding public health and safety.
- **Section 4.E** clarifies that a Home State license which is “restricted or suspended” renders the individual ineligible to practice in remote states under the Privilege to Practice until the Home State license is restored.
- **Section 8.B** outlines the procedures for addressing Adverse Actions and limitations imposed by a Home State on an individual's license, providing a mechanism for the exercise of the Privilege to Practice, subject to authorization by both the Home State and Remote State authorities.

Question 1:

Can an EMS Practitioner utilize a Privilege to Practice, granted by a second Home State, to practice in a Home State where their license status is inactive?

To address this question, it is crucial to understand the definitions of a Home State and a Remote State as outlined in the Model Legislation. The EMS Compact provides a qualified EMS practitioner with a Privilege to Practice in Remote States. Remote States are defined as “Member States in which the individual is *not licensed...*”

In this scenario, although the EMS practitioner holds an inactive license from Kansas, the state is still considered a Home State, since the individual holds a license there, rather than a Remote State. The EMS Compact uniquely allows an individual to have multiple Home States, which are not defined by residency or workplace affiliations.

Consequently, the Privilege to Practice is only authorized in Remote States, provided the EMS Practitioner meets the provisions outlined by the EMS Compact. As Kansas is not a Remote State for this practitioner, the Privilege to Practice does not apply here.



Question 2:

Is a voluntary license restriction (like a status change to inactive, which restricts or limits practice) considered an Adverse Action?

Adverse Actions, as defined in the Compact and imposed by Member States, can significantly impact an EMS practitioner's Privilege to Practice in Remote States under REPLICA. It is mandatory for any limitations that affect the Privilege to Practice status to be communicated across all Member States via the National EMS Coordinated Database, ensuring integrity in national EMS practice.

Voluntary vs. Imposed Restrictions

The scenario detailed in this memo raised concerns in which an EMS practitioner's license is limited due to voluntary reclassification of that license by the practitioner to inactive status, which is an option expressly afforded to EMS practitioners in that state through duly-enacted regulations.¹ For instance, an EMS practitioner electing an 'inactive' license status in a jurisdiction that prohibits practice under this status prompts the question: Does such a voluntary, non-disciplinary action qualify as a "restricted" license under the EMS Compact, and consequently, should this impact the Privilege to Practice in Remote States?

Definition of Adverse Action

The determination of whether a license restriction qualifies as an Adverse Action under the Model Legislation is a critical issue for Member States. Adverse Actions are described as "any administrative, civil, equitable, or criminal action permitted by a state's laws which may be imposed against licensed EMS personnel..." The phrase "*imposed against*" implies that Adverse Actions are compulsory, distinguishing them from voluntary decisions by the EMS practitioner, such as self-selecting an inactive license status when that option is afforded the practitioner under state law or regulations. While Adverse Actions include disciplinary license restrictions and may extend to negotiated license statuses following an inquiry (e.g., consent agreements), voluntary changes to license status by the practitioner are generally not considered "imposed" and, therefore, should not be categorized as Adverse Actions under the EMS Compact.

Consideration of Section 4.E.

Section 4.E of the Model Legislation clearly states,

"If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored."

While this provision might initially suggest that any form of restriction, such as the inactive status of the Kansas license, would disqualify an individual from practicing in a remote state, it is essential to consider the specific definition of 'restricted' within the context of the EMS Compact legislation. 'Restricted' is precisely defined as "the outcome of an adverse action that limits a license or the Privilege to Practice." Since the restriction in this scenario was not the outcome of an Adverse Action, Section 4.E does not apply.

Adverse Action Consequences & Reporting Requirements

State EMS Authorities must ascertain whether an Adverse Action affects the Privilege to Practice and report this to the Commission per Section 8.B.1 of the Model Legislation. This section mandates that "All Home State Adverse Action orders *shall* include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority." This underscores the responsibility of Home State EMS Authorities to determine the impact of Adverse Actions and emphasizes the necessity for clear and consistent communication. All Adverse Actions and limitations on the Privilege to Practice must

¹ Kan. Admin. Regs. §109-6-4 provide as follows: "[b]efore expiration of an active certificate, any emergency medical service provider may apply for an inactive certificate on a form provided by the board. The application shall be accompanied by the inactive certificate fee..."

be documented in writing to the affected EMS Practitioner *and* reported to the Commission via the National EMS Coordinated Database.

Question 3

Should this voluntary, non-disciplinary related action globally restrict a Privilege to Practice status in the same manner as disciplinary-related Adverse Actions?

Determination of an Adverse Action

The responsibility for determining whether licensure statuses and actions by the State EMS Authority qualify as Adverse Actions, as defined in the REPLICA model legislation and enacted in state regulations, rests with the State EMS Authority itself. While the Commission may offer guidance to promote consistency across states, the ultimate discretion to make and communicate these determinations lies with the State EMS Authority. This approach is communicated to both the EMS practitioner involved and the Commission, affirming the autonomy of State EMS Authorities in these critical regulatory decisions.

While the determination of a reportable “Adverse Action” is, by necessity, the responsibility of each Member State, the definition of “Adverse Action” is a Compact term. Accordingly, it benefits the administration of the Compact for the Commission to offer guidance so that each state can apply consistent criteria regarding a practitioner’s voluntary election of “inactive” license status in a state where that is permitted.

While each state’s process for voluntary reclassification of license status must be reviewed individually to determine whether the result is a “restriction” as defined in the Compact and thus constituting a basis for an “Adverse Action,” it is the Commission’s position that laws and regulations such as the Kansas provision cited above do *not* constitute Adverse Actions for purposes of the Compact. No practitioner who voluntarily elects transfer to inactive status would reasonably anticipate or expect that they would also be voluntarily causing the state to use the Compact to report a disciplinary type “Adverse Action” to a national database that could have significant implications for that practitioner in the future, if they apply for other professional licenses, security clearances, etc.

Note that, in the specific scenario presented to the Commission at its May 1, 2024 Executive Committee meeting, the practitioner in question possessed a Home State license in another state (Missouri), which maintains the practitioner’s eligibility for a Privilege to Practice (since the voluntary transfer to inactive status in Kansas did not constitute an Adverse Action). However, if the practitioner held only one Home State license, and voluntarily elected transfer of that license to inactive status, the practitioner would be ineligible for a Privilege to Practice in *any* Remote State.

Rights of EMS Practitioners

It is important to note that EMS practitioners generally have the right to appeal the State’s determination or implementation of what constitutes an Adverse Action, as allowed under applicable state law. This ensures that EMS practitioners can seek recourse in situations where they disagree with the state’s decisions.

Role of the EMS Compact Commission

The Commission does not adjudicate or evaluate the correctness of decisions made by state EMS authorities regarding the imposition of license restrictions or the associated Privileges to Practice. Rather, the Commission’s role is to report on, and implement the license status and privilege to practice as communicated by the state authorities.



Question 4

Can an individual with a restricted license in a Home State, practice in a Remote State?

In the specific scenario discussed earlier, involving a practitioner with licenses in Kansas and Missouri, this question does not directly apply, as the inactive status of the Kansas license was not classified as an Adverse Action. However, this issue was brought up tangentially during the Executive Committee discussion, leading to a broader examination of the related legal provisions and their implications.

Section 8.B.2 of the Model Legislation introduces a significant relief mechanism that is distinct within the framework of the EMS Compact. This provision allows for a Home State, which took an Adverse Action against the license and also restricted the associated Privilege to Practice, to authorize the practitioner to exercise an authorization to Practice in a Remote State, if the Remote State also authorizes the exercise of the privilege. The purpose of this dual-authorization process is to *potentially restore* the Privilege to Practice specifically in a Remote State, under defined circumstances.

According to Section 8.B.2, "An individual currently subject to adverse action in the Home State shall not practice in any Remote State without prior written authorization from both the Home State and Remote State's EMS authority." This clause sets up a controlled and regulated process where both the Home and Remote States must provide written authorization before a practitioner can practice in a Remote State, despite restrictions in their Home State.

It is crucial to understand that this provision neither compels nor requires Member States to utilize this mechanism. The core principle underlying the EMS Compact is the respect for State sovereignty in making licensure decisions. This respect is preserved, as the mechanism does not force any state to engage in this practice but rather offers it as an optional tool. Moreover, this provision does not prevent an individual from seeking licensure directly in any Remote State, nor does it stop a Remote State from requiring an individual—who does not have a Privilege to Practice due to restrictions in their Home State—to make a formal application for licensure should they wish to practice in that state.

This unique provision may serve as a beneficial tool for State EMS Authorities under specific, non-standard circumstances. For instance, it may be applicable in cases where an individual is subject to mandatory administrative actions or other non-criminal or non-public threat situations that necessitate a Home State to restrict a license. By facilitating such a process, the provision underscores the importance of mutual actions among states, which are crucial for maintaining inter-state operational harmony among EMS personnel.

By way of example, this mechanism could be employed in a scenario where an EMS practitioner's license is temporarily restricted in their Home State due to administrative oversights or minor non-criminal infractions that do not necessarily compromise public safety. For example, a state licensing authority may be compelled by their state's law to restrict a license because a licensee is delinquent on child support or student loan obligations. These underlying actions have no bearing on the practitioner's ability to practice safely and in a manner which protects the public. In such cases, if the individual seeks to practice in a Remote State, both states can choose to authorize the individual to practice in the Remote State under specific conditions, thereby ensuring continuity of service and adherence to professional standards.

Section 8.B.2 represents a thoughtful inclusion in REPLICA, providing flexibility and respect for state decisions while upholding the overall integrity of EMS practice across state lines. This provision, while optional, exemplifies the compact's commitment to adaptability and cooperative federalism in the regulation of EMS personnel.



Conclusion and Request

This memorandum has outlined the critical aspects of the Privilege to Practice within the framework of the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA), focusing specifically on the nuances of "Adverse Actions" and licensing "Restrictions." Uniformity in interpreting and applying these concepts across all Member States is essential to maintain the integrity and foundational trust that are central to such compacts.

A unique provision of the EMS Compact is Section 8.B.2, which introduces a significant mechanism for restoring a Privilege to Practice authorization under specific conditions, thereby reinforcing respect for state sovereignty and promoting robust interstate cooperation. It is vital for each state to meticulously evaluate whether certain actions constitute Adverse Actions and to assess their impact on the Privilege to Practice. All such evaluations must be promptly and clearly communicated to the affected EMS practitioners and reported to the National EMS Coordinated Database to enhance transparency and consistency across states.

To further ensure uniformity, the Executive Director recommends the adoption of standardized language concerning the Compact and Privilege to Practice statuses in all State EMS Authority Adverse Action orders. This step is crucial for safeguarding public health and safety by effectively regulating EMS practices.

Considering this analysis, the Executive Director requests that the Commission officially endorse these recommendations as the standard approach and provide further guidance, including regulatory and/or policy changes, as necessary to ensure the consistent application of these critical provisions across all Member States.



Resolution 2024-01

EMS Week Resolution

To recognize the **Week of May 19 - 25, 2024, as Emergency Medical Services Week**

WHEREAS, emergency medical services is a vital public service; and

WHEREAS, EMS practitioners are professional medical providers that are ready to provide lifesaving care to those in need 24 hours a day, seven days a week; and

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, emergency medical services has grown to fill a gap by providing important, out of hospital care, including preventative medicine, follow-up care, and access to telemedicine; and

WHEREAS, the emergency medical services system consists of first responders, emergency medical technicians, paramedics, emergency medical dispatchers, firefighters, police officers, educators, administrators, pre-hospital nurses, emergency nurses, emergency physicians, trained members of the public, and other out of hospital medical care providers; and

WHEREAS, the members of emergency medical services teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and

WHEREAS, the Interstate Commission for EMS Personnel Practice also recognizes State EMS Offices, which serve as the lead state executive branch offices responsible for ensuring a coordinated, systems approach to emergency medical services, overseeing the licensure of EMS personnel, administering the EMS system, and upholding public protection, thereby ensuring effective and responsive healthcare delivery; and

WHEREAS, it is appropriate to recognize the value and the accomplishments of emergency medical services providers by designating the Emergency Medical Services Week;

THEREFORE, BE IT RESOLVED that the Interstate Commission for EMS Personnel Practice, in recognition of this event, does hereby adopt the week of May 19 - 25, 2024, as **EMERGENCY MEDICAL SERVICES WEEK**, commemorating the 50th Anniversary of EMS Week with the theme: **EMS WEEK: Honoring Our Past. Forging Our Future.**

BE IT FURTHER RESOLVED that the Commission encourages the community to observe this week with appropriate programs, ceremonies, and activities.

ADOPTED by the Interstate Commission for EMS Personnel Practice on this day of 1st day of May 2024.



Database Administrator's Report: Q2 2024



**National Registry of
Emergency Medical Technicians®**
THE NATION'S EMS CERTIFICATION™

Rocco V. Morando Building
6610 Busch Blvd, Columbus, OH 43229
(614) 888-4484

May 2024 NEMSCD Administrator Report

State EMS Office	Latest API Submission Date	First API Submission Date
COLORADO	04/29/2024	10/26/2020
GEORGIA	04/29/2024	10/05/2021
MISSOURI	04/29/2024	10/20/2021
NEVADA	04/29/2024	09/28/2023
SOUTH DAKOTA	04/29/2024	08/27/2021
TEXAS	04/29/2024	04/02/2021
UTAH	04/29/2024	09/29/2021
VIRGINIA	04/29/2024	04/01/2020
WEST VIRGINIA	04/29/2024	10/20/2021
LOUISIANA	04/28/2024	08/10/2021
ALABAMA	04/27/2024	02/25/2021
IDAHO	04/27/2024	02/07/2022
IOWA	04/27/2024	11/01/2023
WYOMING	04/27/2024	06/16/2021
KANSAS	04/26/2024	07/30/2021
MISSISSIPPI	04/26/2024	04/28/2022
SOUTH CAROLINA	04/26/2024	03/25/2021

24	258,652	325,000
MEMBER STATES	COMPACT PROVIDERS IN DATABASE	TOTAL ESTIMATED COMPACT PROVIDERS

State EMS Discipline Posting

State EMS Office	Cases Created Last Four Months	Most Recent Discipline Update Date	Cases Updated Last Four Months
LOUISIANA	27	04/18/2024	27
KANSAS	9	03/01/2024	9
IDAHO	0	12/14/2023	0
TEXAS	8	12/11/2023	8
COLORADO	11	10/09/2023	11

Current NEMSCD Projects	
EMS ID Primary Identifier	In Queue
NREMT# / EMS ID#	In Queue
National Registry Data Tab	In Queue

States Onboarding	Last Meeting/Coordination
Nebraska	3/14/2024
Tennessee	2/28/2024
Delaware BLS	4/10/2024
Delaware ALS	4/3/2024
North Dakota	4/24/2024
Indiana	4/25/2024
Pennsylvania	4/26/2024
South Dakota ALS	
Oklahoma	



Bylaws & Rules Committee

PUBLIC NOTICE OF ADMINISTRATIVE RULE MAKING

Date of Issuance: March 28, 2024

Subject: Amendment of Rule 11.2 - Uniform Data Set for the EMS Coordinated Database

Statement of Purpose of Proposed Rule Change:

The Interstate Commission for Emergency Medical Services (EMS) Personnel Practice announces proposed amendments to Rule 11.2 regarding the Uniform Data Set required for submission to the National EMS Coordinated Database by EMS Compact member states. The objective of these amendments is to ensure uniformity and comprehensiveness of the data set to ensure all EMS Compact Member States are able to better coordinate and manage EMS personnel across states.

