



Frequently Asked Questions

A Guide for EMS Medical Directors

This document provides answers to questions medical directors commonly have about the EMS Compact.

Primary Source Documents

All information in this FAQ is derived from official EMS Compact documents. For verification or additional detail, the primary sources are:

Model Legislation (required uniform language enacted in all member states)
<https://emscompact.gov/the-commission/compact-governance/replica-model-legislation>

Administrative Code / Rules (binding rules adopted by the Commission)
<https://emscompact.gov/the-commission/compact-governance/compact-rules>

Position Papers (official Commission positions—non-binding)
<https://emscompact.gov/resources/position-statements>

Legislative Resources (resources for elected officials and stakeholders)
<https://emscompact.gov/elected-officials/legislative-resources>

PART 1: UNDERSTANDING THE EMS COMPACT

What Is the EMS Compact?

The EMS Compact—formally known as the *Recognition of EMS Personnel Licensure Interstate Compact* (REPLICA)—is a law and legal agreement among member states that allows EMTs, Advanced EMTs¹, and Paramedics to practice across state lines without obtaining separate licenses in each state. This legal authorization functions similarly to driver's license recognition.

As of January 2026, 25 states have enacted the EMS Compact, representing over 450,000 EMS personnel. The Compact was activated on March 15, 2020.

No Time Limit: The Compact applies at all times—not only during declared emergencies. There is **no time limit** on how long an eligible clinician can practice in another Member State under the Privilege to Practice, as long as the clinician continues to meet Compact and state requirements.

What the EMS Compact does: Removes the administrative burden of obtaining and maintaining multiple state licenses for EMS personnel who work across state lines.

What the EMS Compact does NOT do: It does not change state scope of practice requirements, medical director authority, EMS agency regulations, or any other aspect of how EMS is practiced within your state.

Who Is Covered by the EMS Compact?

The Compact applies to EMS personnel licensed as:

- Emergency Medical Technician (EMT)
- Advanced EMT (AEMT)
- EMT-Intermediate or similar state-recognized levels between EMT and Paramedic
- Paramedic

NOT covered: Emergency Medical Responders (EMRs) are not covered by the EMS Compact. The Compact also does not apply to other healthcare professionals (nurses, physicians, etc.) even if they provide EMS-related services.

Is the EMS Compact Commission a Government Body or Private Organization?

The Commission is a governmental body, it is not a non-profit, NGO, or private organization. It is a joint public agency established by state law, with a structure identical to over 200 other interstate compact commissions used in the United States.

Examples of similar governmental compact commissions include:

¹ Including legacy levels between EMT and Paramedic

- Interstate Medical Licensure Compact Commission (physicians)
- Nurse Licensure Compact Commission
- Psychology Interjurisdictional Compact Commission
- Emergency Management Assistance Compact (EMAC) Commission
- Physical Therapy Compact Commission

Each Commission is formed by member states through legislation, operates under state law, and consists of governor-appointed commissioners from each member state. This is the standard interstate compact structure that has been used nationwide for over 200 years.

What Is the Constitutional Basis for Interstate Compacts?

Interstate compacts are expressly authorized by Article I, Section 10, Clause 3 of the U.S. Constitution (the Compact Clause). The Supreme Court has repeatedly upheld the validity of interstate compacts as binding agreements among states.

This is not new or experimental. Over 200 interstate compacts currently exist across all 50 states, covering areas including water rights, transportation, education, criminal justice, and healthcare. Nearly 20 healthcare-related compacts use this same constitutional framework.

Compacts are legal agreements among states that become part of each member state's statutory law when enacted by the state legislature.

Who Created the EMS Compact and Why?

EMS Stakeholders created the EMS Compact. In 2011, the U.S. Department of Homeland Security, recognizing an operational, disaster, and national security need for EMS personnel to be mobile and operational across multiple states, funded a collaborative project with the National Association of State EMS Officials (NASEMSO) to develop the EMS Compact.

