

Executive Committee Agenda

Location: Virtual Attendance Only

Date: April 3, 2024

Time: 3:00 p.m. (Eastern Time)

https://teams.microsoft.com/join/19%3ameeting_ODBkNjU2NzEtMjUxZC00N2JhLk2OWUtMjE2ZmQ3YTJmNTg4%40thread.v2/0?context=%7b%22Tid%22%3a%22d551f39f-3982-46ab-bade-2ddc6416ceb9%22%2c%22Oid%22%3a%22c116671b-47bc-45b9-bf5d-964f0f804571%22%7d

- I. Call to Order & Welcome - *Commissioner Kinney, Chair*
 - a. Roll Call - *Commissioner House, Secretary*
 - i. () Commissioner Kraig Kinney [IN], Chair
 - ii. () Commissioner Wayne Denny [ID], Vice Chair
 - iii. () Commissioner Joe House [KS], Secretary
 - iv. () Commissioner Brad Vande Lune [IA], Treasurer
 - v. () Commissioner Aaron Koehler [WY], Member-at-Large
 - vi. () Commissioner Joe Schmider [TX], Immediate Past Chair
- II. Public Comment
 - a. Matters Not on the Agenda - *Kinney*
- III. Old Business
 - a. Administrative Rule Change Implementation
 - b. Workgroup: Privilege to Practice Code of Conduct
 - c. Workgroup: EMS Workforce Privacy Protection
- IV. Reports
 - a. Treasurer’s Report- *Vande Lune*
 - b. Review February 2024 Executive Committee Meeting Summary - *House*
 - c. Chair’s Report – *Kinney*
 - d. Bylaws & Rules Committee Report – *Schmider*
 - e. Executive Director’s Report – *Donnie Woodyard, Executive Director*
 - i. U.S. House Ways & Means Committee Testimony
 - f. National EMS Coordinated Database Administrator Update – NREMT
- V. New Business
 - a. Proposed Rule Change Hearing: June 5, 2024
 - b. Review Q2 2024 Commission Meeting
- VI. Partner Organization Updates
- VII. Adjourn Meeting

** Executive Session to follow the public meeting **




Future Executive Committee Dates	Future Commission Meeting Dates
May 1, 2024	May 14, 2024 (Pittsburg, PA)
June 5, 2024	June 5, 2024
July 10	October 9, 2024 (Elections)

Meeting Norms:

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

- Committee members are requested to join by video when possible.
- Public Attendees:
 - Public attendance is encouraged.
 - Microphones for all attendees will be muted upon arrival.
 - Please place your name and agency/organization in the chat.
 - Members of the public may request to speak during public comment periods by using the “raise hand” function that is found on the menu bar at the bottom of the screen. Staff will unmute your microphone. If you are attending by phone, press *9 to raise your hand and *6 to unmute.
 - Public attendees should announce their name and organization before speaking.
 - Public comments are limited to two minutes or less.
 - In the case of background noise, disruptive behavior, or comments exceeding two minutes, your microphone will be muted.

*All times are approximate. The chair may modify the agenda during the meeting at their discretion.

 5010 E. Trindle Road, Suite 202
Mechanicsburg, PA 17050 Phone (202) 888-4142 info@emscompact.gov www.emscompact.gov

Executive Committee: Meeting Summary

Meeting Details:

- Chairperson: Commissioner Kraig Kinney
- Date & Time: February 7, 2024, 3:00 PM ET
- Location: Virtual Meeting via Zoom Conference

Attendees:

- Commissioner Kraig Kinney [IN], Chair
- Commissioner Wayne Denny [ID], Vice Chair
- Commissioner Brad Vande Lune [IA], Treasurer
- Commissioner Aaron Koehler [WY], Member-at-Large
- Donnie Woodyard, Executive Director
- Doug Wolfberg, JD & Christie Mellott, JD, PWW / Counsel

Absentees:

- Commissioner Joe House [KS], Secretary
- Commissioner Joe Schmider [TX], Immediate Past Chair

Agenda & Discussions:

- I. Call to Order & Welcome
- II. Public Comment
 - a. No public comments.
- III. Old Business
 - a. Workgroup: Privilege to Practice Code of Conduct
 - i. Workgroup created. Commissioner Michael Johnson [GA], Chair
 - Commissioner Mark Herrera
 - Commissioner Brad Vande Lune
 - Commissioner Tim Wilson
 - State EMS Office staff
 - b. Workgroup: EMS Workforce Privacy Protection
 - i. Workgroup created. Commissioner Michael Bateman [CO], Chair
 - State EMS Office staff
- IV. Reports
 - a. Treasurer's Report- *Vande Lune*
 - i. *Reviewed January 2024 financials, stand as submitted.*
 - b. January 2024 Executive Committee Summary
 - i. *Reviewed, **Motion** to approve.*
 - c. Chair's Report – *Kinney*
 - i. Chair presented a summary of recent meetings in Washington, DC with federal partners.
 - d. Bylaws & Rules Committee Report – *Schmider*
 - i. *Exec Director Woodyard presented an update on behalf of Commissioner Schmider (excused). An education session on proposed Administrative Rules held in January. No*

public comments received on the proposed rules. A rules hearing will be held at the upcoming Commission meeting.

- e. Executive Director’s Report – *Donnie Woodyard, Executive Director*
 - i. *Provided an update on momentum related to the National EMS ID number.*
 - ii. *Welcomed Commissioner George Miller [MO] as a new Commissioner.*
 - f. National EMS Coordinated Database Administrator Update – NREMT
 - i. *Nebraska is working diligently to connect and obtain compliance with the NEMSCD data submission.*
 - ii. *North Dakota is also working to upgrade the state licensure system to make progress on NEMSCD data submission.*
 - iii. *Pennsylvania is meeting with NREMT bi-weekly to obtain NEMSCD data compliance.*
 - iv. *Nevada is working with Southern Nevada Health District on NEMSCD data integration.*
- V. New Business
- a. Review Q1 2024 Commission Meeting Agenda
 - i. *The draft meeting agenda was reviewed.*
 - b. States Handling Access to Reciprocity for Employment (SHARE) Act, H.R. 1310
 - i. Doug Wolfberg provided a summary of the SHARE Act.
 - ii. Executive Committee via **motion**, approved issuing a letter of support for the SHAREE Act.
- VI. Partner Organization Updates
- a. *No updates provided.*
- VII. Adjourn Meeting
- a. *Adjourned public meeting, **Motion** to convene in an Executive Session.*

Summary of Motions:

Motion #	Motion Summary	1 st	2 nd	Vote
1	Approve the January 2024 Executive Committee Summary as presented.	Vande Lune	Kinney	Pass
2	Executive Committee directed and authorized the Executive Director to issue a letter of support for the <i>States Handling Access to Reciprocity for Employment (SHARE) Act, H.R. 1310.</i>	Denny	Koehler	Pass
3	Adjourn Executive Committee meeting and convene into an Executive Session certified by counsel.	Denny	Vande Lune	Pass

The official record of this meeting is an audio recording available on www.EMSCompact.gov

February 20, 2024

The Honorable Virginia Fox
Chairman
Committee on Education & the Workforce
United States Congress
2176 Rayburn House Office Building
Washington, DC 20515

The Honorable Bobby Scott
Ranking Member
Committee on Education & the Workforce
United State Congress
2101 Rayburn House Office Building
Washington, DC 20515

The Honorable Jim Jordan
Chairman
Committee on the Judiciary
United States Congress
2138 Rayburn House Office Building
Washington, DC 20515

The Honorable Jerrold Nadler
Ranking Member
Committee on the Judiciary
United States Congress
2138 Rayburn House Office Building
Washington, DC 20515

Dear Chair Fox and Chairman Jordan and Ranking Members Scott and Nadler:

We write as healthcare providers and organizations in support of the **States Handling Access to Reciprocity for Employment (SHARE) Act, H.R. 1310**, sponsored by Representatives Tracey Mann (KS-01) and Joe Neguse (CO-02).