Redline Proposed Changes to Rule 11.2 - Uniform Data Set:

11.2 **Uniform Data Set.** Member states must submit the following uniform data set to the coordinated database at the frequency indicated.

(A) Identifying information. The following information for each individual who is licensed must be reported within ten (10) business days of completion of licensure application process. Any changes must be reported within ten (10) business days of the change being processed by the member state.

- (1) Full legal name (first, middle, last); and
- (2) suffix (if applicable); and
- (3) date of birth (month, day, year); and
- (4) Mailing address; and
- (5) eMail address; and
- (6) Phone number; and
- (7) identification number (one or both of the following):
 - (a) Social Security Number
 - (b) National EMS ID number.

Public Hearing and Meeting:

A public rule-making hearing and meeting will be held to discuss these proposed changes:

- **Date:** Wednesday, June 5
- **Time:** 4:30 PM Eastern Time
- **Format:** Public Meeting

Submission of Comments and Requests to Address the Commission:

Written comments are welcomed and should be submitted by June 4. Individuals wishing to address the Commission must submit their request in writing to the Executive Director of the Commission by the same date.

Contact for Submissions:

- **Executive Director:** Donnie Woodyard, Jr
- **Email:** donnie.woodyard@emscompact.gov



2024 Commissioner Meeting Schedule

Date	Time	Type	Audience
June 5, 2024	4:30PM (ET)	Virtual	All Commissioners
October 9, 2024**	3PM (ET)	Virtual	All Commissioners
** Annual Elections Meeting: Chairperson, Treasurer, Commissioner At-Large			

Timeline & Key Dates

2013

January & March National Advisory Panel Meetings
June, August & October Drafting Team

2014

Model Legislation

2017

May 8 Georgia – as the 10th state – enacted REPLICA legislation, triggering the EFFECTIVE date of EMS Compact.
October 7 Inaugural meeting of the Interstate Commission for EMS Personnel Practice.

2020

March 15 EMS Compact fully ACTIVATED including the Privilege to Practice. This activation date triggered the five (5) year compliance clock on biometric background checks.

2025

March 15 All Members States shall be in compliance with FBI biometric background checks as a prerequisite for the issuance of initial state EMS licenses for EMT, Paramedic and levels between EMT & Paramedic.
States enacting the REPLICA legislation after this date are required to have biometric background checks implemented prior to acceptance into the EMS Compact.



Published Press Releases

PRESS RELEASE

Interstate Commission for EMS Personnel Practice Adopts New Administrative Rules

WASHINGTON, DC, FEBRUARY 21, 2024 - The Interstate Commission for EMS Personnel Practice announces the adoption of revised Administrative Rules, a significant development following a detailed seven-month drafting and review process. These rules, unanimously approved at the Commission's first quarter meeting on February 21, 2024, aim to refine and fortify the operational framework of the Recognition of EMS Personnel Practice Interstate Compact (REPLICA).

Highlighted amendments and introductions in the revised rules are:

- **Section 10 - The Commission:** This new section delineates the procedure for new states implementing REPLICA legislation and seeking to join the EMS Compact. It specifies the Commission's approach to reviewing state legislation, ensuring its alignment with REPLICA's model legislation. It also details a clear timeline and methodologies for new member states to adopt the compact's requirements and outlines the process for appointing commissioners.
- **Re-numbering of Section 11:** Accommodating the new Section 10, the original Section 10 (Coordinated Database) has been merged into the existing Section 11. This renumbering consolidates content without introducing new material or alterations.
- **Section 13 - Compliance for Member States:** This innovative section concentrates on compliance monitoring and enforcement within member states. Recognizing that interstate compacts serve as both state statutes and contractual agreements between states, this section details procedures for identifying, evaluating, and addressing compliance issues. It incorporates a comprehensive dispute resolution process, including informal procedures, mediation, and arbitration.
- **Section 14 - Compact Implementation and Activation Date:** This section enshrines previously determined implementation and activation dates into the Administrative Rules for future clarity and reference.

These revised Administrative Rules reflect the ongoing evolution and maturation of the EMS Compact. Effective immediately for the 24 EMS Compact Member States, the rules exemplify a commitment to collaboration, transparency, and standardization in interstate EMS practice in the United States.

Commissioner Kraig Kinney [IN], Chair of the Commission, remarked, "We are committed to fostering a cohesive, efficient, and effective national EMS system. These new rules signify a major leap forward in our mission, ensuring the highest standards of EMS practice across state lines. We anticipate that these modifications will considerably enhance the operation and development of EMS services nationwide and simplify the integration of new states into the compact."

For more information, please visit www.emscompact.gov



PRESS RELEASE

Interstate Commission for EMS Personnel Practice Celebrates National Public Safety Telecommunicators Week

WASHINGTON, DC, APRIL 14, 2024 - The Interstate Commission for EMS Personnel Practice joins colleagues across the nation in celebrating April 14-20 as National Public Safety Telecommunicators Week. This special week honors the thousands of men and women who respond to emergency calls, dispatch emergency professionals and equipment, and render life-saving assistance to the world's citizens.

Every year in the United States, EMS personnel respond to over 55 million calls for assistance. Behind each of these responses is a dedicated team of public safety telecommunicators. Their vital role often goes unseen, but it is critical to the effectiveness of our emergency response system.

Donnie Woodyard, the Executive Director of the Commission, emphasizes the importance of these professionals, stating, "The role of EMS Telecommunicators and dispatchers has never been more critical. They are the unseen backbone of our emergency response system, ensuring rapid and efficient communication that saves lives every day. This week, we honor their dedication and relentless commitment to public safety."

For more information, please visit www.emscompact.gov

###

About the Interstate Commission for EMS Personnel Practice (ICEMSP)

The Interstate Commission for EMS Personnel Practice (ICEMSP), established under the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) legislation, is the governing body responsible for overseeing the operations of the EMS Compact. The Commission, comprising appointed Commissioners from each member state, ensures compliance with the Compact's provisions, manages its operations, and resolves interstate disputes. The ICEMSP's jurisdiction focuses on cross-border EMS activities, maintaining a national database of EMS personnel, and upholding uniform practices across member states to enhance EMS care and public safety.



2024 Legislative Session Calendar

Scheduled

Last updated: October 27, 2023.

State	Session Dates												Profile Date	Carryover		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		'23 to '24	'24 to '25	
Alabama		2/6/24			5/20/24								9/5/23	No	No	
Alaska	1/16/24				5/15/24								1/8/24	Yes	No	
Arizona	1/8/24			4/20/24									11/15/23	No	No	
Arkansas				4/10/24	5/9/24								3/11/24	No	No	
California	1/3/24							8/30/24						Yes	No	
Colorado	1/10/24				5/8/24								12/1/23	No	No	
Connecticut		2/7/24			5/8/24									No	No	
Delaware	1/9/24					6/30/24							9/1/23	Yes	No	
Florida	1/9/24		3/8/24										8/4/23	No	No	
Georgia	1/8/24		3/27/24										11/15/23	Yes	No	
Hawaii	1/17/24				5/2/24								1/8/24	Yes	No	
Idaho	1/8/24		3/29/24											No	No	
Illinois	1/10/24				5/31/24									Yes	No	
Indiana	1/9/24		3/14/24											No	No	
Iowa	1/8/24			4/16/24										Yes	No	
Kansas	1/8/24				5/17/24								11/15/23	Yes	No	
Kentucky	1/2/24			4/12/24									10/2/23	No	No	
Louisiana			3/11/24		6/3/24								1/10/24	No	No	
Maine	1/3/24			4/17/24									9/29/23	Yes	No	
Maryland	1/10/24			4/8/24									11/1/23	No	No	
Massachusetts	1/3/24							7/31/24						Yes	No	
Michigan	1/10/24											12/31/24		Yes	No	
Minnesota		2/12/24			5/20/24									Yes	No	
Mississippi	1/2/24				5/5/24								11/1/23	No	No	
Missouri	1/3/24				5/10/24								12/1/23	No	No	
Montana	No regular session in even-numbered years															
Nebraska	1/3/24			4/18/24										Yes	No	
Nevada	No regular session in even-numbered years															
New Hampshire	1/3/24					6/28/24							9/11/23	Yes	No	
New Jersey	1/9/24											12/31/24		11/15/23	No	Yes
New Mexico	1/16/24	2/15/24												1/2/24	No	No
New York	1/3/24							6/6/24					11/15/23	Yes	No	
North Carolina				4/24/24				7/31/24						Yes	No	
North Dakota	No regular session in even-numbered years															
Ohio	1/2/24											12/31/24		Yes	No	
Oklahoma		2/5/24			5/31/24								12/8/23	Yes	No	
Oregon		2/5/24	3/10/24										11/9/23	No	No	
Pennsylvania	1/2/24											11/30/24		Yes	No	
Rhode Island	1/2/24					6/30/24								No	No	
South Carolina	1/9/24				5/9/24								11/16/23	Yes	No	
South Dakota	1/9/24		3/25/24										12/10/23	No	No	
Tennessee	1/9/24			4/25/24									11/8/23	Yes	No	
Texas	No regular session in even-numbered years															
Utah	1/16/24		3/1/24										5/3/23	No	No	
Vermont	1/2/24				5/9/24									Yes	No	
Virginia	1/10/24		3/9/24										11/20/23	No	Yes	
Washington	1/8/24		3/7/24										12/1/23	Yes	No	
West Virginia	1/10/24		3/9/24										12/10/23	Yes	No	
Wisconsin	1/16/24		3/14/24											Yes	No	
Wyoming		2/12/24	3/8/24										12/1/23	No	No	



Commissioner Appointment Memo Template

To: Donnie Woodyard, Jr., Executive Director
Interstate Commission for EMS Personnel Practice
5010 E. Trindle Rd, Suite 202
Mechanicsburg, PA 17050

FROM: Governor, Cabinet Secretary or Signature Authority Delegee

Subject: Notification of Commissioner Appointment Memo

In accordance with Section 10.B.1 of the Recognition of EMS Personnel Interstate Compact ("REPLICA") model legislation, as enacted in <<STATE CODE REFERENCE>>, the State of <<STATE>> hereby designates <<NAME>> as the delegate ("Commissioner") to the Interstate Commission of EMS Personnel Practice.

<<STATE CODE REFERENCE>> outlines the guidelines for the appointment of the delegate as follows:

"Each member state shall have and be limited to one (1) delegate. The responsible official of the state EMS authority or his designee shall be the delegate to this compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the governor of the state will determine which entity will be responsible for assigning the delegate."

This appointment is effective [Effective Date]. If you need additional information regarding this appointment, please contact [Contact Name] in my office at [Contact Phone Number] or [Contact Email Address].

Please make the necessary updates to your records to reflect this appointment. If you require any additional information or documentation regarding this appointment, please do not hesitate to contact us at [Your Contact Information].

We appreciate your attention to this matter and look forward to <<name>>'s active participation in the Interstate Commission for EMS Personnel Practice.

Example Privilege to Practice Scenarios

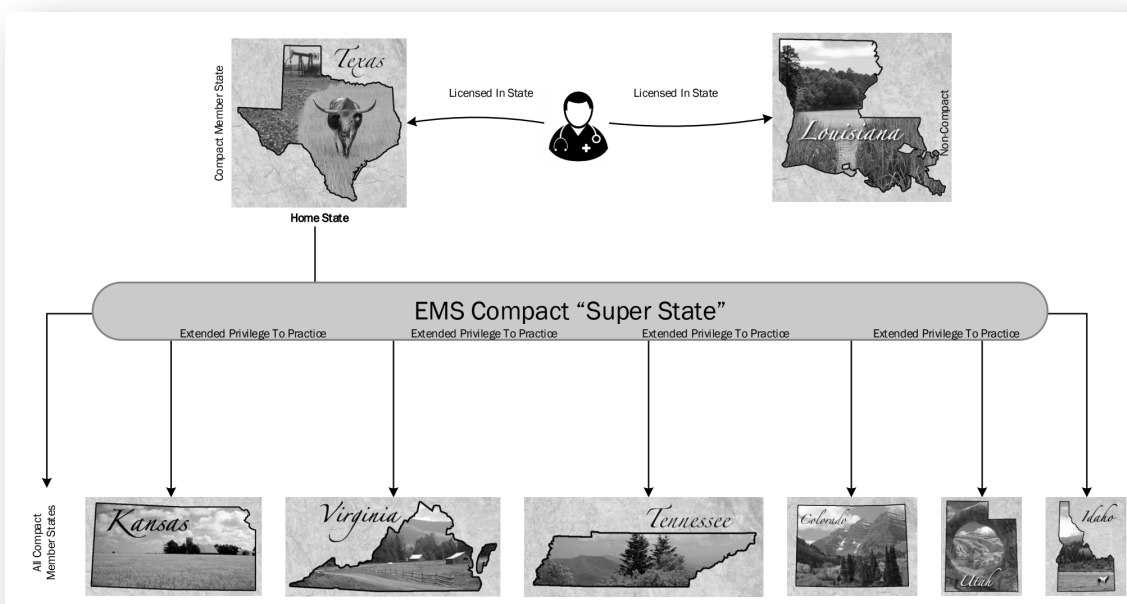
Introduction & Background

In an effort to provide valuable insights to Commissioners, State EMS Licensing Officials, Employers, and Stakeholders regarding the EMS Compact and the Privilege to Practice, the Commission has developed a range of illustrative scenarios. These scenarios have been instrumental since 2014 in enhancing comprehension and facilitating discussions around these critical topics.

