

2024 Q4 MEETING

OCTOBER 16, 2024





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Q4 2024 Meeting Agenda

Location: Microsoft Teams
Date: October 16, 2024
Time: 3:00 p.m. (Eastern Time)

- I. Call to Order & Welcome - *Commissioner Kinney (IN), Chair*
 - a. Commissioner Roll Call - *Commissioner House (KS), Secretary*
 - b. Declare Quorum Present - *Kinney*
 - c. Introduce New Commissioners - *Kinney*
 - d. Adopt Business Agenda - *Kinney*

- II. Public Comments Regarding Matters Not on the Agenda - *Kinney*

- III. Special Presentations
 - a. Introduction to Patient Safety Organizations (PSOs) and EMS with the Center for Patient Safety - *Daniel P. Burke, MBA, NRP*
Director of Emergency Medical Services Safety, The Center for Patient Safety
 - b. Introduction to Waymo and Autonomous Vehicles
Peter Teliha, First Responder Ambassador - Emergency Response & Outreach

- IV. Reports
 - a. Chair's Report – *Kinney*
 - b. Treasurer's Report – *Commissioner Brad Vande Lunde (IA)*
 - c. Executive Director Report – *Woodyard*
 - d. Bylaws & Rules Committee, Report on Conceptual Rules – *Commissioner Joe Schmider (TX)*
 - e. Database Administrator Report – *Ray Mollers (NREMT)*

- V. Old Business
 - a. Action: Approve June 2024 (Q3) Meeting Minutes - *House*

- VI. New Business
 - a. Position Paper: Code of Conduct
 - b. Memo: Creation of Advisory Committees
 - c. Election of Officers
 - i. Chairperson
 - ii. Treasurer
 - iii. Member-At-Large

- VII. NGO / Stakeholder Partner Updates

- VIII. Adjourn Meeting

Meeting Norms:

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

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

*All times are approximate.

Commissioner Roll Call - October 16, 2024

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

Ex-Officio & Staff

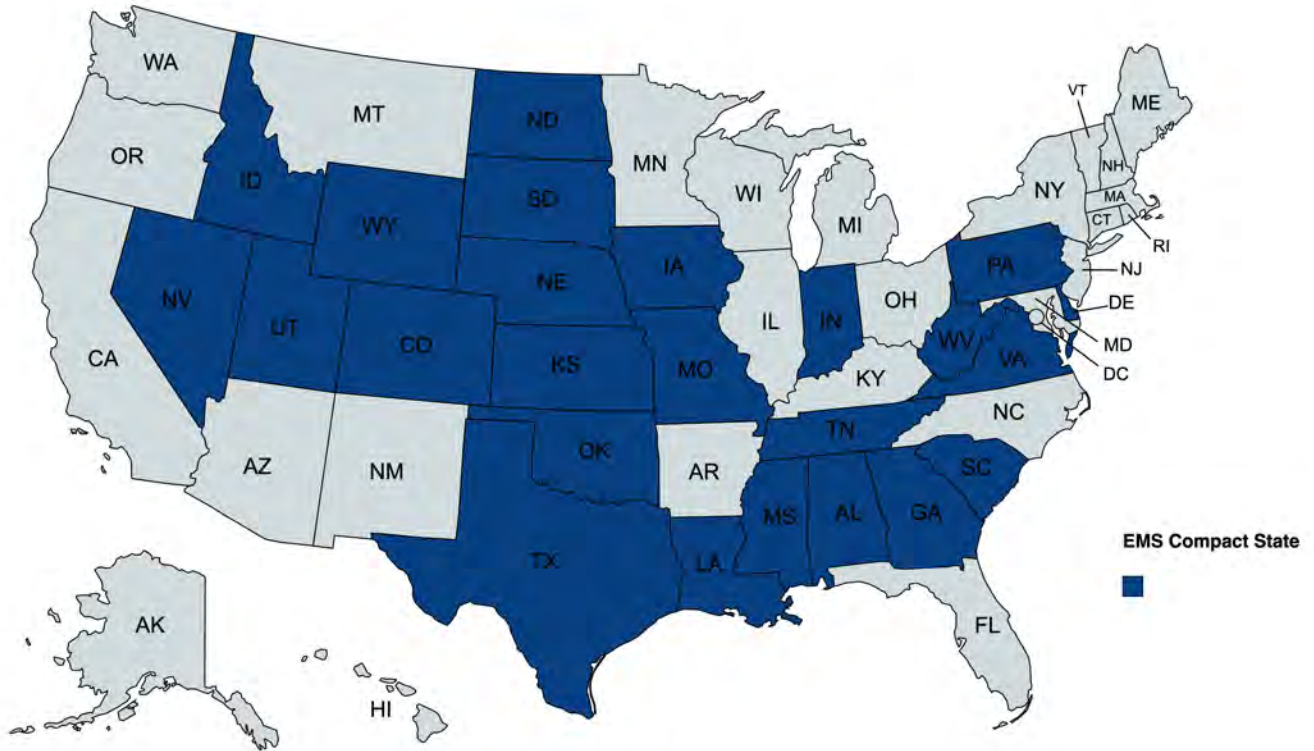
Role	Name	Present Absent
Executive Director	Donnie Woodyard, Jr	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Counsel	Doug Wolfberg, JD / Christie Mellott, JD Page, Wolfberg & Wirth	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Database Administrator	Ray Mollers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