The healthcare industry is experiencing significant shortages in our workforce. These shortages are even more apparent in underserved rural and urban areas. Over the last decade, states have enacted interstate licensure compacts, including compacts for physicians, nurses, psychologists, and social workers. Compacts have been extremely helpful, including when paired with telehealth, to provide access to care, especially in those areas experiencing shortages of healthcare professionals.

However, through the compact implementation process, some states have struggled to originate compact licenses in their respective states. In some instances, the Federal Bureau of Investigation (FBI) has prevented the release of background check information to assist in the processing of a compact licensure application. H.R. 1310 will address this problem by requiring the FBI to make available criminal history record information to a state occupational or professional licensing authority for background checks of individuals seeking a license under an interstate compact. A state licensing authority may not share criminal history record information with the compact's commission, any other state entity or licensing authority, or the public, but may inform the compact's commission of completion of a background check.

Our goal is to ensure that every provider who seeks licensure is properly vetted to ensure patients are protected. We believe H.R. 1310 provides protections and will allow states to

properly assess applicants seeking an interstate compact licensure to fill the workforce shortages.

Thank you for your consideration of this legislation. We respectfully ask for your support in hearing this legislation and passing it through the Committee.

Sincerely,

Alliance for Connected Care

American Physical Therapy Association

American Telehealth Association and ATA Action

Ascension

Avera Health

Bellin+Gundersen Health System

BJC HealthCare

Bon Secours Mercy Health

Essentia Health

Federation of State Medical Board Healthcare Leadership Council

Interstate Commission for EMS Personnel Practice

Marshfield Clinic Health System

Mercy

National Council of State Boards of Nursing

Occupational Therapy Licensure Compact

Pyramid Healthcare, Inc.

Rural Wisconsin Health Cooperative

Sanford Health

SSM Health

Talkiatry

Trinity Health

University of Pittsburgh Medical Center (UPMC)

UnityPoint Health

Wyoming Medical Society

March 28, 2024

Chairman Jason Smith
House Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

Subject: Testimony on "Access to Health Care in America: Ensuring Resilient Emergency Medical Care"

Dear Chairman Smith and Esteemed Members of the House Committee on Ways and Means,

In the context of the recent hearing on "Access to Health Care in America: Ensuring Resilient Emergency Medical Care," I am presenting this written testimony on behalf of the United States Emergency Medical Services (EMS) Compact. This testimony seeks to inform the Committee on how the EMS Compact serves as a pivotal instrument in resolving critical challenges faced in emergency medical care, especially those highlighted in the hearing, such as the necessity for effective EMS system development, billing reforms, and the assurance of resilient health care access in rural and underserved areas.

Introduction to the EMS Compact

The EMS Compact is a successful example of innovation and cooperation in the realm of health care policy. Enacted through state legislation, it represents a collective response to the emergent needs for efficient and borderless EMS. With 24 states currently participating, this initiative equips nearly 400,000 EMS practitioners with multi-state practice privileges, directly addressing some of the most pressing challenges in emergency medical care, as discussed in your hearing.

The EMS Compact is a living example of how cooperative federalism can work to reduce bureaucracy while seamlessly to improve access to EMS. The Compact enables states to address shared challenges while respecting their individual sovereignty, thus fostering unity and shared purpose among states in protecting public health.

Purpose and Legislative Mandate

The EMS Compact's legislative mandate is deeply rooted in a commitment to public health and safety. This mandate is multifaceted, encompassing several key objectives that collectively enhance the EMS system's efficacy and reach. These objectives are not only critical in their individual capacities but also synergistically work together to create a robust and responsive EMS framework.

