



ADMINISTRATIVE RULES

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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.

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- 40 **2.5** **“Conviction”** means: a finding by a court of competent jurisdiction that an individual is
41 guilty of a criminal offense through adjudication, or the entry of a plea of guilty or nolo
42 contendere (no contest). Conviction also includes a finding of guilt for a Serious Offense
43 under the Uniform Code of Military Justice (UCMJ).
- 44 **2.6** **“Conviction Requiring Review”** means: any criminal conviction that may impact an
45 individual’s fitness to practice as an EMS Clinician and requires evaluation by a State EMS
46 Authority prior to the issuance or recognition of a license. This includes, but is not limited to
47 any Felony conviction; any Serious Misdemeanor conviction; or any conviction involving
48 Moral Turpitude.
- 49 **2.7** **“Conditions of Practice”** means: the circumstances under which an EMS Clinician is
50 authorized to practice in a Remote State under a privilege to practice.
- 51 **2.8** **“Coordinated Database”** also referred to as the National EMS Coordinated Database
52 (NEMSCD) means: the information system and consolidated data established and maintained
53 by the Commission as set forth in the Compact. The Coordinated Database collects,
54 maintains, analyzes, reports, and shares authorized information on EMS personnel licensure,
55 certification, privilege to practice, investigations, enforcement, and disciplinary information.
- 56 **2.9** **“Coordinated Database Administrator”** means: the contractor, person or employee named
57 by the Commission to provide oversight and management of the Coordinated Database.
- 58 **2.10** **“EMS Agency”** means: an organization that is authorized by a State EMS Authority to
59 operate an ambulance service, or non-transport service.
- 60 **2.11** **“EMS Clinician”** means: an individual Licensed by a jurisdiction in the United States as an
61 Emergency Medical Technician (EMT), Advanced-EMT (AEMT), Paramedic, or a level in
62 between EMT and Paramedic.
- 63 **2.12** **“Felony”** means: a serious criminal offense that is graded, codified or classified as a felony
64 under the laws of the state in which the defendant was convicted.
- 65 **2.13** **“License”** means: the authorization by a State for an individual to practice as an EMT,
66 AEMT, Paramedic, or a level in between EMT and Paramedic.
- 67 **2.14** **“License Endorsement”** means an authorization by the State EMS Authority to permit the
68 EMS Clinician to perform additional skills or interventions as a supplement to the EMS
69 Clinician’s Scope of Practice.
- 70 **2.15** **“Member State”** means: a State that has enacted the Compact.
- 71 **2.16** **“Moral Turpitude”** means: an act involving baseness, vileness, or depravity in private or
72 social duties that one owes to others or to society, contrary to accepted moral standards,
73 regardless of whether it directly involves EMS practice.
- 74 **2.17** **“National EMS ID number”** means: a randomly generated, unique 12-digit identification
75 number issued by the National Registry of EMTs.
- 76 **2.18** **“Notify the Commission”** means: communication whether written, verbal or through
77 submission of information through the Coordinated Database. For the purposes of these
78 Rules, submission of information to the Coordinated Database shall be deemed to have

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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.

- 2.19 “Non-Member State”** means: a State, territory or jurisdiction of the United States that has not enacted the Compact.
- 2.20 “Personally Identifiable Information” (PII)** means: any representation of information that permits the identity of an individual to whom the information applies to be reasonably inferred by either direct or indirect means. Further, PII is defined as information: (i) that directly identifies an individual (e.g., legal name, address, social security number or other identifying number or code, telephone number, email address, etc.) or (ii) by which an agency intends to identify specific individuals in conjunction with other data elements, i.e., indirect identification. (These data elements may include a combination of gender, race, birth date, geographic indicator, and other descriptors). Additionally, information permitting the physical or online contacting of a specific individual is the same as personally identifiable information. This information can be maintained in either paper, electronic or other media.
- 2.21 “Privilege to Practice”** means: an individual’s authority to deliver emergency medical services in Remote States as authorized under this compact.
- 2.22 “Provisional Privilege to Practice”** means: a temporary form of Compact recognition granted to an EMS Clinician who holds a license that meets all but one or more of the criteria for a Qualified License under Rule 4.7(B). Provisional Privilege to Practice is not automatically recognized by Remote States and requires individual state-level review and approval as outlined in Rule 4.2.
- 2.23 “Remote State Appropriate Authority”** means: the State EMS Authority, the Physician EMS Medical Director, or the EMS Agency.
- 2.24 “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.
- 2.25 “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.
- 2.26 “Serious Misdemeanor”** means: a criminal offense, classified as a misdemeanor under applicable state law, that involves conduct of a serious nature—such as violence, theft, or other acts that could reasonably be considered to pose a threat to public safety or trust if committed by an EMS clinician.
- 2.27 “State”** means: any State, commonwealth, district, or territory of the United States.
- 2.28 “State EMS Authority”** means: the board, office, or other agency with the legislative mandate to License EMS personnel.