In our continuous commitment to refine and standardize these illustrative scenarios, we have created six revised draft scenarios, designated as Scenario A through F. These revised scenarios aim to maintain consistency while offering a deeper understanding of the subject matter through nuanced details.

It is important to acknowledge that fictional scenarios, by their nature, have certain limitations. However, we have endeavored to ensure that these examples remain grounded in reality and are relatable to the various stakeholders involved in EMS Compact discussions.

Please note: The sample scenarios provided are not exhaustive but represent some of the most prevalent use-case scenarios for the EMS Compact.



(Above image from the 2016 Scenarios)



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Scenario A			
Description	Bob lives, works, and is licensed as an EMT in Colorado (a Compact Member State). Bob obtained his EMT license 25 years ago, before the state required NREMT certification. Bob has never had an FBI fingerprint background check. Bob works for the Big Blue Ambulance Service. Big Blue Ambulance Service is dispatched into Kansas (also a Compact Member State). Bob is not licensed as an EMT in Kansas. Bob treats and transports a patient to a hospital in Kansas. Before returning to Colorado, Big Blue Ambulance Service picks up another patient in Kansas and transports that patient to a hospital in Colorado.		
EMS Practitioner	<p>"Bob" is:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> An EMT with a valid, unrestricted license issued by Colorado <input checked="" type="checkbox"/> Over 18 years old <input checked="" type="checkbox"/> Is employed by the Big Blue Ambulance Service (paid or volunteer). <input checked="" type="checkbox"/> Is properly credentialed by Big Blue Ambulance Service. <input checked="" type="checkbox"/> Able to use their EMSID to validate a Privilege to Practice status at www.emscompact.gov 	Agency / Appropriate Authority	Big Blue Ambulance Service, assumptions: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Is operating in accordance with all applicable laws and regulations in Colorado. <input checked="" type="checkbox"/> Is authorized to hire (paid/un-paid), supervise, and utilize EMS practitioners in Colorado. <input checked="" type="checkbox"/> Has a physician medical director <input checked="" type="checkbox"/> Is <i>a/so</i> operating in accordance with all applicable laws and regulations in Kansas.
Home State	Colorado is a Compact Member State and Bob's Home State. Colorado is: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> In compliance with all EMS Compact requirements <input checked="" type="checkbox"/> Is submitting license data to the National EMS Coordinated Database (NEMSCD) <p>Colorado requires all initial EMT applicants seeking a license to adhere to the following:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Successful completion of the NREMT exam <input checked="" type="checkbox"/> Completion and review of an FBI Biometric Criminal History Background Check 	Medical Director	<ul style="list-style-type: none"> • The physician medical director is provided by Big Blue Ambulance Service. • Big Blue Ambulance Service is responsible for employing/contracting with a physician medical director in accordance with the laws, rules, regulations of Colorado & Kansas.
Remote State	<ul style="list-style-type: none"> • Kansas is a Compact Member State. • Kansas is required to recognize Bob's Privilege to Practice. • Kansas has the full authority to investigate, sanction and discipline Bob for violations of law, administrative rules or practice standards. 	Scope of Practice	Defined by the laws and rules of Colorado, the Home State, in addition to what Big Blue Ambulance Service (and Medical Director) may limit or modify (in accordance with local requirements).
Protocols	Big Blue Ambulance Service's protocols.		
Privilege to Practice 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Bob has a Valid Privilege to Practice <input checked="" type="checkbox"/> The Privilege to Practice does not require an application or pre-approval authorization. <input checked="" type="checkbox"/> Bob is authorized to utilize the Privilege to Practice in the Remote State <input checked="" type="checkbox"/> Bob's employer can be confident Bob is legally valid to function as an EMT in the Remote State <input checked="" type="checkbox"/> Kansas state law requires the Remote State to honor Bob's EMT PTP 	Notes	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> NREMT certification as a prerequisite for State Licensure is a requirement for all new initial licenses issued by the Home State, moving forward from the date the Compact Legislation was enacted. <input checked="" type="checkbox"/> The FBI Background check is also a license prerequisite for all new initial licenses issued by the Home State. States have until March 2025 to implement this requirement.
Discussion	This example illustrates a valid multistate Privilege to Practice under the EMS Compact. It allows EMS Practitioners to perform their professional duties across state lines without requiring a license from the Remote State. The Remote State can still investigate complaints or violations, even if the practitioner isn't licensed there. Note that the scenario assumes the EMS Agency is operating in compliance with all applicable state regulations; the EMS Compact is for personnel not agencies.		



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Scenario B			
Description	Jane is licensed as a Paramedic in Texas (a Compact Member State). Jane works for the Big Blue Ambulance Service, a busy urban service. Jane is experiencing burnout and wants a change of pace. Jane has family that lives in rural Wyoming with skiing, mountains, and hiking nearby. Jane is not licensed in Wyoming. EMS in the local area is provided by XYZ Fire Department, and they have a staffing shortage. Jane takes a leave of absence from Big Blue Ambulance and starts working part-time for XYZ Fire Department in Wyoming as a Paramedic.		
EMS Practitioner	<p>“Jane” is:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A Paramedic with a valid, unrestricted license issued by Texas <input checked="" type="checkbox"/> Over 18 years old <input checked="" type="checkbox"/> Is employed by the XYZ Fire Department (paid or volunteer). <input checked="" type="checkbox"/> Is properly credentialed by XYZ Fire Department. <input checked="" type="checkbox"/> Able to use their EMSID to validate a Privilege to Practice status at www.emscompact.gov 	Agency / Appropriate Authority	<p>In this scenario, Big Blue Ambulance Service has no responsibilities for Jane in Wyoming.</p> <p>XYZ Fire Department assumptions:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Is operating in accordance with all applicable laws and regulations in Wyoming. <input checked="" type="checkbox"/> Is authorized to hire (paid/un-paid), supervise, and utilize EMS practitioners in Wyoming. <input checked="" type="checkbox"/> Has a physician medical director
Home State	<p>Texas is a Compact Member State and Jane’s Home State. Texas is:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> In compliance with all EMS Compact requirements <input checked="" type="checkbox"/> Is submitting license data to the National EMS Coordinated Database (NEMSCD) <p>Texas requires all initial Paramedic applicants seeking a license to adhere to the following:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Successful completion of the NREMT exam <input checked="" type="checkbox"/> Completion and review of an FBI Biometric Criminal History Background Check 	Medical Director	<ul style="list-style-type: none"> • The physician medical director for Big Blue Ambulance Service has no responsibility for Jane in Wyoming. • The physician medical director for Jane will be provided by XYZ Fire Department in Wyoming.
Remote State	<ul style="list-style-type: none"> • Wyoming is a Compact Member State. • Wyoming law requires the state to recognize Jane’s Privilege to Practice. • Wyoming has the full authority to investigate, sanction and discipline Jane for violations of law, administrative rules or practice standards. • Wyoming can request Texas Office of EMS to assist with any enforcement or investigation actions, should they arise. 	Scope of Practice	Defined by the laws and rules of Wyoming (the Remote State), in addition to what XYZ Fire Department (and Medical Director) may limit or modify (in accordance with local requirements).
Protocols	XYZ Fire Department protocols.		
Privilege to Practice	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Jane has a Valid Privilege to Practice <input checked="" type="checkbox"/> The Privilege to Practice does not require an application or pre-approval authorization. <input checked="" type="checkbox"/> Jane is authorized to utilize the Privilege to Practice in the Remote State <input checked="" type="checkbox"/> Jane’s employer can be confident Jane is legally valid to function as an EMT in the Remote State <input checked="" type="checkbox"/> The Remote State’s law requires the State to honor Jane’s Paramedic PTP 		
Discussion	<p>This example highlights the value of the multistate Privilege to Practice offered by the EMS Compact. Given the high rate of burnout among EMS workers and the challenges faced by communities in recruiting and retaining EMS Practitioners, the Compact presents valuable tools for EMS agencies. In this scenario, Jane can transition to a new work environment, potentially rejuvenating her career without leaving the profession. The local EMS agency gains the benefit of immediately credentialing Jane and putting her to work. This arrangement allows Jane to apply her skills in a fresh setting, and her Home State employer may even have the opportunity to welcome her back revitalized in the future. It is important to note the critical steps taken by the XYZ Fire Department: they interview, affiliate, and locally credential Jane.</p>		



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Scenario C			
Description	Sam is a licensed as a Paramedic in Virginia (a Compact Member State). Sam works for an aeromedical service (“We-Fly”) located in Virginia, but the aeromedical service has multiple bases in other Compact Member States including West Virginia. Sam is not licensed in any other state. We-Fly has a staffing shortage in West Virginia (a Compact State) and Sam accepts the overtime shift. Sam, an employee of “We-Fly (Virginia)” drives to the base of “We-Fly (West Virginia)” to cover a shift as a Paramedic.		
EMS Practitioner	<p>“Sam” is:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A Paramedic with a valid, unrestricted license issued by Virginia <input checked="" type="checkbox"/> Over 18 years old <input checked="" type="checkbox"/> Is employed by the We-Fly in Virginia. <input checked="" type="checkbox"/> Able to use their EMSID to validate a Privilege to Practice status at www.emscompact.gov 	Agency / Appropriate Authority	<p>When Sam goes to the base in West Virginia (the State), the agency is the We-Fly entity that is licensed and regulated by West Virginia (which may be a different entity than the We-Fly that Sam routinely works for).</p> <p>We-Fly (in West Virginia) assumptions:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Is operating in accordance with all applicable laws and regulations in West Virginia. <input checked="" type="checkbox"/> Is authorized to hire (paid/un-paid), supervise, and utilize EMS practitioners in West Virginia. <input checked="" type="checkbox"/> Has a physician medical director
Home State	<p>Virginia is a Compact Member State and the Home State. Virginia is:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> In compliance with all EMS Compact requirements <input checked="" type="checkbox"/> Is submitting license data to the National EMS Coordinated Database (NEMSCD) <p>Virginia requires all initial Paramedic applicants seeking a license to adhere to the following:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Successful completion of the NREMT exam <input checked="" type="checkbox"/> Completion and review of an FBI Biometric Criminal History Background Check 	Medical Director	<ul style="list-style-type: none"> • Paramedic Sam needs to determine who is the physician medical director for We-Fly (West Virginia). It may be the same Medical Director for We-Fly (Virginia), or it may be different. • If it is a different Medical Director, Sam must ensure she is properly credential by the new Medical Director.
Remote State	<ul style="list-style-type: none"> • West Virginia is a Compact Member State. • West Virginia is required to recognize Sam’s Privilege to Practice. • West Virginia has the full authority to investigate, sanction and discipline Sam for violations of law, administrative rules or practice standards. 	Scope of Practice	Sam will be responsible for operating under the Scope of Practice established by West Virginia (the Remote State), in addition to what We-Fly (West Virginia) and the local Medical Director may limit or modify (in accordance with local requirements).
Protocols	Sam will operate under the Protocols used by We-Fly (West Virginia). Because it is the same parent company the protocols may be standardized, but it’s Sam’s responsibility to know and abide by any differences.		
Privilege to Practice	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sam has a Valid Privilege to Practice <input checked="" type="checkbox"/> The Privilege to Practice does not require an application or pre-approval authorization. <input checked="" type="checkbox"/> Sam is authorized to utilize the Privilege to Practice in the Remote State <input checked="" type="checkbox"/> Sam’s employer can be confident Sam is legally valid to function as an EMT in the Remote State <input checked="" type="checkbox"/> The Remote State’s law requires the State to honor Sam’s Paramedic PTP 		
Discussion	This scenario highlights the complexities of workforce mobility enabled by the EMS Compact. While Sam’s Privilege to Practice is valid, it’s crucial to note that all EMS Practitioners must be affiliated (Credentialed) with a local EMS agency and have an appropriate medical director. Given that the aeromedical base is in a different state, variations in medical directors, scope of practice, or protocols may exist, potentially affecting Sam’s ability to work seamlessly across state lines. Once these factors are confirmed and aligned, Sam can confidently work shifts, knowing that their Home State Paramedic License is recognized, and they have a valid Privilege to Practice.		