- 1. Increasing Public Access to Qualified EMS Personnel:** A primary goal of the EMS Compact is to ensure that qualified EMS practitioners are readily available to the public, regardless of state boundaries. This access is particularly crucial in rural or underserved areas where EMS resources are limited. By allowing practitioners to operate across state lines under the provisions of the EMS Compact, it significantly reduces response times and improves access to emergency medical care for a broader segment of the population.
- 2. Enhancing State Capacities in Ensuring Patient Safety and Health Protection:** The Compact strengthens each member state's ability to safeguard public health. This is achieved through shared standards and practices, ensuring that every EMS professional adhering to the Compact's guidelines maintains a high level of care, thus enhancing overall patient safety and health protection in every participating state.

3. **Facilitating Interstate Cooperation in EMS Personnel Licensure and Regulation:** One of the critical aspects of the EMS Compact is its role in promoting cooperation among states regarding EMS personnel licensure and regulation. This cooperation ensures uniformity in qualifications and regulatory standards, making it easier for EMS practitioners to provide services in different states while maintaining a consistent standard of care.
4. **Assisting Military Members Transitioning to Civilian Life and Their Spouses in Obtaining Licensure:** The Compact acknowledges the unique challenges faced by military personnel and their spouses, especially when transitioning to civilian life. By facilitating easier licensure for these individuals, the Compact not only aids in their professional transition but also enriches the EMS workforce with experienced and skilled practitioners.
5. **Streamlining the Exchange of Licensure and Regulatory Information Between States:** Efficient communication and data sharing between states regarding licensure and regulatory matters are vital for a seamless EMS operation. The Compact facilitates this exchange, ensuring that each state has up-to-date information on EMS practitioners' licensure status, thus enhancing mobility and response capabilities.
6. **Ensuring Compliance with EMS Personnel Practice Laws:** Compliance with practice laws is essential for maintaining the integrity and professionalism of EMS services. The Compact provides a framework for ensuring that EMS practitioners across member states adhere to a set of agreed-upon laws and regulations, thus maintaining a high standard of practice.
7. **Empowering States to Effectively Hold EMS Personnel Accountable:** Finally, the Compact gives states the authority and means to hold EMS personnel accountable for their actions. This accountability is crucial for maintaining trust in EMS services and ensuring that the practitioners adhere to the highest standards of professional conduct and patient care.

The EMS Compact's legislative mandate is comprehensive, addressing various aspects of EMS practice and regulation. By achieving these objectives, the Compact significantly contributes to an efficient, reliable, and high-quality EMS system across the United States.

EMS Compact and Health Care Access

The EMS Compact significantly enhances health care access across the United States, particularly addressing critical needs in emergency medical care. Its role in bridging gaps in service delivery is multifaceted and profound, especially in underserved and rural communities.

1. **Swift and Seamless Cross-State Service Delivery:** The EMS Compact allows for a rapid response to emergencies across state borders. This agility is crucial during critical incidents where the nearest appropriate care might be in a neighboring state. The Compact eliminates the usual red tape associated with cross-state practice, ensuring that patients receive timely and effective care, which can be life-saving in many scenarios.
2. **Addressing Rural and Underserved Areas:** Rural and underserved areas often face a scarcity of medical resources, including limited access to EMS. The Compact allows EMS practitioners from other states to provide care in these areas, effectively reducing the impact of geographical disparities in health care access. This is particularly valuable during large-scale special events and other situations where local resources might be overwhelmed or insufficient.