Previous Balance	90643.97	7/1/2024
Debits	40,522.43	Debit - (7/1/2024 thru 9/30/2024)
<hr/>		
Subtotal	50,121.54	
Credits	40,000.00	NREMT
Current Balance	90,121.54	10/1/2024
Pending Debits	0.00	
Pending Credits	0.00	
Pending Balance	90,121.54	9/30/2024

Respectfully submitted,

Brad Vandelune,
 Iowa Commissioner | Treasurer

MAP: 2024 EMS Compact Member States



Interstate Commission for EMS Personnel Practice Meeting Summary**Date:** June 5, 2024**Time:** 4:30 PM Eastern**Location:** Microsoft Teams**I. Call to Order & Welcome**

- **Chair:** Commissioner Kraig Kinney (IN)

The meeting of the Interstate Commission for EMS Personnel Practice was convened on June 5, 2024, at 4:30 p.m. Eastern Time via Microsoft Teams. Chairperson Kinney presided over the meeting, welcomed all attendees, and outlined the meeting protocol.

II. Roll Call

- **Secretary:** Commissioner Joseph House (KS)
Secretary House conducted a roll call, confirming a quorum was present.

III. Public Comments Regarding Matters Not on the Agenda

- **Chair:** Commissioner Kinney
No public comments were received or presented during this segment.

IV. Old Business

- **Action:** Review of May 2024 (Q2) Meeting Minutes – Commissioner House (KS)
Commissioner House moved to approve the May 2024 (Q2) meeting minutes. Commissioner Brad VandeLune (IA) seconded the motion.
 - **Vote:** The minutes were unanimously approved.

V. Administrative Rules Hearing

- **Chair:** Commissioner Kinney
 - Review of Proposed Administrative Rules**
Commissioner Schmider (TX) presented the proposed bylaw changes, including collecting additional data elements from each state such as phone numbers and email addresses, which had been collected informally but were not officially required.
 - Public Comment on Proposed Change**
No public comments were received regarding the rule change.
 - Vote**
Commissioner Joseph House (KS) made a motion to approve the proposed administrative rule changes. Commissioner Brad VandeLune (IA) seconded the motion.
 - **Vote:** The Commission voted unanimously to approve the proposed administrative rule changes.

VI. Public Comment

No additional public comments were received during this segment.

XI. Adjournment

Commissioner Joseph House (KS) made a motion to adjourn the meeting. Commissioner Brad VandeLune (IA) seconded the motion.

- **Vote:** The motion was unanimously approved.
- **Adjournment Time:** The meeting was adjourned.