A national drafting team of compact experts and EMS subject-matter experts developed the model legislation through a structured process in 2013-2014. Organizations that co-authored the EMS Compact legislation include:

- National Association of State EMS Officials (NASEMSO)
- Council of State Governments
- International Association of Fire Fighters (IAFF)
- Association of Air Medical Services
- National EMS Management Association
- National Association of EMTs

The model legislation was approved and released for state consideration in June 2014. The Compact was developed by EMS professionals, for EMS professionals.

How Much Legislative Support Has the EMS Compact Received?

The EMS Compact has received overwhelming bipartisan support in state legislatures. Across the 25 current member states:

- 3,250+ legislators have voted YES on EMS Compact legislation
- In the Compact Member states, only 61 legislators have voted NO
- This represents a 98% approval rate across thousands of legislators from both parties

Does the Compact Override State Sovereignty?

No. States retain—and in many ways gain—regulatory authority under the Compact.

Understanding the Commission's Authority

The Commission IS the highest regulatory authority for the *interstate practice* of EMS in the United States. However, the Commission's authority is limited to how personnel move and practice across state lines, and not how states locally regulate EMS systems within their borders.

The Key Distinction: The Commission regulates interstate practice (how personnel move and practice across state lines). States regulate EMS systems and operations within their borders. Think of it this way: The Commission sets the framework that allows State A to recognize State B's license, but State A still determines what that person can do, how they practice, and under what conditions—just as states do with driver's licenses from other states.

What the Commission CANNOT do:

- Set or modify a state's scope of practice requirements
- Override a state's disciplinary actions
- Modify a state's EMS education requirements
- Modify a state's EMS statutes or regulations
- Regulate EMS agencies or their operations

What States GAIN:

- Real-time notification of sanctions imposed in other states
- Access to coordinated investigation resources
- Complete visibility on multi-state licensed personnel
- Authority to regulate all personnel practicing within the state, regardless of where licensed

Additionally, any state may withdraw from the Compact at any time by enacting a repealing statute. Withdrawal takes effect six months after enactment (Section 14(C)).

What Is the Difference Between a Home State and a Remote State?

Understanding this distinction is essential for medical directors:

- **Home State:** Any Member State where an individual is licensed by the State EMS authority to practice EMS. An individual can have multiple Home States if licensed in multiple states. *Home State status is not linked to residency, domicile, or employment.*
- **Remote State:** Any Member State in which the individual is NOT licensed and practices under the Compact Privilege to Practice.

Key principle: When working in a Home State (where you hold a license), you practice under that state's license. When working in a Remote State (where you are not licensed), you practice under the Compact's Privilege to Practice. A state license always takes precedence over a Compact privilege in the state that issued the license. If an individual is licensed in multiple Home States, the EMS Compact Privilege to Practice does not apply in any of the Home States.

Example: Home State vs. Remote State

Mary is licensed as an EMT in Virginia and an EMT in Tennessee. Both are EMS Compact Member States. While in Tennessee, Mary completes paramedic school and upgrades her Tennessee license to Paramedic. She remains licensed in Virginia as an EMT.

Question:

Can Mary use her Tennessee Paramedic license and the EMS Compact to work in Virginia as a Paramedic?

Answer: No.

Virginia is a Home State because Mary holds a Virginia license. In a Home State, practice is governed *only* by that state's license, not by the Compact. A state license always supersedes a Compact Privilege to Practice in the state that issued it.

Key takeaway:

Mary may practice as a Paramedic in other EMS Compact states using her Tennessee license, but in Virginia she may practice only at the EMT level until her Virginia license is upgraded.

PART 2: MEDICAL DIRECTOR RESPONSIBILITIES & LIABILITY

Does the EMS Compact Change My Liability as a Medical Director?

No. The EMS Compact does not change a medical director's liability related to multistate practice.