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Scenario D			
Description	Jane is a licensed as an EMT in Georgia (a Compact Member State), but Jane is not currently employed as an EMT. Jane is not licensed in any other state. Jane sees an ad calling for EMTs to assist with a large music festival in Louisiana (a Compact Member State). Jane completes a virtual interview and is offered a temporary position with EMTs"R"US. While Jane will not be paid for her work at the festival, the agreement includes a free 4-day pass to the festival in exchange for 24 hours of volunteer work as an EMT. Jane goes to the festival. At the festival Jane meets the Physician Medical Director, is provided EMT protocols, and is briefed on the operational expectations. Later that day Jane is required to complete a series of practice scenarios and take a protocol quiz. The team coordinator reminds the EMTs of the applicable state and local rules and regulations related to event medicine.		
EMS Practitioner	<p>"Jane" is:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> An EMT with a valid, unrestricted license issued by Georgia <input checked="" type="checkbox"/> Over 18 years old <input checked="" type="checkbox"/> Is employed by "EMTs'R'US (although not paid). <input checked="" type="checkbox"/> Able to use their EMSID to validate a Privilege to Practice status at www.emscompact.gov 	Agency / Appropriate Authority	EMTs"R"US assumptions: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Is operating in accordance with all applicable laws and regulations in Louisiana. <input checked="" type="checkbox"/> Is authorized to hire (paid/un-paid), supervise, and utilize EMS practitioners in Louisiana. <input checked="" type="checkbox"/> Has a physician medical director
Home State	<p>Georgia is a Compact Member State and the Home State. Georgia is:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> In compliance with all EMS Compact requirements <input checked="" type="checkbox"/> Is submitting license data to the National EMS Coordinated Database (NEMSCD) <p>Georgia requires all initial Paramedic applicants seeking a license to adhere to the following:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Successful completion of the NREMT exam <input checked="" type="checkbox"/> Completion and review of an FBI Biometric Criminal History Background Check 	Medical Director	EMT Jane met the Physician Medical Director for EMTs"R"US.
Remote State	<ul style="list-style-type: none"> • Louisiana is a Compact Member State. • Louisiana state law requires the state to recognize Jane's Privilege to Practice. • Louisiana has the full authority to investigate, sanction and discipline Jane for violations of law, administrative rules or practice standards. 	Scope of Practice	Jane will be responsible for operating under the Scope of Practice established by Louisiana (the Remote State), in addition to what EMTs"R"US and the local Medical Director may limit or modify (in accordance with local requirements).
Protocols	Jane will operate under the Protocols used by EMTs"R"US.		
Privilege to Practice	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Jane has a Valid Privilege to Practice <input checked="" type="checkbox"/> The Privilege to Practice does not require an application or pre-approval authorization. <input checked="" type="checkbox"/> Jane is authorized to utilize the Privilege to Practice in the Remote State <input checked="" type="checkbox"/> Jane's employer can be confident Jane is legally valid to function as an EMT in the Remote State <input checked="" type="checkbox"/> The Remote State's law requires the State to honor Jane's EMT PTP 		
Discussion	This scenario underscores several critical factors, particularly the absence of independent practice authority for EMS practitioners. EMS practitioners do not have autonomous practice, and the EMS Compact does not grant them independent practice rights. EMS practitioners are employed by EMS agencies that must be duly authorized to hire EMS personnel and deliver medical services in the jurisdiction where they operate. In this situation, it's apparent that the local EMS entity was complying with local laws, including having a physician medical director, established protocols, and Jane undergoing a local credentialing process.		

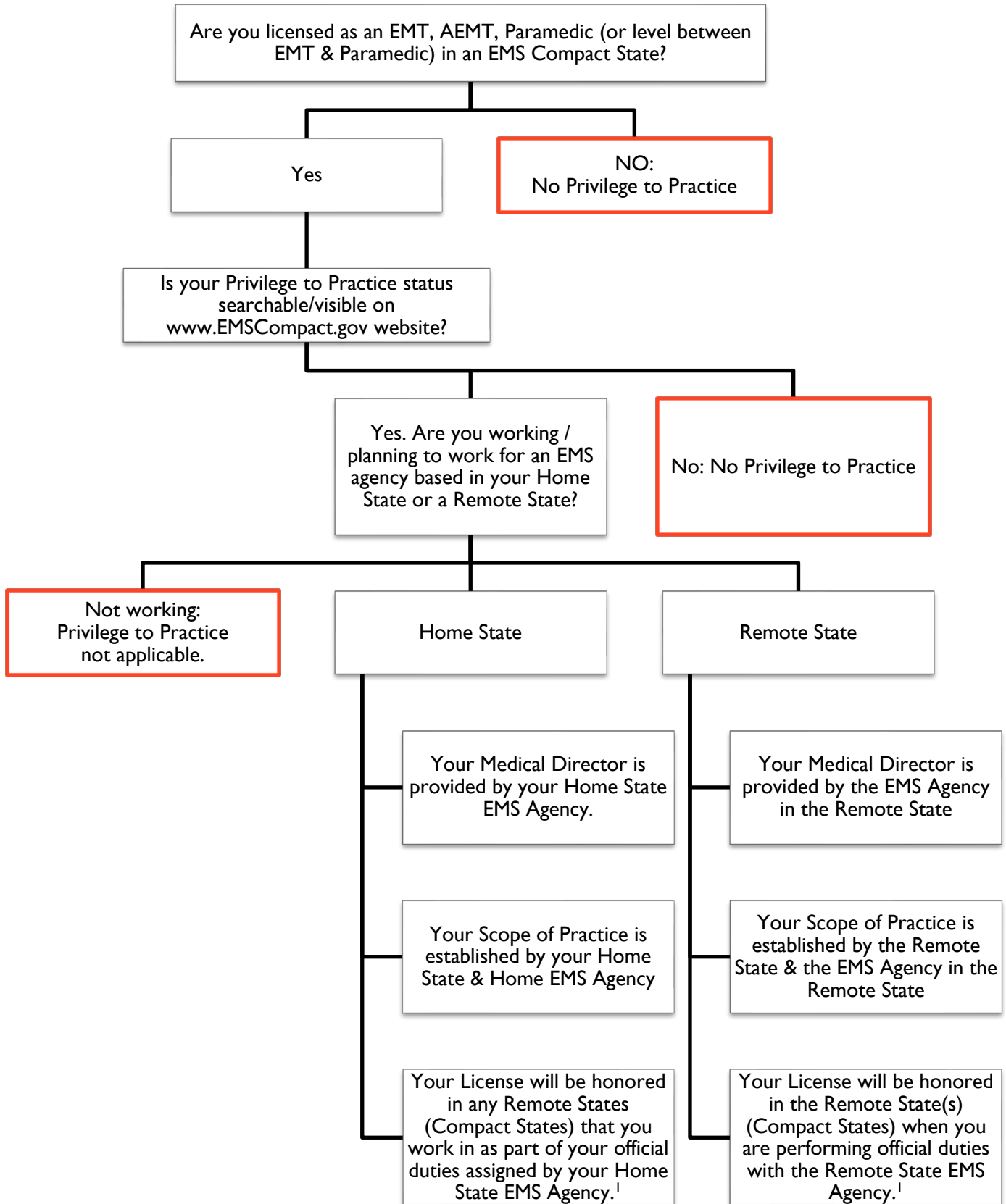


INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Scenario E			
Description	Jane is a licensed as an EMT in Tennessee (a Compact Member State) and works for Big Blue Ambulance Service. Jane is <u>not</u> licensed in any other state. Jane sees an ad calling for EMTs to assist with a sporting event and festival in Alabama (a Compact Member State). Jane completes a virtual interview and is offered a temporary position with Festive-Medics. While Jane will not be paid for her work at the festival, the agreement includes a free 4-day pass to the festival in exchange for 24 hours of volunteer work as an EMT. Jane sees that Festive-Medics is a non-profit organization but is not able to find a state issued license. When Jane arrives at the festival, she is provided an access badge and a medical bag. When Jane asks about protocols and medical direction the Festive-Medics supervisor tells Jane, "We only use EMS Compact EMTs, so use your Home State protocols and medical director."		
EMS Practitioner	<p>"Jane" is:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> An EMT with a valid, unrestricted license issued by Tennessee <input checked="" type="checkbox"/> Over 18 years old <input checked="" type="checkbox"/> Is employed by Festive-Medics (although not paid). <input checked="" type="checkbox"/> Able to use their EMSID to validate a Privilege to Practice status at www.emscompact.gov 	Agency / Appropriate Authority	<p>Festive-Medics is registered as a Non-Profit volunteer entity in Alabama, but:</p> <ul style="list-style-type: none"> • notes that non-transport agencies are not regulated in Alabama. • does not have agency-approved protocols or a designed physician medical director.
Home State	<p>Tennessee is a Compact Member State and the Home State. Tennessee is:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> In compliance with all EMS Compact requirements <input checked="" type="checkbox"/> Is submitting license data to the National EMS Coordinated Database (NEMSCD) <p>Tennessee requires all initial Paramedic applicants seeking a license to adhere to the following:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Successful completion of the NREMT exam <input checked="" type="checkbox"/> Completion and review of an FBI Biometric Criminal History Background Check 	Medical Director	<p>Festive-Medics tells Jane to use her Home State Medical Director.</p> <p>This is not permitted because the Medical Director services are being provided to Jane in her official capacity with Big Blue Ambulance Service, not as an individual practitioner.</p>
Remote State	<ul style="list-style-type: none"> • Alabama is a Compact Member State. • Alabama has the full authority to investigate, sanction and discipline Jane for violations of law, administrative rules or practice standards. 	Scope of Practice	<p>In theory Jane's EMT scope of practice has not been modified by an Appropriate Authority in the Remote state, so Jane's Scope of Practice will remain the same as the Home State Scope of Practice. But...there are bigger problems with this scenario.</p>
Protocols	None. Festive-Medics tells Jane to just follow her 'normal' protocols used when working for Big Blue Ambulance Service. This is not acceptable because Jane is not working as an agent/employee of Big Blue Ambulance Service at the festival.		
Privilege to Practice	<div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Jane has not established that she is working for an Agency authorized in the Remote State. <input checked="" type="checkbox"/> Jane has not established a valid Physician Medical Director in the Remote State. </div>		
Discussion	<ul style="list-style-type: none"> - This scenario involves misconceptions related to EMS Compact, local credentialing, and medical direction. EMS Practitioners work within a defined scope of practice under agency affiliation, following medical protocols. EMS Agencies, including non-traditional employers of EMS practitioners, are required to comply with state and local regulations. - Physician Medical Directors are generally employed/contracted by EMS agencies or municipalities, not individual EMS practitioners. - Properly credentialed EMS Practitioners are permitted to practice when affiliated with an agency with physician medical direction, authorization to use agency/employer protocols, medications, and supplies outside official agency work is generally not permitted. - This scenario also highlights an example where a local agency lacks legal status due to deficient credentialing, medical direction, protocols, and other essential elements. 		



Privilege to Practice Flowchart



¹ - EMS Personnel licenses are recognized and valid across all EMS Compact jurisdictions. However, it is the responsibility of EMS Agencies to ensure they are well-informed about and in compliance with all relevant laws and regulations pertaining to EMS agencies in the jurisdictions where they operate.



Executive Committee Service Dates

Chairperson

Kraig Kinney	Indiana	July 1, 2023-Present
Donnie Woodyard, Jr	Colorado	Oct 22, 2022 - June 30, 2023
Joseph Schmider	Texas	Oct 7, 2017 - October 22, 2022
Doug Wolfberg, JD	Inaugural Chair	Oct 7, 2017

Vice Chairperson

Wayne Denny		July 1, 2023-Present
Kraig Kinney	Indiana	Nov 2, 2022 - June 30, 2023
Donnie Woodyard, Jr	Colorado	Sept 18, 2020 - Oct 22, 2022
Jeanne Marie Bakehouse	Colorado	Oct 7, 2017 - Sept 18, 2020

Treasurer

Brad Vande Lune	Iowa	July 1, 2023 - Present
Wayne Denny	Idaho	Nov 6, 2020 - July 2023
Stephen Wilson	Alabama	Oct 7, 2017 - October 2020

Secretary

Joseph House	Kansas	April 3, 2020- Present
Andy Gienapp	Wyoming	Oct 7, 2017 - April 2020

Commissioner-At-Large

Aaron Koehler	Wyoming	June 2023 - Present
Aaron Rhone	Pennsylvania	Dec 12, 2022 - June 2023
Gary Brown	Virginia	Sept 23, 2021- Dec 2022
Justin Romanello	New Hampshire	June 16, 2020 - Sept 2021
Donna G. Tidwell	Tennessee	Oct 7, 2017 - June 2020

REPLICA[®]

Recognition of EMS Personnel Licensure Interstate CompAct

Model Legislation

As Enacted In:

State	Reference	Effective Date
Alabama	AL Code § 22-18-50 (2022)	May 17, 2017
Colorado	CO Rev Stat § 24-60-3502 (2017)	May 8, 2015
Delaware	16 DE Code § 98A-100 (2017)	September 15, 2017
Georgia	O.C.G.A. Title 38, Ch. 3, Art. 4	May 8, 2017
Idaho	ID Code § 56-1013B (2018)	March 16, 2016
Indiana	IN Code § 16-31.5 (2021)	March 11, 2020
Iowa	IA Code § 147D.1 (2020)	March 11, 2020
Kansas	KS Stat § 65-6158 (2021)	March 31, 2016
Louisiana	LA Rev Stat § 40:1141 (2020)	July 1, 2021
Mississippi	MS Code § 41-59-101 (2018)	March 20, 2017
Missouri	MO Rev Stat § 190.900 (2019)	July 9, 2018
Nebraska	NE Code § 38-3801 (2018)	March 20, 2017
Nevada	Nev. Rev. Stat. § 450B	October 1, 2023
North Dakota	ND Century Code § 23-27.1 (2018)	April 1, 2019
Oklahoma	OK Title 63 Section 1-2205	November 1, 2023
Pennsylvania	Pa. Act 35 of 2022	July 7, 2022
South Carolina	SC Code § 44-61-710 (2018)	May 18, 2017
South Dakota	SD Codified L § 34-11C-1 (2022)	March 25, 2021
Tennessee	TN Code § 68-140-602 (2019)	April 19, 2016
Texas	TX Health & Safety Code § 778A.001 (2021)	September 1, 2015
Utah	UT Code § 26-8c-101 (2017)	March 21, 2016
Virginia	VA Code § 32.1-371 (2020)	March 1, 2016
West Virginia	WV Code § 16-60-1 (2020)	March 5, 2020
Wyoming	WY Stat § 33-36-201 (2022)	March 21, 2016



REPLICA[®]

Recognition of EMS Personnel Licensure Interstate CompAct

MODEL LEGISLATION

SECTION 1. PURPOSE

In order to protect the public through verification of competency and ensure accountability for patient care related activities all states license emergency medical services (EMS) personnel, such as emergency medical technicians (EMTs), advanced EMTs and paramedics. This Compact is intended to facilitate the day to day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority and authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state. This Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of EMS personnel and that such state regulation shared among the member states will best protect public health and safety. This Compact is designed to achieve the following purposes and objectives:

1. Increase public access to EMS personnel;
2. Enhance the states' ability to protect the public's health and safety, especially patient safety;
3. Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;
4. Support licensing of military members who are separating from an active duty tour and their spouses;
5. Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action and significant investigatory information;
6. Promote compliance with the laws governing EMS personnel practice in each member state; and
7. Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

SECTION 2. DEFINITIONS

In this compact:

1. "Advanced Emergency Medical Technician (AEMT)" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
2. "Adverse Action" means: any administrative, civil, equitable or criminal action permitted by a state's laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions and state court judgments enforcing adverse actions by the state EMS authority.
3. "Alternative program" means: a voluntary, non-disciplinary substance abuse recovery program approved by a state EMS authority.
4. "Certification" means: the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination.
5. "Commission" means: the national administrative body of which all states that have enacted the compact are members.
6. "Emergency Medical Technician (EMT)" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
7. "Home State" means: a member state where an individual is licensed to practice emergency medical services.
8. "License" means: the authorization by a state for an individual to practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic.
9. "Medical Director" means: a physician licensed in a member state who is accountable for the care delivered by EMS personnel.
10. "Member State" means: a state that has enacted this compact.
11. "Privilege to Practice" means: an individual's authority to deliver emergency medical services in remote states as authorized under this compact.