Commissioner Roll Call - JUNE 5, 2024

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

Ex-Officio & Staff

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

Executive Director's Report: Q4 2024

Dear Commissioners and Stakeholders,

It is my pleasure to present a summary Quarterly Report for the Interstate Commission for EMS Personnel Practice, covering activities from July to October 2024. This quarter has seen continued growth in legislative support, strategic partnerships, and critical updates to the EMS Compact's resources. Our team's efforts to enhance mobility and the operational framework for EMS clinicians across state lines remain at the forefront of our mission.

Key Updates:

1. Legislative Advocacy and Engagement:

- **Technical Assistance for REPLICA Legislation:** We continue to provide technical assistance to states considering REPLICA legislation, ensuring they are equipped with the resources and guidance needed to move forward with adopting the EMS Compact.

2. Educational Sessions and Stakeholder Engagement:

- **October 10, 2024, Educational Session:** On October 10, we hosted an educational session for government officials on the EMS Compact. The session had over 160 registrants, offering a comprehensive overview of the Compact's benefits and answering key questions from attendees.
- **Learning Session at the National Registry of EMTs:** I conducted a learning session for new state EMS directors at the National Registry of EMTs state director orientation conference in Columbus, Ohio, providing crucial insights into Compact operations and EMS mobility.
- **NEMSAC and FICEMS Presentations:** Presented updates and education sessions for the National EMS Advisory Committee (NEMSAC) and the Federal Interagency Committee on EMS (FICEMS), both in-person in Washington, DC, and virtually. Continuing efforts to ensure our role as the governmental body responsible for interstate practice of EMS in the United States is known, understood, and properly represented in decision making.
- **National Fire Academy Annual Summit:** Represented the EMS Compact at the National Fire Academy's Annual Summit in Emmitsburg, DC, where I also provided informal updates on the Compact to senior officials with the National Fire Administration, and numerous stakeholders.

3. Commissioner Appointments & Onboarding Support:

- **Oklahoma:** Dr. Wyatt Hockmeyer was appointed as Oklahoma's Commissioner, bringing his extensive experience to support EMS Compact efforts.
- **South Dakota:** Whitney Burrows was appointed as South Dakota's Commissioner, marking a unified licensure process for EMS personnel within the state.

4. Strategic Partnerships and Collaboration:

- **Monthly Coordination Meetings:** I participate in monthly coordination meetings with Licensure Compact executive directors, focusing on aligning goals and initiatives across compacts.



- **Data Vendor Collaboration:** Collaborated with data vendors and the National Registry of EMTs (NREMT) on future needs for data exchange, APIs, and integration with the National EMS Coordinated Database (NEMSCD).
- **NEMSCD and NPBD Support:** Provided extensive technical assistance to State EMS Offices, particularly in the areas of NEMSCD integration, NPBD reporting compliance, and new state official onboarding.

5. Key Conferences and Public Outreach:

- **Pinnacle EMS Conference and Joint National EMS Leadership Forum:** Represented the EMS Compact at both the Pinnacle EMS Conference and multiple Joint National EMS Leadership Forum meetings, engaging with stakeholders to promote Compact initiatives.
- **EMS World Expo:** Represented the Compact at the EMS World Expo, interacting with numerous stakeholders and attending both official and ad hoc meetings to strengthen our partnerships and expand Compact awareness.
- **Registry Insider Podcast:** In September 2024, the Compact was featured on the *Registry Insider Podcast*, discussing the transformative role of the EMS Compact in enhancing EMS workforce mobility across state lines.
- **EMS P.O.D. Podcast:** Joined the *EMS P.O.D.* podcast in August, with Commissioner Kinney, where we discussed the operational and strategic benefits of the EMS Compact in addressing workforce challenges.

6. Workgroup and Committee Support:

- **Workgroups and Committee Engagement:** Continued to support the work of the Data Protection Workgroup, Code of Conduct Workgroup, and the Bylaws & Rules Committee. These groups are critical to establishing standards that protect EMS practitioners and ensure a consistent and transparent regulatory framework.
- **Occupational Licensure Compacts Summary:** Created a comprehensive summary of Occupational Licensure Compacts, aligning the EMS Compact with the 17 existing occupational licensure compacts in the United States.