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2.29 “**Subject**” means: an individual who is under investigation by a State EMS Authority for alleged misconduct.

2.30 “**Uniform Data Set**” means: a standardized set of information that Member States must submit to the Coordinated Database, as defined in Section 11.3 of these Rules.

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 EMS Clinician who is Licensed in another Member State, provided that the following conditions are satisfied:

- (A) The Home State complies with Section 3 of the Compact model legislation and Section 11 of these Rules; and
- (B) the EMS Clinician 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 EMS Clinician has an unrestricted License issued by the Home State; and
- (D) the EMS Clinician's Privilege to Practice has not been restricted or revoked by any Member State (except as provided in section 4.2 of these Rules); and
- (E) the EMS Clinician Adheres to the published Professional Code of Conduct, as Stated in 4.6; and
- (F) the EMS Clinician's Home State License status is visible in the Coordinated Database when queried by the EMS ID Number; and
- (G) the EMS Clinician's Privilege to Practice status in the Coordinated Database is set to 'Yes' or 'Active'.

4.1 **Notification of Privilege to Practice status**

- (A) Home States shall notify the Commission of the Privilege to Practice status for each EMS Clinician Licensed by the Home State to the Commission as described in Section 11.3 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:
 - (1) 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

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- (2) 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 or Recognition of Privilege to Practice. The restoration or recognition of the Privilege to Practice shall only occur when:

- (A) the Home State License is restored, unrestricted, or determined to meet the requirements for recognition under Rule 4.7(B);
- (B) the Privilege to Practice restoration or recognition is authorized as Stated in section 4.1(B)(1) of these Rules and
- (1) the Remote State restores the Privilege to Practice or removes the restriction of the privilege to practice; and
- (2) the EMS Clinician 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 EMS Clinicians Licensed in non-reporting Home States. EMS Clinicians Licensed in a Home State that does not collect and submit all elements of the Uniform Data Set are not automatically 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.

- (A) **Manual Verification.** During a period when a Member State is not in compliance with the Coordinated Database integration, A Remote State may, at its sole discretion, manually verify an EMS Clinician's licensure status directly from the Home State. If the Remote State determines that the EMS Clinician is otherwise in compliance with Section 4(A)-(E), the Remote State may recognize the Privilege to Practice of the EMS Clinician while the Home State works to achieve full compliance with the Uniform Data Set submission requirements.

4.4 Scope of Practice. An EMS Clinician providing patient care in a Remote State under the Privilege to Practice shall function within the Scope of Practice authorized by the EMS Clinician's Home State unless or until modified by the Remote State Appropriate Authority. When providing care in a Remote State:

- (A) The EMS Clinician must practice only through an EMS Agency that is authorized to operate in the Remote State.
- (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.

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192 **4.5 EMS Clinician responsibility.** An EMS Clinician providing patient care in a Remote State
193 under the Privilege to Practice is responsible for adhering to the Scope of Practice
194 modifications or limitations for that Remote State, as may be modified by a Remote State
195 Appropriate Authority.