Critical Understanding: The EMS Compact requires all EMS clinicians to be affiliated with a *local* EMS agency that is authorized to function in the local jurisdiction. **There is no independent practice allowed under the Compact.**

Scenario 1: Your EMS Agency Operates Only in Your Local Jurisdiction

If you are an EMS agency medical director, and your EMS agency only operates in one local jurisdiction and does not operate in other states, **nothing changes**. While an individual's EMT/Paramedic license may be recognized in multiple states under the Compact, that individual must have affiliation with a local EMS agency approved in the local jurisdiction to practice. Your medical director responsibilities and liability exposure remain exactly as they are today.

Scenario 2: Your EMS Agency Already Operates in Multiple States

If your EMS agency is already operating in multiple states (such as air medical services or border-area ground transport), then as medical director you have already accounted for multistate practice in your protocols, credentialing, and oversight. The EMS Compact simply means the individual clinicians who are *already* part of your multi-state authorized EMS agency can operate in those states without applying for and renewing multiple separate licenses. **Your medical director liability does not change.**

What About the Indemnification Clause in the Compact?

The indemnification provision in Section 10(F) protects Commission members, officers, and employees for actions taken within the scope of Commission duties. This is standard governmental immunity language found in virtually all interstate compacts and governmental bodies.

- Medical directors are not Commission employees or representatives.
- Medical director liability remains governed by state law, medical practice acts, and existing medical malpractice frameworks.
- The same medical-legal framework that applies to supervising state-licensed personnel applies to personnel operating under a Compact privilege.
- The provision explicitly excludes "intentional or willful or wanton misconduct."

Do I Retain Authority Over Scope of Practice for Personnel Under My Direction?

Yes, completely. The Compact explicitly preserves the authority of the "Remote State Appropriate Authority" to modify scope of practice. Under Commission Rule 2.23, the Remote State Appropriate Authority includes:

- The State EMS Authority
- **The Physician EMS Medical Director**
- The EMS Agency

From Commission Rule 4.4(B):

"If the modified Scope of Practice differs from or exceeds that of the Home State, the Remote State Appropriate Authority may: (i) Require additional education or training; and/or (ii) Mandate a demonstration of competency; and/or (iii) Restrict the EMS Clinician's Scope of Practice."

As a medical director, you retain complete authority to require training, mandate competency demonstrations, or restrict scope for any personnel under your supervision, regardless of how those personnel obtained their licensure.

PART 3: SCOPE OF PRACTICE

Can the EMS Compact Determine or Override My State's Scope of Practice?

No. The EMS Compact cannot set, modify, or override any state's scope of practice requirements.

All EMS Compact states already have the same minimum licensure requirements for education, examination, and experience. This means anyone from any Compact state can already apply for and qualify for a license in your state through existing reciprocity or initial licensure processes. However, states have always had different scopes of practice. This is not new—it has been a part of medicine and EMS since their inception.

What the EMS Compact changes is the administrative process. Instead of requiring individuals to apply for, pay for, and maintain separate licenses in each state, the Compact recognizes their home state license for interstate practice. The Compact does not change scope of practice requirements in any state.

Section 4(C) Seems Confusing, It Says that EMS Personnel Follow Home State Scope?

Section 4(C) states: *"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."*

This provision establishes that the *default* scope is that of the Home State—the state that issued the license. However, the key phrase is **"unless and until modified by an appropriate authority in the remote state."**

The Commission has clarified that when an EMS clinician affiliates with a local EMS agency (which is required to practice), that is the point where the scope of practice is modified to meet the local scope of practice. The affiliation with a local agency is what triggers the adoption of local protocols, scope, and medical direction. This is why agency affiliation is mandatory—it's the mechanism that ensures local standards are followed.

If a Paramedic Comes from a State with a Different Scope, Can They Perform Those Skills Here?

No. EMS clinicians are required to follow the law and scope of practice of the local state and the local EMS agency.

For example, if a paramedic comes from a state that allows surgical finger thoracostomy, but that skill is not part of your state's scope or your agency's protocols, they **cannot** perform that skill in your state.