3. **Improving Response Times and Quality of Care:** By enabling EMS practitioners to operate across state lines, the Compact directly improves response times in emergencies. This cross-state mobility ensures that the nearest available and qualified EMS professional can respond, irrespective of state boundaries, leading to quicker interventions and potentially better patient outcomes.
4. **Facilitating Specialized Care:** In certain medical emergencies, specialized care may be required that is not available locally. The EMS Compact facilitates the movement of specialized EMS practitioners, ensuring that patients have access to the best possible care, regardless of where they are located. This is particularly important for patients with conditions that require immediate specialized intervention, such as trauma, cardiac emergencies, or stroke.
5. **Strengthening Response and Preparedness:** The Compact enhances the capacity of states to respond to mass casualty incidents. It provides a framework for the mobilization and deployment of EMS resources across state lines during widespread emergencies. This coordinated response is vital for ensuring that help is available where and when it's most needed.
6. **Enhancing Public Health Surveillance and Response:** The EMS Compact contributes to public health surveillance by facilitating the movement of EMS personnel across regions. This movement enables a broader collection of health data and insights, which can be crucial in identifying and responding to public health emergencies, such as epidemics or bioterrorism events.

The EMS Compact is a cornerstone in the national effort to improve health care access and quality, particularly in EMS. Its impact extends beyond simplifying administrative procedures – it is a critical tool in ensuring that every individual, irrespective of their location, has access to timely and high-quality emergency care. This is essential not only for individual patient outcomes but also for the broader public health and emergency preparedness of the nation.

Interstate Commission for EMS Personnel Practice Funding

The EMS Compact, while a critical initiative for enhancing EMS across the nation, is impacted by the historically flawed EMS funding mechanisms, and specifically the financial challenges impacting State EMS Office across the nation. State EMS offices are integral components of the national EMS ecosystem. However, they are currently contending with severe resource and budget constraints, combined with extremely high leadership attrition rates. These constraints not only impact the State's ability to support the Compact but also affect their broader capacity to manage and improve state-level EMS services. This situation is further compounded by the impacts of the COVID-19 pandemic, increasing demands for EMS services and the need for continuous education and upgradation of skills and equipment.

While the Commission has the legislative authority to impose fees on member states to support its operations, the Commission recognizes that many State EMS Offices are facing significant financial burdens. Therefore, the Commission has refrained from exercising this authority. This decision, while empathetic to the states' EMS Office financial struggles, limits the speed and impact of the Commission's impact, making it heavily dependent on alternative funding and grants.

Federal funding support for the EMS Compact would provide a more stable and suitable solution. Such funding is common for interstate compact initiatives with national impact and could significantly aid the EMS Compact in its mission to coordinate data, streamline processes, and improve access to emergency medical care.

National EMS Coordinated Database (NEMSCD)

In accordance with the EMS Compact legislation, the Commission is mandated to establish and maintain a National EMS Coordinated Database. This system is a landmark achievement in the history of modern EMS in the United States and represents a significant technological and administrative advancement, addressing several longstanding challenges in EMS workforce management and coordination. This national system provides new mechanisms for increasing access to health care while improving public health and safety, including:

1. **Synchronization of State EMS Licensure Data:** The NEMSCD effectively synchronizes licensure data from multiple states, creating a unified, national database. This synchronization is crucial, as it ensures that EMS practitioners' licensure information is consistent, up-to-date, and readily accessible across state lines. It is a critical tool for state EMS authorities and agencies to verify the credentials and licensure status of EMS personnel quickly and accurately.
2. **Deduplication of Practitioner Information:** A major feature of the NEMSCD is its ability to deduplicate EMS practitioner data. This process removes redundancies and errors, leading to a more accurate and reliable repository of EMS personnel information. The deduplication of data is particularly important for practitioners who are licensed in multiple states, ensuring their information is correctly represented and managed.
3. **Strategic Workforce Planning and Distribution:** The NEMSCD provides invaluable insights into the distribution and availability of EMS practitioners across the nation. This information is critical for strategic planning, especially in allocating resources to areas most in need, such as underserved rural or urban communities. It enables policymakers and EMS leaders to make informed decisions on workforce development, education needs, and deployment strategies.
4. **Ensuring Resilient EMS Services:** The NEMSCD plays a vital role in ensuring resilient EMS services across the United States. By having a comprehensive view of the EMS workforce, emergency response can be more adaptive and responsive to changing needs, such as during natural disasters, pandemics, or other mass casualty events. This adaptability is crucial for maintaining uninterrupted and efficient EMS services under varying circumstances.
5. **Facilitating Interstate Communication and Cooperation:** The database enhances interstate communication and cooperation among EMS agencies and professionals. By providing a platform for sharing licensure and certification information, it fosters a more collaborative environment, encouraging states to work together more effectively in managing and deploying EMS resources.
6. **Supporting Regulatory Compliance and Enforcement:** The NEMSCD aids in regulatory compliance and enforcement. By maintaining accurate and current licensure data, it helps ensure that EMS practitioners are practicing within the bounds of their licensure and qualifications, thereby upholding the standards and safety of emergency medical care.
7. **Data-Driven Policy Making and Research:** The availability of comprehensive EMS data opens avenues for data-driven policymaking and research. It provides a rich source of information for studying workforce trends, service delivery models, and other aspects of EMS that are crucial for continuous enhancements and innovation in the field.