12. “Paramedic” means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
13. “Remote State” means: a member state in which an individual is not licensed.
14. “Restricted” means: the outcome of an adverse action that limits a license or the privilege to practice.
15. “Rule” means: a written statement by the interstate Commission promulgated pursuant to Section 12 of this compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.
16. “Scope of Practice” means: defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it tends to represent the limits of services an individual may perform.
17. “Significant Investigatory Information” means:
 - investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would result in the imposition of an adverse action on a license or privilege to practice; or
 - investigative information that indicates that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.
18. “State” means: means any state, commonwealth, district, or territory of the United States.
19. “State EMS Authority” means: the board, office, or other agency with the legislative mandate to license EMS personnel.

SECTION 3. HOME STATE LICENSURE

- A. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.
- B. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.
- C. A home state’s license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:
 1. Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;
 2. Has a mechanism in place for receiving and investigating complaints about individuals;
 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;
 4. No later than five years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with US CFR §731.202 and submit documentation of such as promulgated in the rules of the Commission; and
 5. Complies with the rules of the Commission.

SECTION 4. COMPACT PRIVILEGE TO PRACTICE

- A. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3.
- B. To exercise the privilege to practice under the terms and provisions of this compact, an individual must:
 1. Be at least 18 years of age;
 2. Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state recognized and licensed level with a scope of practice and authority between EMT and paramedic; and
 3. Practice under the supervision of a medical director.
- C. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.
- D. Except as provided in Section 4 subsection C, an individual practicing in a remote state will be subject to the remote state’s authority and laws. A remote state may, in accordance with due process and that state’s laws, restrict, suspend, or revoke an individual’s privilege to practice in the remote state and may take any other



necessary actions to protect the health and safety of its citizens. If a remote state takes action it shall promptly notify the home state and the Commission.

- E. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.
- F. If an individual's privilege to practice in any remote state is restricted, suspended, or revoked the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:

- 1. The individual originates a patient transport in a home state and transports the patient to a remote state;
- 2. The individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;
- 3. The individual enters a remote state to provide patient care and/or transport within that remote state;
- 4. The individual enters a remote state to pick up a patient and provide care and transport to a third member state;
- 5. Other conditions as determined by rules promulgated by the commission.

SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

Upon a member state's governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), all relevant terms and provisions of EMAC shall apply and to the extent any terms or provisions of this Compact conflicts with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such declaration.

SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY, AND THEIR SPOUSES

- A. Member states shall consider a veteran, active military service member, and member of the National Guard and Reserves separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.
- B. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members, and members of the National Guard and Reserves separating from an active duty tour, and their spouses.
- C. All individuals functioning with a privilege to practice under this Section remain subject to the Adverse Actions provisions of Section VIII.

SECTION 8. ADVERSE ACTIONS

- A. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.
- B. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.
 - 1. All home state adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.
 - 2. An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.
- C. A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended, or revoked to the Commission in accordance with the rules of the Commission.
- D. A remote state may take adverse action on an individual's privilege to practice within that state.
- E. Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.
- F. A home state's EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.



- G. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the member state's laws. Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

SECTION 9. ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY

A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

1. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses, and/or the production of evidence from another member state, shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state EMS authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
2. Issue cease and desist orders to restrict, suspend, or revoke an individual's privilege to practice in the state.

SECTION 10. ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

- A. The Compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice.
1. The Commission is a body politic and an instrumentality of the Compact states.
 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.
- B. Membership, Voting, and Meetings
1. Each member state shall have and be limited to one (1) delegate. The responsible official of the state EMS authority or his designee shall be the delegate to this Compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the Governor of the state will determine which entity will be responsible for assigning the delegate.
 2. Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.
 3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.
 4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section XII.
 5. The Commission may convene in a closed, non-public meeting if the Commission must discuss:
 - a. Non-compliance of a member state with its obligations under the Compact;
 - b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - c. Current, threatened, or reasonably anticipated litigation;
 - d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;
 - e. Accusing any person of a crime or formally censuring any person;
 - f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
 - g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - h. Disclosure of investigatory records compiled for law enforcement purposes;



- i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or
 - j. Matters specifically exempted from disclosure by federal or member state statute.
 6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.
- C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:
1. Establishing the fiscal year of the Commission;
 2. Providing reasonable standards and procedures:
 - a. for the establishment and meetings of other committees; and
 - b. governing any general or specific delegation of any authority or function of the Commission;
 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;
 4. Establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the Commission;
 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
 6. Promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees;
 7. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
 8. The Commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any.
 9. The Commission shall maintain its financial records in accordance with the bylaws.
 10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.
- D. The Commission shall have the following powers:
1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;
 2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;
 3. To purchase and maintain insurance and bonds;
 4. To borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;
 5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
 6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;



7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
 8. To sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;
 9. To establish a budget and make expenditures;
 10. To borrow money;
 11. To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
 12. To provide and receive information from, and to cooperate with, law enforcement agencies;
 13. To adopt and use an official seal; and
 14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of EMS personnel licensure and practice.
- E. Financing of the Commission
1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
 2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
 3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.
 4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.
 5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.
- F. Qualified Immunity, Defense, and Indemnification
1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.
 2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.
 3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.



SECTION 11. COORDINATED DATABASE

- A. The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action, and significant investigatory information on all licensed individuals in member states.
- B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this compact is applicable as required by the rules of the Commission, including:
 1. Identifying information;
 2. Licensure data;
 3. Significant investigatory information;
 4. Adverse actions against an individual's license;
 5. An indicator that an individual's privilege to practice is restricted, suspended or revoked;
 6. Non-confidential information related to alternative program participation;
 7. Any denial of application for licensure, and the reason(s) for such denial; and
 8. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.
- C. The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.
- D. Member states contributing information to the coordinated database may designate information that may not be shared with the public without the express permission of the contributing state.
- E. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

SECTION 12. RULEMAKING

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
- B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any member state.
- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
 1. On the website of the Commission; and
 2. On the website of each member state EMS authority or the publication in which each state would otherwise publish proposed rules.
- E. The Notice of Proposed Rulemaking shall include:
 1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
 2. The text of the proposed rule or amendment and the reason for the proposed rule;
 3. A request for comments on the proposed rule from any interested person; and
 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.
- G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
 1. At least twenty-five (25) persons;
 2. A governmental subdivision or agency; or
 3. An association having at least twenty-five (25) members.
- H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
 1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.



3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.
4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
- L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 1. Meet an imminent threat to public health, safety, or welfare;
 2. Prevent a loss of Commission or member state funds;
 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
 4. Protect public health and safety.
- M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

SECTION 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

- A. Oversight
 1. The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.
 2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the Commission.
 3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.
- B. Default, Technical Assistance, and Termination
 1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the Commission shall:
 - a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
 - b. Provide remedial training and specific technical assistance regarding the default.
 2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
 3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

- Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.
4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
 5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the Commission and the defaulting state.
 6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
- C. Dispute Resolution
1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the compact that arise among member states and between member and non-member states.
 2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.
- D. Enforcement
1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.
 2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
 3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

SECTION 14. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

- A. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.
- B. Any state that joins the compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the compact becomes law in that state.
- C. Any member state may withdraw from this compact by enacting a statute repealing the same.
 1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.
- D. Nothing contained in this compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this compact.
- E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

SECTION 15. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining member states. Nothing in this compact supersedes state law or rules related to licensure of EMS agencies.



ADMINISTRATIVE RULES

ADOPTED BY THE COMMISSION: FEBRUARY 21, 2024

EFFECTIVE: FEBRUARY 21, 2024

SECTION 1. Purpose and Authority

These rules are promulgated by the Interstate Commission for Emergency Medical Services Personnel Practice pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA). These rules shall become effective upon adoption by the Commission. Nothing in the compact or these rules authorizes an individual to practice in a non-member state.

SECTION 2. Definitions

For the purposes of the rules adopted by the Interstate Commission for Emergency Medical Services Personnel Practice, the following definitions shall apply. Terms not specifically defined in these rules shall have the definitions as set forth in the compact.

- 2.0 **“Adverse Action”** means: any administrative, civil, equitable or criminal action permitted by a state’s laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual’s license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual’s practice, letters of reprimand or admonition, fines, criminal convictions and state court judgments enforcing adverse actions by the state EMS authority.
- 2.1 **“Commission”** means: the national administrative body of which all states that have enacted the Compact are members.
- 2.2 **“Commissioner”** means: the appointed delegate from each state as described in Section 10.B.1. of the Compact.
- 2.3 **“Compact”**, hereinafter **“the Compact”** means: The Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA) as enacted by a Member State.
- 2.4 **“Compact Data Participation Agreement”** means: the agreement established between the Commission and the Coordinated Database Administrator.
- 2.5 **“Conditions of Practice”** means: the circumstances under which an individual is authorized to practice in a remote state under a privilege to practice.
- 2.6 **“Coordinated Database”** means: the information system established and maintained by the Commission as set forth in the compact.
- 2.7 **“Coordinated Database Administrator”** means: the contractor, person or employee named by the Commission to provide oversight and management of the coordinated database.
- 2.8 **“EMS Agency”** means: an organization that is authorized by a state EMS authority to operate an ambulance service, or non-transport service.
- 2.9 **“License”** means: the authorization by a state for an individual to practice as an EMT, AEMT, Paramedic, or a level in between EMT and Paramedic.
- 2.10 **“Member State”** means: a state that has enacted the Compact.
- 2.11 **“National EMS ID number”** means: a randomly generated, unique 12-digit identification number issued by the National Registry of EMTs.
- 2.12 **“Notify the Commission”** means: communication whether written, verbal or through submission of information through the coordinated database. For the purposes of these rules, submission of information to the coordinated database shall be deemed to have satisfied any requirements under the Compact to a home state or member state. Nothing in the Commission rules shall be construed as prohibiting the sharing of information directly between member states, assuming all other



requirements for submission to the coordinated database are satisfied.

- 2.13 **“Non-Member State”** means: a state, territory or jurisdiction of the United States that has not enacted the Compact.
- 2.14 **“Privilege to Practice”** means: an individual’s authority to deliver emergency medical services in remote states as authorized under this compact.
- 2.15 **“Rule”** means: a written statement by the Commission promulgated pursuant to Section 12 of the Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.
- 2.16 **“State”** means: any state, commonwealth, district, or territory of the United States.
- 2.17 **“State EMS Authority”** means: the board, office, or other agency with the legislative mandate to license EMS personnel.
- 2.18 **“Subject”** means: an individual who is under investigation by a state EMS authority for alleged misconduct.

SECTION 3. Not Used

SECTION 4. Privilege to Practice

- 4.0 **Recognition of privilege to practice.** A remote state shall recognize the privilege to practice of an individual who is licensed in another member state, provided that:
 - A) the home state complies with section 3 of the Compact; and
 - B) the individual is performing EMS duties that are assigned by an EMS agency that is authorized in the remote state (for purposes of this section, such duties shall include the individual's travel to, from and between the location(s) in the remote state at which the individual's assigned EMS duties are to be performed); and
 - C) the results of the individual’s criminal history background check are documented by all home states where the individual is licensed as qualified; and
 - D) the individual has an unrestricted license issued by the home state wherein the EMS agency for which the individual is practicing in the remote state; and
 - E) the individual’s privilege to practice has not been restricted or revoked by any member state (except as provided in section 4.2 of these rules).
- 4.1 **Notification of privilege to practice status**
 - A) Home states shall notify the Commission of the privilege to practice status for each individual licensed by the home state to the Commission as described in section 11.4 of these rules as unrestricted, restricted, suspended, revoked or denied.
 - B) When a home state restricts, suspends, or revokes an individual’s license, the home state shall notify the Commission of the individual’s eligibility to request restoration of the privilege to practice on the adverse action order as:
 - (i) Eligible for privilege to practice restoration. The home state EMS authority where the action was taken authorizes the individual to request reinstatement of the privilege to practice in remote states, or
 - (ii) Ineligible for privilege to practice restoration. The home state EMS authority where the action was taken does not authorize the individual to request reinstatement of the privilege to practice in remote states.
- 4.2 **Restoration of privilege to practice.** The restoration of the privilege to practice shall only occur when:
 - (A) the home state license is restored or unrestricted; or
 - (B) the privilege to practice restoration is authorized as stated in section 4.1(B)(i) of these rules



and

- (i) the remote state restores the privilege to practice or removes the restriction of the privilege to practice; and
- (ii) the individual whose license or privilege to practice in any member state is restricted, suspended, or revoked has submitted a request to each remote state wherein the individual wishes to have a privilege to practice.

4.3 Individuals licensed in non-reporting home states. Individuals licensed in a home state that does not collect and submit all elements of the uniform data set are not eligible to practice in a remote state under the privilege to practice until the home state has submitted all elements of the uniform data set in the manner prescribed by the Commission.

4.4 Scope of practice. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by his or her home state unless or until modified by the appropriate authority in the remote state.

- (A) Each member state EMS authority that chooses to modify the scope of practice of individuals who are functioning in the state under a privilege to practice must report the specific modifications to the Commission for publication as described in these rules.
- (B) If the statutes and rules in the remote state allows further modification of the scope of practice, an EMS agency may further modify an individual's scope of practice.
- (C) If the EMS authority of the member state in which patient care is provided specifies a scope of practice that the EMS agency must follow, the individual will follow the scope of practice for the EMS agency for which the individual is providing patient care.