196 **4.6 Professional Code of Conduct.** EMS Clinicians functioning under the Privilege to Practice
197 shall adhere to the *Professional Code of Conduct* as adopted by the Commission. The
198 *Professional Code of Conduct* outlines ethical and professional behavior standards expected
199 of all EMS Clinicians operating in Member States under the Privilege to Practice.

- 200 (A) Failure to adhere to the *Professional Code of Conduct* shall be referred to both the
201 EMS Clinician's Home State and Remote State for investigation and may be grounds
202 for restriction, suspension, or revocation of the EMS Clinician's Privilege to Practice,
203 as provided by the Rules of the Commission.
- 204 (B) The Home State and Remote State shall coordinate on any disciplinary actions related
205 to violations of the *Professional Code of Conduct* that affect the EMS Clinician's
206 Privilege to Practice.
- 207 (C) The Commission shall notify all Member States of any disciplinary actions or
208 sanctions imposed in relation to violations of the *Professional Code of Conduct*
- 209 (D) The *Professional Code of Conduct* shall be reviewed and updated as necessary by the
210 Commission. The most current version of the *Professional Code of Conduct* will be
211 made available on the Commission's website.

212 **4.7 Qualified Licenses, Provisional Privileges to Practice, and Non-Qualified Licenses**

213 **(A) Qualified EMS Clinician License.** A Qualified EMS Clinician License is one that has
214 been issued by a Member State that also meets all the following criteria:

- 215 (1) The license is issued at the level of Emergency Medical Technician (EMT) up to
216 the level of Paramedic, including any license levels in between, including but
217 not limited to Advanced EMT or EMT-Intermediate.
- 218 (2) The license is issued to an individual who is at least 18 years old.
- 219 (3) For individuals licensed on or before the date their state joined the Compact, the
220 license is recognized as qualified, regardless of prior National Registry of
221 EMTs certification status.
- 222 (4) For initial licenses issued after the state joined the Compact, the EMS Clinician
223 shall have a valid National Registry of EMTs certification at the time of initial
224 license application.
- 225 (5) For initial licenses issued after March 15, 2025, the State EMS Authority shall
226 require a criminal background check of all applicants for initial licensure,
227 including the use of the results of fingerprint or other biometric data checks
228 compliant with the requirements of the Federal Bureau of Investigation with

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the exception of federal employees who have suitability determination in accordance with US CFR §731.202.

- (6) The license was not issued to an individual with a Conviction Requiring Review, as defined in Section 2 of these Rules.

(B) Provisional Privilege to Practice.

- (1) An EMS Clinician who meets all criteria for a Qualified License except one or more of the following may be issued a Provisional Privilege to Practice:

(i) The EMS Clinician did not have a valid National Registry of EMTs certification at the time of initial license application in a Member State that had already joined the Compact;

(ii) The EMS Clinician's initial license was issued after March 15, 2025, without review of a biometric criminal history check by the State EMS Authority or its designee;

(iii) The EMS Clinician holds a license and has a Conviction Requiring Review, as defined in Section 2.

- (2) Determination of whether a Conviction Requiring Review disqualifies an individual from a Privilege to Practice shall remain at the discretion of the Member State EMS Authority, consistent with applicable State laws and regulations.

- (3) A Provisional Privilege to Practice is not automatically recognized by Remote States. An EMS Clinician with this status must seek recognition under Rule 4.2 (Restoration or Recognition of Privilege to Practice) from each Remote State where they intend to practice.

(C) Definition of a Non-Qualified License. A Non-Qualified License is any license that does not meet the criteria of either a Qualified License or a Provisional Privilege to Practice, including but not limited to:

- (1) Licenses issued by any state or jurisdiction that is not a Member State.

- (2) Licenses issued by any Member State that is not in compliance with the provisions of the EMS Compact legislation or Administrative Rules and for which the Member State has been sanctioned by the Commission.

- (3) Licenses issued below the level of EMT, such as Emergency Medical Responder (EMR) or First Responder.