The National EMS Coordinated Database is a dynamic tool that empowers decision-makers, enhances interstate collaboration, and plays a pivotal role in ensuring high-quality, resilient EMS services nationwide. Its creation marks a significant step forward in the modernization and standardization of EMS systems across the country.

Reducing Bureaucracy and Barriers

The EMS Compact's role in reducing bureaucracy and barriers in the field of EMS is a major advancement in streamlining EMS operations across the United States. The Compact's approach to standardization and harmonization of EMS education, certification, and state licensure has significant implications for the efficiency and effectiveness of EMS practitioners.

1. **Standardization of EMS Education and Certification:** By establishing uniform standards for EMS education and certification, the EMS Compact ensures that all EMS practitioners, irrespective of their state of origin, meet a consistent level of training and competency. This standardization is crucial for maintaining high-quality care and for the mutual recognition of EMS qualifications across member states. It eliminates the need for practitioners to undergo additional education or testing to work in different states, thereby reducing redundancy and expediting the process of cross-state practice.
2. **Harmonization of State Licensure:** The Compact harmonizes state licensure requirements, creating a more streamlined and efficient process for EMS practitioners seeking to practice in multiple states. This harmonization not only simplifies the licensure process but also reduces the administrative burden on both the practitioners and the state licensing authority. It allows for quicker mobilization of EMS personnel in response to emergencies, particularly in border areas or in states participating in the Compact.
3. **Facilitating Cross-State Mobility:** One of the most significant barriers in the EMS field has been the difficulty of cross-state practice due to varying state requirements. The EMS Compact addresses this by allowing licensed EMS practitioners to work in other Compact member states without the need for additional licensure. This mobility is a game-changer, especially in situations where rapid deployment of EMS resources is necessary.
4. **Reducing Administrative Overheads:** The streamlining of standards and processes significantly reduces the administrative overheads for EMS practitioners and state agencies. Practitioners spend less time navigating bureaucratic procedures and more time focusing on their critical role in patient care. For state agencies, it eases the burden of managing licensure applications and renewals, allowing them to allocate resources more efficiently.
5. **Enhancing Preparedness and Response:** By reducing bureaucratic barriers, the EMS Compact enhances overall preparedness and response. In events like natural disasters, pandemics, or large-scale accidents, the ability to quickly and seamlessly deploy qualified EMS practitioners across state lines is crucial. The Compact facilitates this rapid deployment, ensuring that responses are not hindered by procedural delays.
6. **Promoting a More Unified EMS System:** The Compact contributes to a more unified national EMS system. It fosters a sense of cohesion and standardization across state lines, which is vital for the integrated functioning of emergency medical services throughout the country. This unity is especially important in ensuring that wherever patients are in the Compact member states, they can expect a consistent level of EMS care.

Through reducing bureaucracy and barriers, the EMS Compact has significantly streamlined the process of EMS education, certification, and licensure. This has allowed EMS practitioners to serve more efficiently and effectively, improving the overall responsiveness and quality of emergency medical services across the nation.