While the EMS Compact has removed a bureaucratic licensure step, it's not uncommon for paramedics to be licensed in multiple states today. We frequently encounter paramedics with 5, 10, 20 or more state licenses.

Bottom line: EMS Clinicians must always follow local protocols and laws. It's been that way for decades, and the EMS Compact does not change that.

What About Scope of Practice Gaps? Does the Compact Create New Burdens?

EMS clinicians entering your system—whether newly graduated, transferring from another state via existing licensure processes, or using a Compact privilege—have the exact same potential scope of practice gaps. The existing credentialing and onboarding process is unchanged.

Example: Many EMS agencies are implementing blood product administration. This skill is currently not part of the current National EMS Education Standards, nor is it part of entry-level knowledge for a paramedic (awareness yes, but administration no).

Regardless of whether an EMS agency is hiring a newly graduated paramedic, an experienced paramedic from another state via traditional licensure, a paramedic transferring from another in-state EMS agency, or an EMS Compact paramedic, every paramedic potentially has the same gap.

This is why EMS agencies have always been responsible for validating knowledge, skills, and abilities during onboarding. That responsibility continues unchanged under the Compact.

In practice, a vast majority of EMS Compact paramedics utilizing the privilege to practice are more experienced than newly licensed clinicians. They are more likely to have lesser or no knowledge gaps compared to a new graduate, simply because they have been practicing longer.

Is National Registry (NREMT) Certification Required?

The EMS Compact serves as an important legal bridge toward national professional standardization while deliberately preserving workforce stability during the transition.

For states (licensure going forward):

Yes. Upon enactment of the EMS Compact, Member States are required by law to use National Registry certification as a prerequisite for initial EMS licensure issued after the Compact's effective date. This requirement applies prospectively and is imposed on the state licensure system, not retroactively on individual clinicians.

This is a critical step forward for EMS as a profession, closing a fragmentation gap that has existed for decades and aligning EMS with other licensed healthcare professions that rely on national certification standards.

For individual EMS clinicians (Compact eligibility):

No. Individual clinicians are not required to hold current National Registry certification in order to qualify for or use the Compact Privilege to Practice.

Clinicians who hold a valid, unrestricted license in a Member State, including those who were licensed under legacy state systems and never obtained National Registry certification, may continue to practice under that license until it lapses, is restricted, or the clinician retires. These individuals are effectively grandfathered and are not required to obtain National Registry certification retroactively.

For employers and medical directors:

The EMS Compact does **not** alter employer or medical oversight authority. Employers are never required to change their hiring, credentialing, or competency standards.

If a local EMS agency or medical director requires National Registry certification as a condition of employment or assignment, an EMS clinician who qualifies for the Compact but lacks National Registry certification would not meet that employer requirement, even though they remain legally authorized to practice under state law and the Compact.

The EMS Compact advances national standardization without disrupting the existing workforce. It sets a uniform entry standard for future licensure while preserving state authority, employer discretion, and continuity for currently licensed EMS clinicians.

Is the Privilege to Practice the Same as Reciprocity?

No. These are different concepts:

- **Reciprocity:** Typically involves applying for and obtaining a separate license in another state based on another state's license. Requires applications, fees, and processing time.
- **Privilege to Practice:** Automatic recognition that extends to all other Member States based on your Home State license and ongoing compliance with Compact requirements (medical direction and agency affiliation). No applications, no additional fees, no processing time.

The Compact eliminates the need for traditional reciprocity processes between Member States. EMS clinicians may immediately practice in any Member State once properly affiliated with an authorized EMS agency.

This model mirrors the Driver's License Compact. A valid driver's license is automatically recognized in other states without additional paperwork. When a driver chooses to operate a vehicle in a Remote State, they are responsible for knowing and complying with that state's traffic laws and are subject to enforcement if those laws are violated. If the driver later seeks to obtain a driver's license in the new state, an application and fee are required, and a new license is issued. In doing so, the new state relies on the prior state's assessment of the individual's knowledge and skills rather than retesting from the beginning.