4.5 Notification. A member state shall notify the Commission of any scope of practice modifications or limitations for individuals (from another member state) providing patient care in the state under the privilege to practice.

4.6 Publication of scope of practice. The Commission shall publish the scope of practice limitations and modifications for all member states in the Commission's standards manual that is incorporated in these rules.

- (A) Updates to the standards manual will be published each year on July 1.
- (B) The standards manual will be made available on the Commission website.

4.7 Individual responsibility. An individual providing patient care in a remote state under the privilege to practice is responsible for adhering to the scope of practice modifications or limitations for that remote state as described in the most current version of the Commission's standards manual.

SECTION 5. Not Used

SECTION 6. Not Used

SECTION 7. Not Used

SECTION 8. Adverse Actions

8.0 Investigation.

- (A) Member states may collaborate in investigating alleged individual misconduct.
- (B) In those cases where the subject is licensed by one or more member states and therefore has more than one home state, the responsibility for the investigation shall fall to the home state that licenses, certifies, commissions, or otherwise authorizes the agency or appropriate authority for which the subject was providing patient care when the alleged misconduct occurred.
- (C) Upon discovery that an individual is under investigation in another member state, the member state may contact the investigating member state and request investigative documents and



information.

- (D) This section shall not be construed as limiting any member state's authority to investigate any conduct within that state, or to investigate any licensee.

8.1 Reporting of adverse actions.

- (A) A remote state that imposes adverse action against an individual's privilege to practice, shall notify the Commission as soon as possible, but no later than two (2) business days after the imposition of the adverse action.
- (B) A home state that imposes adverse action against an individual's license shall notify the Commission as soon as possible, but no later than two (2) business days after the imposition of the adverse action and notify the individual in writing that the individual's remote state privilege to practice is revoked.
- (C) Member states are not required to report any other information regarding adverse actions to the Commission other than what is available in the public record of the reporting member state though nothing herein shall prohibit a member state from sharing with another member state, or a non-member state, such additional information as the member state concludes is appropriate.

SECTION 9. Not Used

SECTION 10. The Commission.

10.0 (Reserved)

10.1 New Member State. The Commission shall notify all Member States within fifteen (15) calendar days when a new Member State enacts the Compact.

10.2 Process for Review of New State Laws or Amendments to Compacts:

- (A) Upon enactment by any state, commonwealth, district, or territory of the United States, of a law intended as that jurisdiction's adoption of the Compact, the Executive Committee shall review the enacted law to determine whether it contains any provisions which materially conflict with the Compact Model Legislation.
 - (1) To the extent possible and practicable, this determination shall be made by the Executive Committee after the date of enactment but before the effective date of such law. If the timeframe between enactment and effective date is insufficient to allow for this determination to be made by the Executive Committee prior to the law's effective date, the Executive Committee shall make the determination required by this paragraph as soon as practicable after the law's effective date. The fact that such a review may occur subsequent to the law's effective date shall not impair or prevent the application of the process set forth in this Section 10.2.
 - (2) If the Executive Committee determines that the enacted law contains no provision which materially conflicts with the Compact Model Legislation, the state shall be admitted as a party to the Compact and to membership in the Commission pursuant to Section 10 of the Compact Model Legislation upon the effective date of the state's law and thereafter be subject to all rights, privileges, benefits and obligations of the Compact, these Rules and the bylaws.
 - (3) In the event the enacted law contains one or more provisions which the Executive Committee determines materially conflicts with the Compact Model Legislation, the state shall be ineligible for membership in the Commission or to become a party to the Compact, and the state shall be notified in writing within fifteen (15) business days of the Executive Committee's decision.
 - (4) A state deemed ineligible for Compact membership and Commission participation pursuant to this Section 10.2 shall not be entitled to any of the rights, privileges or benefits of a Compact State as set forth in the Compact, these Rules and/or the bylaws. Without limiting the foregoing, a state deemed ineligible for membership and participation shall not be entitled to appoint a Commissioner, to receive non-public



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

data from the Coordinated Database and/or to avail itself of the default and technical assistance provisions of the Compact. EMS Practitioners licensed in a state deemed ineligible for membership and participation hereunder shall be ineligible for the Privilege to Practice set forth in the Compact and these Rules.

- (B) A state determined to be ineligible for Commission membership and Compact participation pursuant to this Section 10.2 may, within thirty (30) calendar days of the date of the decision, appeal in writing the Executive Committee's decision to the Commission. An appeal received by the Commission shall be deemed filed on the date it is sent to the Commission. If there is an appeal to the Commission, the Commission shall review de novo whether the state's enacted law materially conflicts with the Compact Model Legislation. The provisions of 10.2(A)(4) of these Rules shall apply during the pendency of any such appeal. The decision of the Commission may be appealed within thirty (30) calendar days of the date of its decision to a court of competent jurisdiction subject to the venue provisions of Section 10(A)(2) of the Compact. The appealing state shall bear all costs of the appeal and the Commission shall not bear any costs relating to the appeal.
- (C) Subsequent to the determination that a state's enacted law contains provision(s) which materially conflict(s) with the Compact Model Legislation, the state may enact new legislation to remove the conflict(s). The new legislation shall be reviewed as set forth in this Section 10.2(A) and (B) above.
- (D) In the event a Compact State, subsequent to its enactment of the Compact, enacts amendment(s) to its Compact law, or enacts another law or laws which may in any way alter or impact any provision or application of the state's enacted Compact law, the Compact State shall so inform the Commission within fifteen (15) business days of the enactment of such amendment(s) or law(s). After being so informed by the Compact State, or learning of such amendment(s) or law(s) from any other source, the Commission shall review the amendment(s) or law(s) to determine if such amendment(s) or law(s) materially conflict with the state's enacted Compact law. In the event the Commission determines such amendment(s) or law(s) materially conflict(s) with the Compact, the Commission shall determine if the amendment(s) or law(s) constitute a condition of default pursuant to Section 13(B) of the Compact and, if so, proceed according to the process established in Section 13 and Commission Rules.
- (E) For the purpose of determining whether a state's law intended as enactment of the Compact, or any provision of any enacted law or amendment, materially conflicts with the Compact Model Legislation or the state's enacted Compact, the Executive Committee and the Commission shall consider the following, among other factors:
 - (1) Whether the provision constitutes a material alteration of the rights and obligations of the enacting state or of member states.
 - (2) Whether the provision enlarges the liability or compromises the immunity of the Commission or any authorized agent of the Commission.
 - (3) Whether the provision modifies venue in proceedings involving the Commission.
 - (4) Whether the provision restricts the privileges or authorizations to practice as set forth in the Compact Model Legislation.
 - (5) Whether the provision would allow the state to negate or delay the applicability of a duly promulgated Commission rule in the state.
 - (6) Whether the provision would result in the reduction or elimination of fees, levies or assessments payable by the state.
 - (7) Whether the provision fundamentally alters the nature of the agreement entered into by member states that have adopted the Compact.
 - (8) Whether there is a remedial mechanism, satisfactory to the Executive Committee and/or Commission, whereby the effect of such law or amendment can be mitigated to minimize or eliminate the practical effect of any material conflict.
 - (9) Whether the provision strikes or amends Compact Model Legislation language based



upon a provision of the Compact Model Legislation being contrary to the Constitution of that state, and the Executive Committee and/or Commission determines that the remainder of the Compact can be implemented effectively, and without compromising the rights of the Commission and the member states, without such provision, to the extent the Executive Committee and/or Commission concur that such provision is unconstitutional in the state.

- 10.3 New Member State Implementation.** New states admitted as a party to the Compact and to membership shall within three (3) calendar months from the enactment date, or as otherwise specified in the enabling legislation, provide the Commission an implementation plan and implementation date.
- 10.4 Commissioner Appointment.**
- (A) Member States shall:
 - (1) appoint one delegate, also known as a Commissioner, to serve on the Commission, in accordance with Section 10(B)(1) of the Compact Model Legislation; and
 - (2) ensure the appointed Commissioner is the responsible official of the state EMS authority or his designee;
 - (3) ensure any Commissioner vacancy is promptly filled within thirty (30) calendar days.
 - (B) In the event that more than one state entity (Committee, office, department, agency, etc.) has the legislative authority to license EMS Practitioners, the Governor shall determine which entity will be responsible for assigning the delegate.
 - (C) Appointed Commissioners shall not be represented by or vote by proxy.

SECTION 11. Coordinated Database

11.0 (Reserved)

11.1 Coordinated Database – General

- (A) **Method of data submission.** Member states shall submit the uniform data set described in section 11 of these rules to the coordinated database in accordance with the Compact Data Participation Agreement.
 - (1) **Data ownership.** All data submitted by a member state to the coordinated database remains the property of the member state. Any use of the data in the coordinated database other than that expressly allowed by the Commission is prohibited.
 - (2) A member state may designate member state information that may not be shared with the public without the express permission of the contributing state.
 - (B) **Access to the coordinated database.** Member states shall have access to the uniform data set submitted by other member states.
 - (C) **Implementation.** A member state shall have thirty (30) days to initially provide the member state's uniform data set to the coordinated database. In the event a member state does not collect one or more elements of the uniform data set, the member state shall initially submit all elements currently collected within thirty (30) days and shall collect and submit any missing elements within eighteen (18) months.
 - (D) **Maintenance of uniform data set.** The accuracy of information maintained in the coordinated database, to the extent it is possible, shall be the responsibility of member states.
 - (E) **Correction of records.** In the event an individual assert that the individual's uniform data set information is inaccurate, the individual shall provide evidence in a manner determined by the individual's home state that substantiates such claim. A home state shall verify and submit to the Commission an amendment to correct the uniform data set of an individual.
- 11.2 Uniform Data Set.** Member states must submit the following uniform data set to the coordinated database at the frequency indicated.



- (A) **Identifying information.** The following information for each individual who is licensed must be reported within ten (10) business days of completion of licensure application process. Any changes must be reported within ten (10) business days of the change being processed by the member state.
- (1) Full legal name (first, middle, last); and
 - (2) suffix (if applicable); and
 - (3) date of birth (month, day, year); and
 - (4) identification number (one or both of the following):
 - (a) Social Security Number
 - (b) National EMS ID number.
- (B) **Licensure data.** The following information for each individual who is licensed in the member state must be reported within ten (10) business days of completion of licensure process. Any changes must be reported within ten (10) business days of the change being processed by the member state.
- (1) State of licensure; and
 - (2) license level; and
 - (3) effective date of license; and
 - (4) expiration date of license; and
 - (5) license number; and
 - (6) license status (if applicable, i.e. inactive, temporary, etc.)
- (C) **Significant investigative information.** The following information must be reported as soon as possible, but no later than two (2) business days of the member state completing the preliminary inquiry:
- (1) subject's identifying information as stated in section 11.0 of these rules; and
 - (2) declaration of the existence of an investigation or pending adverse action related to the incident or act of misconduct.
- (D) **Adverse actions imposed on an individual's license.** The following information must be reported as soon as possible, but no later than two (2) business days of imposition of the adverse action. Any changes to the status of the adverse action must be reported as soon as possible, but no later than two (2) business days of the change being processed by the member state:
- (1) subject's identifying information as stated in Section 11.2(A) of these rules; and
 - (2) summary description of the incident or act of misconduct; and
 - (3) declaration of the existence of a criminal investigation or pending criminal charges related to the incident or act of misconduct; and
 - (4) declaration of the action taken by the member state; and
 - (5) effective date of the action taken; and
 - (6) duration of the action.
- (E) **Privilege to practice status.** The information as described in section 4.1 of these rules for each individual licensed by the member state must be reported within one (1) month of the effective date of the privilege to practice status. Any changes to the privilege to practice status must be reported as soon as possible, but no later than two (2) business days of the change being processed by the member state.
- (F) **Non-confidential alternative program participation information.** To the extent allowed by a

member state's laws, non-confidential information concerning an individual's participation in an alternative program will be reported.

- (1) Any denial of applications for licensure. The following information must be reported within one month of the denial:
 - (2) applicant's identifying information as stated in Section 11. 2(A) of these rules; and
 - (3) summary of the reason for denial; and
 - (4) declaration of the existence of a criminal investigation or pending criminal charges related to the denial; and
 - (5) declaration of the duration of the denial.
- (G) **Other acts of misconduct or criminal convictions.** Individual acts of misconduct or criminal convictions that a member state becomes aware of, from sources other than the FBI background check that may result in action against an individual's license or privilege to practice in any member state must be reported as soon as possible, but no later than two (2) business days of discovery by the state making the discovery.
- (H) **Compliance with 28 C.F.R. §20.3.** Nothing in these Rules shall require or permit the sharing or reporting of Criminal History Record Information as that term is defined in 28 C.F.R. §20.3 in a manner that is prohibited by law.

SECTION 12. Rulemaking

- 12.0 Proposed rules or amendments.** Proposed rules or amendments to the rules shall be adopted by majority vote of the members of the Commission. Proposed new rules and amendments to existing rules shall be submitted to the Commission office for referral to the rules committee as follows:
- (A) Any Commissioner may submit a proposed rule or rule amendment for referral to the rules committee during the next scheduled Commission meeting. This proposal shall be made in the form of a motion and approved by a majority vote of a quorum of the Commission members present at the meeting.
 - (B) Standing committees of the Commission may propose rules or rule amendments by majority vote of that Committee.
- 12.1 Preparation of draft rules.** The rules committee shall prepare a draft of all proposed rules and provide the draft to all Commissioners for review and comments. Based on the comments made by the Commissioners the Rules Committee shall prepare a final draft of the proposed rule(s) or amendments for consideration by the Commission not later than the next Commission meeting.
- 12.2 Publication of draft rules.** Prior to promulgation and adoption of a final rule (in accordance with Section 12 of the Compact) the Commission shall publish the text of the proposed rule or amendment prepared by the rules committee not later than sixty (60) days prior to the meeting at which the vote is scheduled, on the official website of the Commission and in any other official publication that may be designated by the Commission for the publication of its rules. All written comments received by the rules committee on proposed rules shall be posted on the Commission's website upon receipt. In addition to the text of the proposed rule or amendment, the reason for the proposed rule shall be provided.
- 12.3 Notification.** Each administrative rule or amendment shall state:
- (A) The place, time, and date of the scheduled public hearing, if any;
 - (B) The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments; and
 - (C) The name, position, physical and electronic mail address, telephone, and telefax number of the person to whom interested persons may respond with notice of their attendance and written comments.