- (4) Licenses issued for any EMS clinician role that is not certified by the National Registry of EMTs, or any license issued for a role above the Paramedic level—even if the individual provides pre-hospital or EMS-related services—are not considered qualifying EMS licenses. This includes, but is not limited to, licenses held by nurses, physician assistants, physicians, respiratory therapists, or any other healthcare or medical professional not certified at the EMT, AEMT, or Paramedic level by the National Registry.

(D) Impact on Compact Privilege to Practice.

- (1) Only individuals holding a Qualified License are may exercise the Compact Privilege to Practice in any Member State.
- (2) Individuals with a Provisional Privilege to Practice are not automatically eligible and must obtain approval under Rule 4.2 from each Remote State.
- (3) Individuals with a Non-Qualified License are ineligible for the Compact Privilege to Practice.

SECTION 5. Conditions Of Practice In A Remote State

5.0 Privilege to Practice Circumstances

- (A) As used in Section 5 of the Compact, the term “individual” shall mean an EMS Clinician who holds a current, active license issued by a Member State and who is granted a Compact Privilege to Practice under the terms of the Compact and Commission Rules.
- (B) An EMS Clinician practicing under a Privilege to Practice in a Remote State must do so only in the performance of their official EMS duties as assigned by an appropriate authority, which may include an EMS agency, authority having jurisdiction, or other legally authorized employer or supervisor, as recognized by the Remote State.
- (C) An EMS Clinician may practice in a Remote State under the Compact Privilege to Practice until the individual is no longer qualified under the Compact and Commission Rules. As specified in the Compact, there is no time limit on an EMS Clinician’s exercise of the Privilege to Practice.

SECTION 6. Not Used

SECTION 7. Not Used

SECTION 8. Adverse Actions

8.0 Investigation.

- (A) Member States shall 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 EMS Clinician 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.

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8.1 Reporting of adverse actions.

- (A) A Remote State that imposes adverse action against an EMS Clinician'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 EMS Clinician'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,

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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 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

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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.

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(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 The Coordinated Database — General

(A) **Coordinated Database Ownership.** The Coordinated Database is owned, operated, managed, and controlled by the Commission.

(B) **Data Ownership.**

- (1) **Member State Data:** Member State data refers to any data provided by the Member State. 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) **Derived Data:** Derived data refers to any data that is generated or produced by the Commission from Member State data or other external data sources. Derived data includes analyses, reports, and aggregated statistics created by the Commission. Derived data is owned by the Commission.
- (3) **Compact Data:** Compact data refers to any data that is generated directly by the Compact itself, independent of Member State submissions or third-party data. This includes internal administrative data, operational metrics, and other information produced by the Compact's activities. Examples of Compact data include the Privilege to Practice status and history. Compact data is owned by the Commission.
- (4) **Third-Party Data:** The Commission may incorporate additional third-party data from government and/or non-government sources into the Coordinated Database for the purpose of the Commission fulfilling its legislative mandates. Third-party data remains the property of the data owner providing the data,

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unless otherwise specified in data use agreements. This data is under the custody and control of the Commission.

11.1 Data Submission and Validation

- (A) **Method of data submission.** Member States shall submit the Uniform Data Set described in Section 11.3 of these Rules to the Coordinated Database.
- (B) **Primary Source Equivalency.** Member State data records in the Coordinated Database are an accurate reflection of the Member State licensure status for EMS Clinicians. The Coordinated Database status is equivalent to validating an EMS Clinician's status directly with the Member State.
- (C) **Implementation.** A new Member State shall provide the Uniform Data Set to the Coordinated Database in the form and format specified by the Commission. In the event a Member State does not submit the Uniform Data Set, the Member State shall be in default of the requirements of the Compact and the Commission. In situations where there is a default in the submission of the Uniform Data Set by a Member State, the Commission shall follow the requirements in Section 13.
- (D) **Maintenance of Uniform Data Set.** The accuracy of Member State data submitted to and maintained in the Coordinated Database, shall be the responsibility of Member State.
- (E) **Correction of records.** In the event an EMS Clinician asserts that the individual's Uniform Data Set information is inaccurate, the Commission shall direct the EMS Clinician to the data owner to research the claim, and, if necessary, modify the disputed record(s). The Commission shall not modify Member State data or Third Party Data.