The EMS Compact functions in the same way. It enables immediate, lawful practice across state lines while preserving state authority, accountability, and licensure control.

PART 4: PUBLIC PROTECTION & DISCIPLINE

How Does Discipline Work Under the EMS Compact?

The Home State issuing the license always maintains ultimate control and authority over the license. Remote states can investigate and impose restrictions on the privilege to practice, but only the home state controls the actual license.

Example: Your EMS Clinicians Working in a Remote State

A paramedic licensed in your state is working in another state under Compact privilege. That remote state can investigate complaints, impose restrictions, or even revoke the multi-state privilege to practice. However, **your state's license remains valid**. The remote state reports findings to your state, and your state reviews to decide whether to pursue additional license discipline. Note: The Remote State can revoke the individual's ability to work, but Remote States do not have the authority to suspend or revoke the license issued by another state. That remains the exclusive jurisdiction (decision) of the state that issued the license.

Example: Personnel from Other States Working in Your State

A paramedic from another state is operating in your state under Compact privilege. They are responsible for knowing and following all your state's laws and regulations. Your state can investigate complaints, limit or revoke their privilege to practice in your state (and all Compact states), and report findings to that clinician's home state for potential license action.

Think about your driver's license: If you get a speeding ticket in another state while driving on your home state license, that state handles the violation and reports it to your home state. Your home state then decides what action to take on your license. The same principle applies to EMS Compact privileges.

How Quickly Are Disciplinary Actions Reported?

Under Commission Rule 8.1, adverse actions must be reported to the Commission **within two (2) business days** of imposition. This includes:

- License revocations, suspensions, and probations
- Consent agreements and monitoring
- Letters of reprimand
- Criminal convictions
- Any limitation or encumbrance on practice

This level of interstate visibility and real-time notification does not exist today for personnel who obtain separate state licenses through traditional reciprocity processes.

What About Background Check Requirements?

The EMS Compact requires all member state EMS offices to perform an FBI biometric-compliant criminal history records check as part of the state licensure process. This is a requirement for the state to have in place. The EMS Compact itself is not performing, reviewing or accessing the background check.

The EMS Compact respects state sovereignty—just like medicine, nursing, and other licensed professions, states have different requirements. However, the Compact has clarified criminal history elements in several important ways that enhance public protection:

1. Provisional Status for Convictions

Any serious misdemeanor, felony conviction, or violent crime triggers a Provisional Privilege to Practice status. This preserves the individual's ability to practice in their home state, but requires them to seek approval from each receiving state's EMS office *before* activating the Compact privilege in that state. The receiving state can approve, deny, or impose conditions.

2. Enhanced Data Sharing

The Compact requires states to collaborate on investigations and share conviction and licensure restriction data. For charges or convictions occurring *after* initial licensure, the Compact's data sharing requirements are exceptionally strong.

3. Closing the "State Hopping" Loophole

There are documented cases of individuals having an EMS license restricted or revoked in a non-Compact state, then moving to other non-Compact states that do not share license information. In non-Compact states, license discipline is generally only available via self-disclosure, which is unreliable.

The EMS Compact's national data system closes this major public safety gap.

4. Expired License Tracking

The National EMS Coordinated Database tracks all valid state licenses centrally. The Compact is planning to introduce push notifications for expired or restricted licenses to individual clinicians and their employers—providing proactive alerts that do not exist in the current system.

PART 5: PRACTICAL OPERATIONS

Can I Track Who Is Practicing in My State Under a Compact Privilege?

The EMS Compact does not change, limit, or alter a state's ability to track or monitor the EMS workforce. But, the EMS Compact actually adds new tools and support for this.

Your Existing Tracking Mechanisms Continue

If your state is currently tracking workforce data via EMS agency employment rosters, evaluating ePCR data, or using other mechanisms, all of those can continue unchanged. The Compact does not disrupt existing state tracking systems.