Conclusion and Requests

As demonstrated, the EMS Compact is an integral part of the solution in enhancing the national EMS system. However, for it to realize its full potential, specific national policy reforms are urgently needed:

1. **Billing and Payment Reform:** It is essential that EMS services be recognized and billed as medical providers, not merely as a transportation benefit. This recognition will enable EMS services to receive appropriate compensation for the comprehensive care they provide, which is crucial for the sustainability and development of a robust EMS system.
2. **Strong Financial Foundation:** A strong financial foundation is critical for the continued development and effectiveness of the national EMS system. Support for diverse funding sources, including federal grants and private partnerships, is necessary to ensure the sustainability of initiatives like the EMS Compact.
3. **Support for the EMS Compact:** Continued support and expansion of the EMS Compact are vital. We urge the Committee to consider policies that facilitate the Compact's objectives, particularly in areas of cross-state practice and workforce mobilization.

Our office remains a committed resource and is ready to provide further information and support as the Committee deliberates on these policy options. The advancement of the EMS Compact is not only a testament to our collective ability to innovate in healthcare but also a crucial step towards ensuring accessible, resilient, and high-quality emergency medical care for all Americans.

Thank you for considering this testimony. We look forward to continued collaboration and meaningful dialogue on these critical issues.

Sincerely,



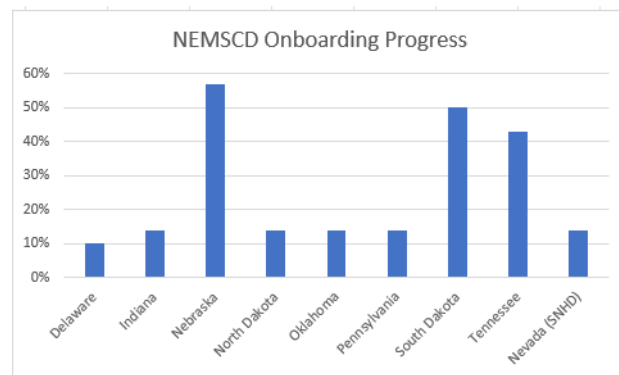
Donnie Woodyard, Jr.
Executive Director
Interstate Commission for EMS Personnel Practice



March 2024 NEMSCD Administrator Report

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

24 MEMBER STATES
259,761 COMPACT PROVIDERS IN DATABASE
325,000 TOTAL ESTIMATED COMPACT PROVIDERS



State EMS Discipline Posting

State EMS Office	Most Recent Discipline Update Date	Cases Updated Last Four Months
KANSAS	03/01/2024	9
LOUISIANA	02/20/2024	35
IDAHO	12/14/2023	1
TEXAS	12/11/2023	47
COLORADO	10/09/2023	19
UTAH	07/25/2023	0
GEORGIA	10/13/2021	6

Current NEMSCD Enhancement Projects	
EMS ID Primary Identifier	
National Registry Data Tab	
Seeking Software Solution/API	
	Delaware
	Indiana
	Oklahoma
	South Dakota

NEMSCD Fix Request to IT	
Provider w/ Double EMS ID #	

PUBLIC NOTICE OF ADMINISTRATIVE RULE MAKING

Interstate Commission for EMS Personnel Practice

Date of Issuance: March 28, 2024

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

Statement of Purpose of Proposed Rule Change:

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

Redline Proposed Changes to Rule 11.2 - Uniform Data Set:

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

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

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

Public Hearing and Meeting:

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

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

Participation Details: [Microsoft Teams](#)

Submission of Comments and Requests to Address the Commission:

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

Contact for Submissions:

- **Executive Director:** Donnie Woodyard, Jr
 - **Email:** donnie.woodyard [at] emscompact.gov
-

Additional Information:

This public notice represents the Commission's commitment to enhancing the EMS system's effectiveness. We value the contributions of all stakeholders in this important rule-making process.

End of Notice