- 12.4 Public Hearings.** Every public hearing shall be conducted in a manner guaranteeing each person who wishes to comment a fair and reasonable opportunity to comment. In accordance with Section 12.H. of the Compact, specifically:
- (A) If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
 - (B) All persons wishing to be heard at the hearing shall notify the Chairperson of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
 - (C) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
 - (D) No transcript of the public hearing is required, unless a written request for a transcript is made; in which case the person or entity making the request shall pay for the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the public hearing.
 - (E) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
 - (F) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
 - (G) The Commission shall, by majority vote of a quorum of the Commissioners, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- 12.5 Status of rules upon adoption of additional member states.** Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.
- 12.6 Emergency Rulemaking.** Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule that shall become effective immediately upon adoption, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. An emergency rule is one that must be made effective immediately in order to:
- (A) Meet an imminent threat to public health, safety, or welfare;
 - (B) Prevent a loss of federal or state funds;
 - (C) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
 - (D) Protect public health and safety.

SECTION 13. Compliance Issues and Dispute Resolution Process

13.1 Initiation of Compliance

- (A) Compliance issues shall be initiated by the Executive Committee.
- (B) The Executive Committee shall first seek to provide remedial education and specific technical assistance for any potential default.
- (C) For unresolved potential defaults, the Executive Committee shall send a written notice of non-compliance to the Commissioner in the Member State with the alleged non-compliance issue. The state shall respond in writing within thirty (30) calendar days.



- (1) If the Member States does not have a designated Commissioner, the written notice of non-compliance shall be sent to the Governor of the Member State.
 - (3) If the state fails to respond to the written notice, the Executive Committee, through the Executive Director, shall send a written notice of non-compliance to the Governor of the Member State, copied to the Commissioner, with the alleged non-compliance issue.
 - (3) If the response, in the determination of the Executive Committee fails to reasonably resolve the non-compliance issue, the Executive Committee shall request a written Plan of Correction.
- (D) The Executive Committee shall provide a report and make a recommendation to the Commission concerning issues of non-compliance that:
- (1) do not have an approved Plan of Correction, with progress; or
 - (2) remain unresolved for three (3) or more calendar months.
- (E) Grounds for default include but are not limited to, failure of a Compact State to perform obligations or responsibilities imposed by the Compact, Commission Bylaws, or duly promulgated Rules.
- (F) If the Commission determines that a Compact State has at any time defaulted in the performance of any of its obligations or responsibilities under the Compact, Bylaws or duly promulgated Rules, the Commission shall notify the Commissioner and Governor of the defaulting Compact State in writing. The Commission may impose any or all of the following remedies:
- (1) Remedial education and technical support as directed by the Commission;
 - (2) Damages and/or costs in such amounts as are deemed to be reasonable as fixed by the Commission;
 - (3) Suspension of membership in the Compact; and
 - (4) Termination of membership in the Compact as provided in the Model Legislation and administrative rules.
- (G) The Commission shall not bear any costs relating to the defaulting Compact State unless otherwise mutually agreed upon between the Commission and the defaulting Compact State.

13.2 Dispute Resolution Process - Informal, Mediation and Arbitration.

- (A) The Commissioner from each Compact State shall enforce the Compact and take all actions necessary and appropriate to carry out the Compact's purpose and intent. The Commission supports efforts to resolve disputes between and among Compact States and encourages communication directly between Compact States prior to employing formal resolution methods.
- (B) Any Compact State may submit a written request to the Executive Committee for assistance in interpreting the law, rules, and policies of the Compact. The Executive Committee may seek the assistance of the Commission's legal counsel in interpreting the Compact. The Executive Committee shall issue the Commission interpretation of the Compact to all parties to the dispute.
- (C) Before submitting a complaint to the Executive Committee, the complaining Member State and responding Member State shall attempt to resolve the issues without intervention by the Commission.
- (D) When disputes among Member States are unresolved through informal attempts, the Commission shall request assistance from the Executive Committee.
 - (1) It is the duty of the Executive Committee to address disputes between or among the Member States concerning the Compact when informal attempts between the Compact States to resolve disputes have been unsuccessful.



- (2) The Executive Committee, on behalf of the Commission, in the reasonable exercise of its discretion, has the authority to assist in the resolution of disputes between and among Member States concerning the Compact.

(E) Informal Resolution

- (1) In the event of a dispute arising from the interpretation or application of the Compact by a Member State, the following procedure shall be followed:
 - (A) The Commissioner of the disputing state shall initiate contact with the Commissioner(s) of the Member State(s) involved in the dispute.
 - (B) The initiating Commissioner shall provide a written statement to the Commissioner(s) of the concerned state(s). This statement, which will be copied to the Executive Committee, shall detail the nature of the dispute.
 - (C) Upon receipt of the dispute letter, the Commissioner(s) of the state(s) involved shall:
 - (i) Review the contents of the letter.
 - (ii) Conduct an inquiry into the matter.
 - (iii) Provide a written response addressing the issues raised.
 - (D) The response must be issued, in writing copied to the Executive Committee, within 30 calendar days from the receipt of the dispute letter.
 - (E) If interpretation of the Compact is necessary, the Commissioner(s) shall contact the Executive Committee via the Executive Director to request assistance in interpreting relevant provisions.
 - (F) The Commissioner raising the concern shall document all attempts to resolve the issues.
- (2) If the issues cannot be resolved between the Member States, the dispute shall be referred to the Executive Committee for further consideration.
- (3) Disputes between two (2) or more Member States which cannot be resolved through informal resolution or through the Executive Committee, may be referred to mediation and/or an arbitration panel to resolve the issues.

(F) Mediation.

- (1) A Compact State that is a party to a dispute may request, or the Executive Committee may require, the submission of a matter in controversy to mediation.
- (2) Mediation shall be conducted by a mediator appointed by the Executive Committee from a list of mediators approved by the National Association of Certified Mediators, or a mediator otherwise agreed to by all parties to the dispute and pursuant to procedures customarily used in mediation proceedings.
- (3) If all issues are resolved through mediation to the satisfaction of all Member States involved, no further action is required.
- (4) In the event mediation is necessary, and unless otherwise agreed in advance by all parties, the prevailing party or parties may be entitled to recover the costs of such medication, including reasonable attorneys' fees, to the extent permitted by state law of the prevailing party state. The Commission shall not be liable for any fees, costs or charges pertaining to mediation.

(G) Arbitration.

- (1) In the event of a dispute between Member States that cannot be resolved through informal means or by mediation, the Commissioner of the initiating Member State(s) shall submit an Arbitration Request form to the Executive Director with a copy to be sent by the initiating state to the other Member State(s) involved.



- (2) Each Member State party to the dispute shall submit a signed Arbitration Agreement.
- (3) The Executive Director shall coordinate the arbitration process.
- (4) The decision of the arbitrator(s) shall be final and binding.
- (5) In the event arbitration is necessary, and unless otherwise agreed by the parties, at the discretion of an independent arbitration panel, the prevailing party or parties may be entitled to recover the costs of such arbitration, including reasonable attorneys' fees, to the extent permitted by state law of the prevailing party state. The Commission shall not be liable for any fees, costs or charges pertaining to arbitration.
- (6) Arbitration decisions may be enforced in a court of competent jurisdiction.

13.3 Costs. The Commission shall not bear any costs relating to the defaulting Compact State unless otherwise mutually agreed upon between the Commission and the defaulting Compact State.

13.4 Judicial Enforcement. The Commission may by majority vote of the Commissioners, initiate legal action in the United States District Court for the Middle District of Pennsylvania to enforce compliance with the provisions of the Compact, its duly promulgated Rules and Bylaws against any Compact State in default. If judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

SECTION 14. Compact Implementation and Activation Date.

14.1 Implementation Date. The Compact was implemented on October 7, 2017, following the enactment of the EMS Compact legislation in ten (10) Member States.

14.2 Activation Date. The Compact was activated on March 15, 2020.

SECTION 15. Not Used



Bylaws

Adopted: October 17, 2017

Amended: June 13, 2023, November 15, 2023

ARTICLE I.

COMMISSION PURPOSE, FUNCTION AND BYLAWS

Section 1. Purpose

Pursuant to the terms of the Recognition of Emergency Medical Services (EMS) Personnel Licensure Interstate Compact (the "Compact"), The Interstate Commission for EMS Personnel Practice (the "Commission") is established as a body politic and an instrumentality of the compact states to fulfill the objectives of the Compact through a means of joint cooperative action among the Member States: to develop a comprehensive process that complements the existing licensing and regulatory authority of the State EMS Authority and extends to EMS personnel a Privilege to Practice across state boundaries in Member States, thereby providing immediate legal recognition to EMS personnel and ensuring the safety of patients.

Section 2. Functions

In pursuit of the fundamental objectives set forth in the Compact, the Commission shall, as necessary or required, exercise all of the powers and fulfill all of the duties as provided by the Compact. The Commission's activities shall include, but are not limited to, the following: the promulgation of binding rules and operating procedures; equitable distribution of the costs, benefits and obligations of the Compact among the Member States; enforcement of Commission Rules, Operating Procedures and Bylaws; provision of dispute resolution; sharing of licensure history of Member State EMS personnel and coordination of significant investigatory information; and the collection and dissemination of information concerning the activities of the Compact, as provided by the Compact, or as determined by the Commission to be warranted by, and consistent with, the objectives and provisions of the Compact. The provisions of the Compact shall be reasonably and liberally construed to accomplish the purposes and policies of the Compact.

Section 3. Bylaws

As required by the Compact, these Bylaws shall govern the management and operations of the Commission. As adopted and subsequently amended, these Bylaws shall remain at all times subject to, and limited by, the terms of the Compact.

ARTICLE II.

MEMBERSHIP

The Commission Membership shall be comprised as provided by the Compact. Each Member State shall have and be limited to one appointed voting representative. The appointees shall be the Commissioners of the Member States. Each Member State shall forward the names of its Commissioners to the Commission chairperson. The Commission chairperson or their designee shall promptly advise the State EMS Authority of the Member State of the need to appoint a new Commissioner whenever a vacancy occurs.

ARTICLE III.

OFFICERS

Section 1. Election and Succession

The officers of the Commission shall include a chairperson, vice chairperson, secretary, and treasurer. The officers shall be duly appointed Commissioners. Officers shall be elected by the Commission at the full Commission meeting held in the last quarter of each year or any special meeting as provided by the bylaws. The chairperson and treasurer shall be



elected in even numbered calendar years and the vice-chairperson and secretary shall be elected in odd numbered calendar years. All terms shall be two years. Officers shall take office immediately following the close of the meeting at which they are elected. No commissioner shall serve more than two (2) full consecutive terms in a single elected office. Fulfilling an incomplete term is not considered part of the term limit. At the end of their term, officers are eligible for re-election. The elected officers shall serve without compensation or remuneration, except as provided by the Compact.

Section 2. Removal of Officers

Any officer may be removed from office by a majority vote of the Commission.

Section 3. Duties

The officers shall perform all duties of their respective offices as provided by the Compact and these Bylaws. Such duties shall include, but are not limited to, the following:

Chairperson. The chairperson shall call and preside at all meetings of the Commission and in conjunction with the Executive Committee, the chairperson shall prepare agendas for such meetings. The chairperson shall make appointments to all committees of the Commission, and, in accordance with the Commission's directions, or subject to ratification by the Commission, shall act on the Commission's behalf during the interims between Commission meetings as delegated by the Commission.

Vice Chairperson. The vice chairperson shall, in the absence or at the direction of the chairperson, perform any or all of the duties of the chairperson. In the event of a vacancy in the office of chairperson, the vice chairperson shall serve as acting chairperson until a new chairperson is elected by the Commission.

Secretary. The secretary shall keep minutes of all Commission meetings and shall act as the custodian of all documents and records pertaining to the status of the Compact and the business of the Commission.

Treasurer. The treasurer shall act as custodian of all Commission funds and shall be responsible for monitoring the administration of all fiscal policies and procedures set forth in the Compact or adopted by the Commission. Pursuant to the Compact, the treasurer shall execute such bond as may be required by the Commission covering all officers, Commissioners and Commission personnel, as determined by the Commission, who may be responsible for the receipt, disbursement, or management of Commission funds.

Section 4. Costs and Expense Reimbursement

Subject to the availability of budgeted funds, the officers shall be reimbursed for any actual and necessary costs and expenses incurred by the officers in the performance of their duties and responsibilities as officers of the Commission.

Section 5. Vacancies

Upon the resignation, removal, or death of an officer of the Commission before the next annual meeting of the Commission, a majority of the Executive Committee shall appoint a successor to hold office either (1) for the unexpired portion of the term of the officer whose position shall so become vacant if there is under a year left in the term or (2) until the next regular or special meeting of the Commission at which the vacancy is filled by majority vote of the Commission should greater than a year remain on the original term with said election being for the unexpired portion of the term of the vacant position.

Section 6. Resignation

An officer may resign at any time by filing a written resignation with the chairperson.



ARTICLE IV.

COMMISSION OFFICES AND PERSONNEL

Section 1. Commission Staff and Offices

Contractual arrangements may be made with a professional management firm to act or serve as an authorized agent on behalf of the Commission. The management firm must be approved by the Commission and serves under a contract that is legal and binding under law. The Commission may contract for administrative and management functions and tasks that further the purposes and objectives of the Compact but that do not replace the powers of the Commission as delineated by these bylaws. The management firm designates one professional employee as executive director. The executive director an ex-officio member of the Commission without voting rights.

- A. Operations: The Executive Committee oversees management firm operations and, from time to time, receives reports on the administration of the organization.
- B. Obligation: The management firm must be bonded if the person or firm performs any fiduciary or financial functions on behalf of the Commission.
- C. Meeting Attendance: The executive director is required to attend the Commission meetings and present reports of activities carried out on behalf of the Commission.

ARTICLE V.