Your state may want to update its software systems to capture and leverage the National EMS ID number. This unique 12-digit identifier is now a NEMSIS field and should be implemented for both Compact and non-Compact states as a workforce tracking best practice.

New Tools Available Through the Compact

The state EMS office gains powerful new access to the National EMS Coordinated Database, which provides data that was previously unavailable, including:

- What other states individuals from your state are also licensed in
- Real-time license status and disciplinary actions across all member states
- Automatic alerts for adverse actions within two business days
- Privilege to practice status verification
- Public verification portal at www.EMSCompact.gov

When states join the Compact and access the Coordinated Database, they consistently discover that a significant portion of their EMS workforce—typically 10% or more—is already licensed in multiple states. Some states find that 25% or more of their personnel hold licenses in multiple states.

Multistate practice is already happening; the Compact simply provides visibility, accountability, and coordination that didn't exist before.

The Agency Affiliation Requirement

Compact personnel must be affiliated with a state-authorized EMS agency to practice in your state. That local EMS agency provides the point of accountability and tracking—just as it does for personnel holding state-issued licenses today. There is no "free agent" practice under the Compact.

Does the EMS Compact Apply to EMS Agencies?

No. The EMS Compact governs only individual EMS personnel credentials. It does not apply to EMS agency operations.

The types of authorized EMS agencies vary by state and may include:

- Ambulance services (public and private)
- Fire departments with EMS operations
- Rescue squads
- Quick response units
- In some states: Medical facilities, clinics, festivals, sporting events, and concert medical teams are defined by the State EMS Office as an authorized EMS agency.

Completely unchanged by the Compact:

- All COPCN (Certificate of Public Convenience and Necessity) requirements, or similar EMS agency restrictions or contracts are not changed.
- EMS agency licensing requirements
- Service area regulations
- Patient transport regulations
- Vehicle permits and operational standards

Out-of-state EMS agencies cannot operate in your state without obtaining state-issued EMS agency licenses and appropriate COPCNs or regulatory permissions. The Compact requires personnel to be affiliated with a "State-authorized EMS agency", meaning agencies holding valid authorization from your state.

How Does the EMS Compact Relate to EMAC (Emergency Management Assistance Compact)?

Both are interstate compacts that impact EMS. However, the EMS Compact and EMAC serve different but complementary purposes:

- **EMAC:** Requires gubernatorial disaster declarations and operates through government-to-government mutual aid agreements. Used for formal disaster response.
- **EMS Compact:** Operates continuously (24/7) for personnel mobility without requiring disaster declarations. Allows agencies to prepare for and respond to situations without waiting for formal declarations.

Key advantages of the EMS Compact for disaster response:

- Zero-notice deployment as situations develop
- Pre-positioning personnel before hurricanes or predicted events
- No emergency licensure processing during crises
- Superior public protection through verified credentials and background checks

Note: If a governor's disaster declaration activates EMAC, and any EMS Compact provisions conflict with EMAC, the terms of EMAC prevail for the duration of the emergency response (Model Legislation Section 6).

Does the EMS Compact Charge Fees?

Currently, there are no fees. The Commission has never charged state assessments or fees to states, EMS personnel, or agencies.

- Zero fees for state participation
- Zero fees for EMS personnel privilege to practice
- Zero fees for database access or connectivity

The legislation for the EMS Compact, like all interstate compacts, includes authority for the Commission to levy state fees if necessary to fund operations. This is standard language in interstate compact legislation.

However, this authority has never been implemented, and any fee could only be implemented if the EMS Compact member states vote to add a fee. The EMS Compact is a contractual agreement among states. Each state's governor-appointed Commissioner would vote on behalf of their state before any fee could be established.

The Commission is currently funded through grants and other non-assessment sources. This fee structure mirrors other interstate healthcare compacts, most of which have similar authority but operate primarily through grants and other funding mechanisms.