7. Website Enhancements:

- **New NPDB Discipline Resource:** Added a new section to the EMS Compact website that provides EMS specific resources related to National Practitioner Data Bank (NPDB) discipline.
- **Complaint & Compliance Form:** A new complaint and compliance submission form was added to the EMS Compact Commission's website, allowing EMS clinicians to report compliance issues or concerns related to the Compact.



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Conclusion:

The third quarter of 2024 was extremely productive, and the Commission remains committed to advancing the mission of the EMS Compact and enhancing mobility for EMS clinicians nationwide. The continued support from our commissioners and stakeholders has been instrumental in our success, and we look forward to building upon these accomplishments in the months ahead.

Thank you for your unwavering dedication to the EMS Compact and the broader EMS community.

Sincerely,



Donnie Woodyard, Jr.
Executive Director



October 2024 NEMSCD Administrator Report

24 **273,431** **325,000**

MEMBER STATES COMPACT PROVIDERS TOTAL ESTIMATED
IN DATABASE IN DATABASE COMPACT PROVIDERS

State EMS Onboarding

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

Last Meeting/Coordination

South Dakota	9/24/2024	Waiting on New System Implementation
Delaware BLS	9/16/2024	Retrieving EMS ID in PROD.
Nebraska	9/4/2024	Commissioner Stated unable to comply
Tennessee	8/20/2024	TN Vendor to retry sending data to QA
North Dakota	6/26/2024	ND Vendor setting up to send initial data to QA
Delaware ALS	5/14/2024	Pending EMS ID Primary Project
Pennsylvania	4/26/2024	Waiting Acadis; Presentation on 8/22
Indiana	4/25/2024	Waiting Acadis; Presentation on 8/23
Oklahoma		Nothing to update.

State EMS Discipline Posting

State EMS Office	Most Recent Discipline Created Date	Cases Created Last Four Months	Most Recent Discipline Update Date
LOUISIANA	09/30/2024	32	09/24/2024
TEXAS	09/12/2024	13	05/20/2024
IOWA	09/03/2024	4	
IDAHO	07/22/2024	1	12/14/2023
WYOMING	06/20/2024	1	
KANSAS	06/07/2024	1	03/01/2024
UTAH	06/06/2024	34	06/06/2024
COLORADO	05/29/2024	0	10/09/2023
MISSISSIPPI	04/17/2024	0	
GEORGIA	12/13/2023	0	10/13/2021
SOUTH CAROLINA	10/12/2022	0	
MISSOURI	01/14/2022	0	
ALABAMA		0	

Current NEMSCD Projects

EMS ID Primary Identifier	Project Approved, Scheduled Q4 2024
NREMT# / EMS ID#	Waiting approval, Anticipated Q4 2024
National Registry Data Tab	Waiting approval, Anticipated Q4 2024
Report Functionality	Waiting approval, Anticipated Q4 2024

Draft Position Paper 2024-02 Privilege to Practice Code of Conduct

*This position paper will be considered for approval and adoption
by the Commission on October 16, 2034.*

Medical professions adopt codes of conduct to reinforce expectations, establish, and maintain professional standards of behavior and ethical conduct. These codes serve as guidelines that outline the expected conduct, responsibilities, and ethical principles that healthcare professionals should adhere to in their practice. The Hippocratic Oath, which is one of the oldest and most well-known codes of conduct in healthcare, has been a guiding principle for physicians for centuries. Its emphasis on ethical principles such as confidentiality, honesty, and respect for patients has influenced the development of modern codes of conduct for healthcare professionals.

The EMS Compact is comprised of individually licensed EMS practitioners with a Privilege to Practice in multiple Member States, creating a need for a unified Code of Conduct that is adopted and implemented by all states and jurisdictions licensing EMS personnel. Codes of conduct help in ensuring high standards of behavior and ethical conduct in the field and they serve as a critical tool in maintaining public trust in the profession. Therefore, the EMS Compact is calling upon State Licensing authorities to adopt a Uniform EMS Code of Conduct.