11.2 Conditions and procedures for authorized users of the Coordinated Database

(A) Member State Access

- (1) **Access Rights:** Member State Commissioners, and delegate user(s) authorized by the Commissioner, shall have access to the Coordinated Database.
- (2) **Control and Authorization:** Member State delegate user(s) access shall be controlled by the Member State Commissioner. The Commissioner is responsible for designating state employees with a bona fide need to know requirement to have access to the Coordinated Database. The Commissioner shall submit requests for user accounts and access in writing to the Commission. The Commissioner shall notify the Commission promptly, in writing, but within 72 hours if any delegate user is no longer employed by the Member State or should have access removed.

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(3) **Review Process:** Commissioners shall review the delegate accounts on at least a quarterly basis.

(4) **Usage Limitation:** Access to the Coordinated Database is for official, government use only.

(B) Government Access

(1) **Access Rights:** Government entities may request limited access to the Coordinated Database. Access is restricted to governmental agencies approved by the Commission.

(2) **Query Capabilities:** Authorized governmental agencies, for official purposes, may query the Coordinated Database via a legal First Name and legal Last Name, National EMS ID number, State License Number, National Registry Number, or Social Security Number.

(3) **Data Access:** In addition to all data categorized as public information listed in Section 11.2(C)2, government agencies shall have access to the following:

(a) State License status

(b) Indication if final disciplinary or adverse action has been taken, in the form of a final National Practitioner Data Bank report submission.

(C) Public Access

(1) **Query Capabilities:** The public shall have the ability to query the Coordinated Database via a secure website or webserver. The public portal shall be limited to querying a single EMS Clinician at a time, and the query may be initiated by entering a valid 12-digit National EMS ID number, the EMS Clinician's First Name and Last Name, or a State License Number.

(2) **Displayed Information:** The Commission may display the following information when a valid National EMS ID number is provided:

(a) Legal First Name

(b) Legal Last Name

(c) National EMS ID Number

(d) Privilege to Practice Status

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- (e) State Licensure Status
- (f) State Number/Identifier
- (g) Jurisdiction(s) issuing the License
- (h) License level(s)
- (i) License expiration date(s)
- (j) Third-party data as authorized by the Commission.

(D) Employer Access

- (1) **Individual EMS Clinician Search:** an Employer of an ems clinician may query a single EMS Clinician at a time, and the query may be initiated by entering a valid 12-digit National EMS ID number, the EMS Clinician's legal First Name and legal Last Name, or a State License Number.
- (2) **Bulk Search Capability:** an Employer of an ems clinician may perform bulk searches of ems clinicians using National EMS ID Numbers in a form and format specified by the Commission.
- (3) **User Account Validation:** Employers of ems clinicians must have a validated user account to access the system.
- (4) **Displayed Information:** Employers of ems clinicians will have access to the Public Access data for each employee searched.

(E) General Provisions

- (1) **Authorization:** All requests and designations must be made in accordance with the procedures established by the Commission.
- (2) **Review and Audit:** The Commission reserves the right to review and audit access logs to ensure compliance with established Rules and regulations.

11.32 Uniform Data Set. Member States shall submit the following Uniform Data Set to the Coordinated Database at the frequency indicated.

- (A) **Identifying information.** The following information for each EMS Clinician 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.

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- (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.

(B) Licensure data. The following information for each EMS Clinician 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 investigatory information. In the fulfillment of public protection, Member States shall submit significant investigatory information to the Coordinated Database, including but not limited to:

- (1) subject's identifying information as Stated in section 11.3(A) 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 11.32(A) of these Rules; and
- (2) summary description of the incident or act of misconduct; and

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- (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 EMS Clinician 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 EMS Clinician's participation in an alternative program will be reported.
- (G) **Denial of application for licensure.** Any final denial of applications for licensure, due to significant cause or public protection concerns, must be reported within two (2) days of the denial. The following information shall be reported to the Coordinated Database:
- (1) Applicant's identifying information as Stated in Section 11. 3(A) of these Rules; and
- (2) Summary of the reason for denial, specifically highlighting the cause or public protection concerns; and
- (3) Declaration, if applicable, of the existence of a criminal investigation or pending criminal charges related to the denial; and
- (4) Declaration of any restrictions on future applications for licensure, or a Statement indicating that there are no such restrictions.
- (H) **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 EMS Clinician'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.
- (I) **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.