Will the EMS Compact Increase the Number of Providers in My State?

The EMS Compact does not require a separate license or registration to use Compact privileges. As a result, there is no single data source that directly measures Compact-driven workforce movement.

That said, publicly available data from EMS Compact Member States shows a consistent trend: most, and likely all, have experienced increased licensure issuance and improved licensure retention since joining the Compact. The EMS Compact is not aware of any instance in which a state's total number of licensed EMS clinicians declined as a result of Compact participation. This is an area where additional academic research would be valuable and welcomed.

It is also important to understand what the EMS Compact is designed to do. Its core purposes include:

- Facilitating interstate EMS operations for agencies that already function across state lines
- Enhancing public protection through real-time disciplinary notifications and coordinated investigations
- Supporting disaster response without the need for emergency waivers or disaster declarations

- Providing license portability for military families, a priority formally recognized by the Department of Defense

The EMS Compact provides options, not mandates. Local agencies gain access to qualified EMS clinicians from more than 25 states when they choose to use the Compact, but no agency is ever required to hire or utilize Compact-authorized personnel. All hiring and staffing decisions remain local.

PART 6: PRACTICAL QUESTIONS & ANSWERS

The following questions address some common scenarios that medical directors encounter.

Q: I'm the medical director for my local EMS agency. Under the EMS Compact, does this mean my EMTs and Paramedics can now work under my medical license in all Compact states?

A: Absolutely not. There's no independent practice under the EMS Compact.

EMS clinicians are required to practice under an EMS Agency/Appropriate Authority in the Remote State. While their EMS license is valid and recognized, they are only permitted to practice when properly affiliated with an EMS agency authorized in that jurisdiction. If your agency only operates in your local area, nothing changes under the EMS Compact.

If an EMT or Paramedic chose to also affiliate and work with another agency in another state, they would be operating under that local medical director, protocols, scope of practice, and laws—not yours.

Q: Can an EMS agency from another state come into my state and start taking 911 calls or transporting patients?

A: Absolutely not. This cannot happen via the EMS Compact.

The EMS Compact provides no authority whatsoever for EMS agencies to operate across state lines. Only currently licensed and regulated state-approved EMS agencies can operate. The EMS Compact does not change or alter EMS agency regulations or requirements. The Compact ensures EMS *personnel* have valid credentials. State-authorized *agencies* can then choose whether to affiliate with Compact personnel for staffing flexibility.

Q: If a paramedic comes from a state with a broader scope—like RSI or surgical airways—can they perform those skills in my state if we don't allow them?

A: No. EMS clinicians are required to follow the law and scope of practice of the local state and the local EMS agency.

The Compact removes a licensure step—it doesn't override your protocols or state regulations.

EMS Clinicians must always follow local protocols and laws. It's been that way for decades, and the EMS Compact does not change that.

Q: What if someone with a disciplinary history or criminal conviction wants to work in my state using a Compact privilege?

A: Individuals with serious misdemeanors, felony convictions, or violent crimes are assigned a **Provisional Privilege to Practice** status.

This means they *cannot* automatically practice in your state under the Compact. They must seek approval from your state's EMS office before activating any Compact privilege—your state can approve, deny, or impose conditions.

Additionally, any adverse action against a license in any Compact state is reported within two business days and visible in the Coordinated Database. Your state retains full authority to restrict or deny practice.

Q: Are fire departments and EMS agencies required to participate in the Compact?

A: No. EMS agencies are not participants in the EMS Compact—the Compact is strictly for qualified EMS personnel.

However, the Compact offers *new options* for recruiting and retaining EMS personnel if agencies choose to use them. EMS agencies maintain complete autonomy over all hiring decisions, local credentialing standards, personnel qualifications, union agreements, and employment policies. The Compact removes state licensure barriers for agencies seeking to access personnel—but agencies are never required to hire anyone.

Q: How does the Compact benefit military families?