Qualified Immunity, Defense and Indemnification

The members, officers and authorized agents such as an executive director, other personnel acting on behalf of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

The Commission shall defend any member, officer and other authorized agent of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

The Commission shall indemnify and hold harmless any member, officer and other authorized agent of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE VI.

MEETINGS OF THE COMMISSION

Section 1. Meetings and Notice

The Commission shall meet at least once each calendar year at a time and place to be determined by the Commission. Commissioners may participate in meetings by telephone or other means of virtual participation. Additional meetings may



be scheduled at the discretion of the chairperson and must be called upon the request of a majority of Commissioners, as provided by the Compact. All Commissioners shall be given written notice of Commission meetings at least thirty (30) days prior rules will be considered and voted on by the Commission. Final agendas shall be provided to all Commissioners no later than ten (10) days prior to any meeting of the Commission. Thereafter, additional agenda items requiring Commission action may not be added to the final agenda. Discussion items not requiring action may be added to the agenda at any time upon a majority vote of the Commissioners. All Commission meetings shall be open to the public except as set forth in the Compact Section 10, B, 5. Public notice will be made to announce the meeting at least 30 days prior to any meeting. A meeting may enter closed session if the Commission determines by a majority vote of the Commissioners present that there exists at least one of the conditions for closing a meeting, as provided by the Compact or authorized Rules.

Section 2. Quorum

A majority of Commissioners shall constitute a quorum for the transaction of business, except as otherwise required in these bylaws. The presence of a quorum must be established before any vote of the Commission can be taken.

Section 3. Voting

Each Commissioner is entitled to one vote. A Commissioner shall vote on such member's own behalf and shall not delegate such vote to another Commissioner. Except as otherwise required by the Compact or these Bylaws, any question submitted to a vote of the Commission shall be determined by a simple majority.

Section 4. Procedure

Matters of parliamentary procedure not covered by these bylaws shall be determined by the chairperson.

Section 5. Public Participation in Meetings

With the exception as written under Section 12 of the Compact, upon prior written request to the Commission, any person who desires to present a statement on a matter that is on the agenda shall be afforded an opportunity to present an oral statement to the Commission at a time designated on the meeting's agenda.

Commission meetings will have a designated time for public comment on items not on the agenda. The chairperson may limit the time and manner of any such statements.

The chairperson may, depending on the circumstances, afford any person who desires to present a statement on a matter that is on the agenda an opportunity to be heard absent a prior written request to the Commission. The chairperson may limit the time and manner of any such statements at any open meeting and at the beginning of the meeting.

ARTICLE VII.

COMMITTEES

Section 1. Executive Committee

The Commission may establish an Executive Committee which shall be empowered to act on behalf of the Commission during the interim between Commission meetings, except for rulemaking or amendment of the Compact or these bylaws. The Executive Committee shall be composed of all officers of the Commission, the immediate past chairperson and one member At-Large. A Commissioner-At-Large will be elected by the membership of the Commission as a whole to an initial two- year term. The At-Large position will be elected concurrent with the chairperson and Treasurer.

The immediate past chairperson is a non-voting member of the Executive Committee. The procedures, duties, budget, and tenure of such an Executive Committee shall be determined by the Commission. The power of such an Executive Committee to act on behalf of the Commission shall be subject to any limitations imposed by the Compact. Public notice of all Executive Committee meetings must be made at least three (3) days prior to the meeting date and the meeting agenda must be made public 24 hours prior to the meeting date.



Section 2. Committees

The Commission may establish such Committees as it deems necessary to advise it concerning the fulfillment of its objectives, which may include but not be limited to a Budget-Finance Committee, Technology Committee, Bylaws and Rules Committee and Communications and Education and Training Committee. The composition, procedures, duties, budget and tenure of such committees shall be determined by the Commission. The Commission may dissolve any committee it determines is no longer needed.

ARTICLE VIII.

FINANCE

Section 1. Fiscal Year

The Commission's fiscal year shall begin on July 1 and end on June 30.

Section 2. Budget

The Commission shall operate on an annual budget cycle and shall, in any given year, adopt budgets for the following fiscal year or years as provided by the Compact.

Section 3. Accounting and Audit

The Commission will arrange for an independent audit or financial review at least once a year or as required by the Compact. The results of the audit or financial review are presented as part of the Treasurer's report during the annual meeting of the Commission.

The Commission's internal accounts, any documents related to any internal audit, and any documents related to the independent audit shall be confidential; provided, that such materials shall be made available:

- i) in compliance with the order of any court of competent jurisdiction;
- ii) pursuant to such reasonable rules as the Commission shall promulgate; and
- iii) to any Commissioner of a Member State, or their duly authorized representatives.

Section 4. Debt Limitations

The Commission shall monitor its own and its committees' affairs for compliance with all provisions of the Compact, its rules, and these bylaws governing the incursion of debt and the pledging of credit.

Section 5. Travel Reimbursements

Subject to the availability of budgeted funds and unless otherwise provided by the Commission, Commissioners shall be reimbursed for any actual and necessary expenses incurred pursuant to their attendance at all duly convened meetings of the Commission or its committees as provided by the Compact.

ARTICLE IX

WITHDRAWAL, DEFAULT AND TERMINATION

Member States may withdraw from the Compact only as provided by the Compact. The Commission may terminate a Member State as provided by the Compact.



ARTICLE X

ADOPTION AND AMENDMENT OF BYLAWS

Any bylaw may be adopted, amended or repealed by a majority vote of Commissioners, provided that written notice and the full text of the proposed action is provided to all Commissioners at least thirty (30) days prior to the meeting at which the action is to be considered. Failing the required notice, a two-third (2/3rds) majority vote of Commissioners shall be required for such action.

ARTICLE XI

DISSOLUTION OF THE COMPACT

The Compact shall dissolve effective upon the date of the withdrawal or the termination by default of a Member State which reduces Membership in the Compact to one Member State as provided by the Compact.

Upon dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Commission shall be concluded in an orderly manner and according to applicable law. Each Member State in good standing at the time of the Compact's dissolution shall receive a pro rata distribution of surplus funds based upon a ratio, the numerator of which shall be the amount of its last paid annual assessment, and the denominator of which shall be the sum of the last paid annual assessments of all Member States in good standing at the time of the Compact's dissolution. A Member State is in good standing if it has paid its assessments timely.



The Seal of the Interstate Commission for EMS Personnel Practice

In the center of this emblem, a stylized white Star of Life resides within a hexagon, set against a background of rich blue. The blue hexagon, recognized for its symbolism of equilibrium and unity, envelops the emblem and represents the profound sense of trust, reliability, and steadfastness that are fundamental qualities within the field of Emergency Medical Services.

The Star of Life, an enduring symbol first granted to Nationally Registered EMTs in 1970, embodies professionalism, solidarity, and an unwavering commitment to the highest standards of practice. It was graciously bestowed upon the nation by the National Registry and serves as a unifying emblem for the EMS profession. At the core of the Star of Life, a radiant single star shines brightly, symbolizing the unified voice and identity of Emergency Medical Services across the nation. Adjacent to the Star of Life, an arrow points right, symbolizing the industry's collective progress and forward momentum.

The inclusion of a red circle, borrowed from the seal of the United States Department of Homeland Security, represents bureaucratic red tape. Just as the red circle is divided on the Department of Homeland Security's seal, signifying the removal of obstacles, this emblem features 24 openings within the red circle, mirroring the number of Compact Member states at the time this seal was adopted. This imagery illustrates the Compact's ability to transcend bureaucratic barriers and overcome hurdles in its pursuit of a brighter future.

The emblem's base proudly showcases ten Stars of Life, honoring the initial ten states whose legislative efforts gave rise to the EMS Compact. This serves as a testament to the collaborative spirit that was essential in establishing the EMS Compact.

The entire composition is set against a pristine white backdrop, symbolizing the purity, honor, and intrinsic value of the Emergency Medical Services profession. The colors red, white, and blue incorporated in the seal not only symbolize the United States but also reflect the dedication, unity, and unwavering commitment of the EMS Compact in facilitating the interstate movement and license recognition of EMS personnel, sharing data between states, enhancing public safety, and promoting collaboration to serve the nation's communities with excellence and care.

Interstate Commission for EMS Personnel Practice Meeting Summary February 21, 2024

Date: February 21, 2024

Time: 3:00 PM Eastern

Location: Microsoft Teams (Virtual Only)

I. Call to Order & Welcome - Commissioner Kinney (IN), Chair

- The meeting of the Interstate Commission for EMS Personnel Practice was convened virtually on February 21, 2024, at 3:00 p.m. Chairman Kinney (IN) presided over the meeting, welcoming all attendees.
- Roll Call - Commissioner House (KS), Secretary
 - Secretary House (KS) conducted a roll call, confirming a quorum was present as recorded on the attached roster.
- Introduction of New Commissioners – Commissioner Kinney (IN), Chair
 - Chairman Kinney introduced the following new commissioners:
 - George Miller – Missouri (MO)
 - Anthony Martin – Pennsylvania (PA)
 - Camela Crittenden – Virginia (VA)
- Adoption of the Business Agenda – Commissioner Kinney (IN), Chair
- **Upon motion by Schmider (TX) and a 2nd by Herrera (UT), the Commission approved the agenda as published and without dissent.**

II. Public Comments Regarding Matters Not on the Agenda – Commissioner Kinney (IN), Chair

- None

III. Old Business – Commissioner House (KS), Secretary

- **Upon motion of Schmider (TX) and a 2nd by Koehler (WY), the Commission adopted and approved the November 15, 2023 meeting minutes as presented and without dissent.**

IV. New Business

- Treasurer's Report – Commissioner Vande Lune (IA), Treasurer
 - Vande Lune (IA) provided the report noted on page 12 of the Q1 2024 Commission Book; noting the Commission is operating within our budget, and providing additional information of the NREMT still being the primary source of income.
- Chair's Report – Commissioner Kinney (IN), Chair
 - Kinney (IN) commended the work of EMS Compact Executive Director Woodyard and announced the creation and membership of the two task force/workgroups: Code of Conduct and Data Privacy Protections. Current members for the Code of Conduct are Chair Johnson (GA), Wilson (NE), Herrera (UT), and Logan (Ad Hoc). Current members for the Data Privacy Protections are Chair Bateman (CO) and Patel (Ad Hoc).
 - ***Chair Kinney asked commissioners to consider participating in one or more of these two important workgroups.***
- Executive Director's Report – Donnie Woodyard, EMS Compact Executive Director
 - Woodyard provided the following:
 - commended the Commissioners moving on and offered a reminder of succession to include the naming of a replacement for the Commission;
 - EC approved the Commission to be a signatory for SHARE act support;
 - asked Commissioners to view the press releases beginning on page 28 of the Q1 2024 Commission Book;
 - noted the Commission had adopted a seal and procured challenge coins to commemorate and memorialize the Commission in its official role;
 - activities of the Executive Director continue to include interactions with federal colleagues and interagency interactions as well as the Executive Director being accepted to the Navy Post Graduate Leadership Course in Monterrey, CA; and

- commended all Commissioners on their activity within the EMS Compact.
- National EMS Coordinated Database, Administrator Update – Ray Mollers, NREMT
 - Mollers noted the February 2024 NEMSCD Report on page 14 of the Q1 2024 Commission Book and provided information upon the following items:
 - Discipline and Member State Actions being updated in NEMSCD; and
 - setting up a NEMSCD working group to meet on a more recurrent basis.

V. Administrative Rules Hearing – Commissioner Kinney (IN), Chair

- Kinney (IN) called upon Immediate Past Chair Schmider (TX) to offer an introduction and an overview of the proposed change.
- Schmider (TX) reviewed the authority of the Commission to promulgate Administrative Rules and verified the process to promulgate such noting proper notice was provided as well as the following:
 - No valid comments upon the proposed rules were submitted;
 - No requests to speak upon the proposed rules amendment were made; and
 - No written notices of intent to attend and speak to the proposed rules were submitted.
- **Upon motion of Schmider (TX) and a 2nd by Herrera (UT), the Commission, without dissent, opened the public hearing on the proposed change to the Administrative Rules.**
 - Proposed changes were summarized as noted in the Statement of Purpose on page 15 in the Q1 2024 Commission Book.
 - Schmider noted meetings of the Rules Committee are public, these proposed rules had been sent out to Commissioner on multiple occasions, and the notice of intent to adopt proposed rules had been published on the website for at least 60 days.
- **Having received no additional comments during the hearing, upon motion of Schmider (TX) and a 2nd by Koehler (WY), the Commission closed the public hearing on the proposed changes and adopted the rules, effective today, as proposed in the Q1 2024 Commission Book without dissent by roll call vote.**
- Chairman Kinney (IN) thanked Legal Counsel for their involvement and advice in this process of amending the administrative rules.

VI. Federal Partners Update – None provided

VII. NGO & Professional Organizations Update – None provided

VIII. Adjourn Meeting

- Chairman Kinney (IN) noted
- The meeting was adjourned at 3:57pm EST.

****Note: Where page numbers are noted, they are the page numbers within the Q1 2024 Commission Book for the February 21, 2024 meeting unless noted otherwise.

Respectfully submitted,



Joseph House, Secretary
EMS Compact Commissioner, Kansas

Commissioner Roll Call - February 21, 2024

Quorum – 12 Commissioners (with the current vacancy)

Present (17):

Colorado – Michael Bateman
Delaware – Britany Huss
Georgia – Michael Johnson
Idaho – Wayne Denny, Vice Chairperson
Indiana – Kraig Kinney, Chairperson
Iowa – Brad Vande Lune, Treasurer
Kansas – Joe House, Secretary
Mississippi – Teresa Windham
Missouri – George Miller
Nevada – Bobbie Sullivan
North Dakota – Christopher Price
Pennsylvania – Anthony Martin
South Carolina – Mitch Stewart
Texas – Joseph Schmider, Immediate Past Chair
Utah – Mark Herrera
Virginia – Camela Crittenden
Wyoming – Aaron Koehler, At-Large Member

Absent (6):

Alabama – Jamie Gray
Louisiana – Susan Bailey
Nebraska – Tim Wilson
South Dakota – Marty Link
Tennessee – Brandon Ward
West Virginia – David Jamie Weller

Currently Vacant (1):

Oklahoma