11.4 Data Disclosure, Inspection of Records, and Requests.

- (A) **Exemption From Disclosure.** The following Commission records shall be exempt from public inspection or disclosure requests:
- (1) The following EMS Clinician information:

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- a. personal identifying information; and
 - b. personal contact information; and
 - c. disciplinary records; and
 - d. any data elements labeled as confidential by the data owner.
- (2) The following internal Commission records:
- a. personnel records of Commission staff;
 - b. Commission personnel practice and procedures;
 - c. matters specifically exempted from disclosure by federal or state statutes
 - d. trade secrets, commercial, or financial information that is privileged or confidential;
 - e. censures and accusations of a crime;
 - f. personal information where disclosure would constitute an unwarranted invasion of personal privacy;
 - g. investigative records compiled for law enforcement purposes;
 - h. information that specifically relates to a civil action or other legal proceeding except by order of a court with jurisdiction;
 - i. closed session records related to any of the above topics;
 - j. records that contain legal advice or attorney-client communications or attorney work product;
 - k. confidential mediation or arbitration documents.
- (3) After consultation with counsel, the Commission may designate records not designated exempt under sections (1) or (2) to be confidential and not available to the public for inspection.
- (B) Direction of Data Requests:** The Commission shall direct all requests for data that are not otherwise published or accessible by the data requestor to the designated data owner.
- (C) Restriction on Release of Personally Identifiable Information and Sensitive Data:** The Commission shall not release or generate public reports that contain Personally Identifiable Information, information that is exempt from disclosure under these rules, or sensitive data. All measures shall be taken to ensure that such information remains confidential and secure.
- (D) Security and Protection:** The Commission shall take all necessary precautions to protect the security and integrity of the information contained in the coordinated database. This includes implementing robust security measures and protocols to prevent unauthorized access, disclosure, or misuse of data.

- (E) **Generation of Public Reports:** The Commission may, at its sole discretion, generate public reports that include summarized statistics and analytics on the EMS workforce. These reports shall not contain Personally Identifiable Information or sensitive data and will be designed to provide valuable insights and trends without compromising individual privacy.

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.

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- 699 **12.4 Public Hearings.** Every public hearing shall be conducted in a manner guaranteeing each
700 person who wishes to comment a fair and reasonable opportunity to comment. In accordance
701 with Section 12.H. of the Compact, specifically:
- 702 (A) If a hearing is held on the proposed Rule or amendment, the Commission shall publish
703 the place, time, and date of the scheduled public hearing.
- 704 (B) All persons wishing to be heard at the hearing shall notify the Chairperson of the
705 Commission or other designated member in writing of their desire to appear and
706 testify at the hearing not less than five (5) business days before the scheduled date of
707 the hearing.
- 708 (C) Hearings shall be conducted in a manner providing each person who wishes to
709 comment a fair and reasonable opportunity to comment orally or in writing.
- 710 (D) No transcript of the public hearing is required, unless a written request for a transcript
711 is made; in which case the person or entity making the request shall pay for the
712 transcript. A recording may be made in lieu of a transcript under the same terms and
713 conditions as a transcript. This subsection shall not preclude the Commission from
714 making a transcript or recording of the public hearing.
- 715 (E) Nothing in this section shall be construed as requiring a separate hearing on each Rule.
716 Rules may be grouped for the convenience of the Commission at hearings required by
717 this section.
- 718 (F) Following the scheduled hearing date, or by the close of business on the scheduled
719 hearing date if the hearing was not held, the Commission shall consider all written and
720 oral comments received.
- 721 (G) The Commission shall, by majority vote of a quorum of the Commissioners, take final
722 action on the proposed Rule and shall determine the effective date of the Rule, if any,
723 based on the Rulemaking record and the full text of the Rule.
- 724 **12.5 Status of Rules upon adoption of additional Member States.** Any State that joins the
725 Compact subsequent to the Commission's initial adoption of the Rules shall be subject to the
726 Rules as they exist on the date on which the Compact becomes law in that State. Any Rule
727 that has been previously adopted by the Commission shall have the full force and effect of
728 law on the day the Compact becomes law in that State.
- 729 **12.6 Emergency Rulemaking.** Upon determination that an emergency exists, the Commission
730 may consider and adopt an emergency Rule that shall become effective immediately upon
731 adoption, provided that the usual Rulemaking procedures provided in the Compact and in this
732 section shall be retroactively applied to the Rule as soon as reasonably possible, in no event
733 later than ninety (90) days after the effective date of the Rule. An emergency Rule is one that
734 must be made effective immediately in order to:
- 735 (A) Meet an imminent threat to public health, safety, or welfare;
- 736 (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.
 - (2) 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;