A: The U.S. Department of Defense explicitly recognizes the EMS Compact as a critical tool for supporting military family employment and financial readiness. Military families move every 2-3 years on average, and 35% of military spouses require an occupational license to work. The EMS Compact eliminates licensure barriers for military spouses who are EMTs or Paramedics, allowing them to maintain employment continuity with each military move. DOD designates occupational licensure compacts as the "gold standard" for license portability.

Q: What if a clinician is licensed at different levels in different states (e.g., EMT in one state, Paramedic in another)? Can they use the Compact to practice at the higher level everywhere?

A: No—with an important distinction.

If someone holds licenses in multiple Compact states, ALL of those states are Home States, not Remote States. The Compact only provides a Privilege to Practice in Remote States (states where you are NOT licensed).

Example: A clinician is licensed as an EMT in Virginia and as a Paramedic in South Carolina. Can they work as a Paramedic in Virginia using the Compact?

No. Virginia is a Home State because they're licensed there. Their Virginia EMT license takes precedence. However, they CAN practice as a Paramedic in all OTHER Member States (except Virginia) under their South Carolina Paramedic license. **Key principle: A state license always trumps a Compact privilege in the state that issued it. The Compact cannot expand the scope of an existing state license.**

Q: How do I verify if a clinician has a valid Privilege to Practice?

A: Use the public verification portal at **www.EMSCompact.gov**. Enter the clinician's National EMS ID number, name, or state license number to verify their status.

Note on database integration: A qualified clinician may have a valid Privilege to Practice even if their status is not yet visible in the database (some states are still completing full integration). If a record is not visible, contact the clinician's Home State EMS office for manual verification. The Coordinated Database is considered equivalent to primary source verification once the state has completed integration.

Quick Reference: Key Facts

Topic	Key Fact
What is the EMS Compact Commission?	A governmental body established by state law. It is <u>not</u> an NGO or private organization. Similar structure to 200+ other interstate compact commissions.
Constitutional basis	Article I, Section 10 of U.S. Constitution. Over 200 interstate compacts exist; 17+ healthcare compacts use this framework.
State sovereignty	Fully preserved. Commission regulates interstate practice; states regulate EMS systems within their borders. States can withdraw at any time.
No time limit	The Privilege to Practice has no time limit. It is valid as long as clinician meets requirements. Not limited to emergencies.
Who is covered	EMT, AEMT, EMT-Intermediate, Paramedic. NOT covered: EMR, nurses, physicians, other healthcare professionals.
Medical director liability	Unchanged. Personnel must affiliate with local authorized agency. No independent practice allowed.
Scope of practice authority	Medical directors and agencies retain full authority to require training, mandate competency, and restrict scope.
NREMT requirement	States must use NREMT for initial licensure. Individual clinicians do NOT need current NREMT to use PTP.
Discipline reporting	Within 2 business days. Real-time visibility in Coordinated Database. Closes "state hopping" loophole.
Criminal history	Convictions trigger Provisional status requiring state-by-state approval before practicing.

EMS agency operations	Not affected. COPCN, agency licensing, and all operational requirements unchanged.
EMAC relationship	Complementary. EMS Compact operates 24/7; EMAC requires disaster declarations. EMAC prevails if conflict during emergency.
Fees to states	Currently zero. Legislation allows fees but never implemented. Any fee requires vote by Commissioners.
Participation required?	No. Agencies maintain complete autonomy over hiring decisions.

Document Sources & Additional Information

All information in this document is drawn from the following official sources:

- **REPLICA Model Legislation (2025)** — The enacted law in all 25 member states
- **EMS Commission Administrative Rules (November 5, 2025)** — Rules adopted by the Commission
- **Commission Position Papers** — Official policy positions
- **Commission Bylaws (November 15, 2023)** — Governance procedures

For additional information, to verify a clinician's privilege to practice status, or to access the full text of the legislation and rules:

www.EMSCompact.gov

Interstate Commission for EMS Personnel Practice