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- (3) Suspension of membership in the Compact; and
 - (4) Suspension of the Privilege to Practice for EMS Clinicians whose Home State license was issued by the defaulting Member State; and/or
 - (5) Termination of membership in the Compact as provided in the Model Legislation and administrative Rules.
- (G) If the Commission suspends the Privilege to Practice or terminates the membership of the state in the Compact, the state shall promptly notify all EMS Clinicians licensed by that state of the status change and impact of the suspension or termination.
- (H) If the Commission suspends the Privilege to Practice qualifications or terminates the membership of a state in the Compact, all Member States shall promptly notify all licensed EMS Agencies of the status change of the affected Member State and the resulting impact on the Privilege to Practice status for EMS Clinicians from that state. At a minimum, such notification shall be published on the official website of each Member State's EMS authority or in the same manner and publication used by that state for proposed rules or regulatory announcements.
- (I) 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.

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

813 (E) Informal Resolution

- 814 (1) In the event of a dispute arising from the interpretation or application of the
815 Compact by a Member State, the following procedure shall be followed:
- 816 (a) The Commissioner of the disputing State shall initiate contact with the
817 Commissioner(s) of the Member State(s) involved in the dispute.
- 818 (b) The initiating Commissioner shall provide a written Statement to the
819 Commissioner(s) of the concerned State(s). This Statement, which will
820 be copied to the Executive Committee, shall detail the nature of the
821 dispute.
- 822 (c) Upon receipt of the dispute letter, the Commissioner(s) of the State(s)
823 involved shall:
- 824 (i) Review the contents of the letter.
- 825 (ii) Conduct an inquiry into the matter.
- 826 (iii) Provide a written response addressing the issues raised.
- 827 (d) The response must be issued, in writing copied to the Executive
828 Committee, within 30 calendar days from the receipt of the dispute
829 letter.
- 830 (e) If interpretation of the Compact is necessary, the Commissioner(s) shall
831 contact the Executive Committee via the Executive Director to request
832 assistance in interpreting relevant provisions.
- 833 (f) The Commissioner raising the concern shall document all attempts to
834 resolve the issues.
- 835 (2) If the issues cannot be resolved between the Member States, the dispute shall
836 be referred to the Executive Committee for further consideration.
- 837 (3) Disputes between two (2) or more Member States which cannot be resolved
838 through informal resolution or through the Executive Committee, may be
839 referred to mediation and/or an arbitration panel to resolve the issues.

840 (F) Mediation.

- 841 (1) A Compact State that is a party to a dispute may request, or the Executive
842 Committee may require, the submission of a matter in controversy to
843 mediation.
- 844 (2) Mediation shall be conducted by a mediator appointed by the Executive
845 Committee from a list of mediators approved by the National Association of
846 Certified Mediators, or a mediator otherwise agreed to by all parties to the
847 dispute and pursuant to procedures customarily used in mediation proceedings.

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- (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