To assist with this, the following Uniform EMS Code of Conduct is being offered:

Uniform Code of Conduct

As a professional EMS Practitioner, I commit to upholding the following code of conduct:

- Promote professionalism and provide competent emergency medical care to all people.
- Use my professional knowledge and skills to promote health, alleviate suffering, and do no harm.
- Treat all patients with respect, compassion, and dignity regardless of nationality, race, creed, color, age, gender, disability, religion, or socioeconomic status.
- Assume responsibility to uphold professional standards and education, striving to provide competent medical care to every patient that I encounter.
- Advocate for patients that lack medical decision-making capacity and ensure equal access to medical services.
- Act responsibly, ethically, and lawfully within my training, knowledge, and scope of practice to enhance the reputation of the profession.
- Work cooperatively with other healthcare professionals in the best interests of our patients, and act in a responsible and professional manner that does not discredit or dishonor other health care practitioners.
- Act with honesty by being objective, truthful, and complete. I will include all relevant information in data collection and reporting, statements, applications, and testimony, and acknowledge errors and will not distort or alter facts.
- Respect every person's right to privacy by maintaining confidentiality of my patient's condition and history to those only in the medical field with an immediate need-to-know.
- Exercise a level of care and judgment consistent with my level of licensure, certification, and training.
- Abide by all applicable state and federal laws, rules, regulations, and permits.

Furthermore, I understand that as an EMS Practitioner licensed in a Member State or utilizing a Privilege to Practice:

- It is my professional responsibility and obligation to read, understand, and comply with all state statutes and regulations related to the provision of Emergency Medical Services in the relevant jurisdiction(s).
- I can only function as an EMS Practitioner if my license is current, and I have authorization from an EMS Agency Medical Director.
- Maintaining my license, tracking my expiration date, and continuing my education is my individual responsibility.

As an EMS Practitioner, I acknowledge and understand that:

- The State may review and request further information for consideration about any violation of any state or federal law, rules, regulations including but not limited to violations that have been dismissed, deferred, or sealed when determining my fitness to practice as an EMS Practitioner.
- Failure to follow this code of conduct provides just cause for disciplinary action by the Department.
- Sanctions or discipline imposed on my license will be a public record and final dispositions will be reported to the National Practitioner Data Bank, the Interstate Commission for EMS Personnel Practice, and the National Registry of Emergency Medical Technicians.



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

To: Commission, via Executive Committee, Interstate Commission for EMS Personnel Practice
From: Donnie Woodyard, Executive Director
Date: 16 SEPT 2024
Subject: Proposal for the Establishment of Two Advisory Committees to the Commission

Overview:

In accordance with the authority granted by Section 10.11 of the Interstate Commission for EMS Personnel Practice model legislation, I am recommending the creation of two advisory committees. The first is a "Stakeholder Advisory Committee", and the second is a "Federal Advisory Committee". These committees will strengthen collaboration, provide valuable expertise, and enhance the Commission's mission to improve interstate EMS personnel practice.

Legislative Authority:

Section 10.11 of the model legislation states that the Commission is authorized "to appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws."

Under this authority, I recommend the Commission create the following:

1. Stakeholder Advisory Committee:

This advisory committee will consist of representatives from key non-government organizations and stakeholders in the EMS field. The official membership will be determined by the Chair, with requests for one representative from, at minimum, each of the following non-governmental organizations and EMS associations:

- American Ambulance Association (AAA)
- American College of Emergency Physicians (ACEP)
- International Association of EMS Chiefs (IAEMSC)
- International Association of Fire Chiefs (IAFC)
- International Association of Firefighters (IAFF)
- National Association of EMTs (NAEMT)
- National Association of EMS Educators (NAEMSE)
- National EMS Management Association (NEMSMA)
- National Governors Association (NGA)
- National Council of State Legislators (NCSL)
- National Registry of EMTs (NREMT)
- National Volunteer Fire Council (NVFC)
- Commission on Accreditation of Medical Transport Systems (CAMTS)
- Association of Air Medical Services (AAMS)
- National Association of State EMS Officials (NASEMSO)

This committee will meet no less than twice annually, with virtual meetings to ensure participation. It will be chaired by a Commissioner, and I recommend that this Commissioner also be a member of the Executive Committee to maintain alignment with the Commission's goals.



2. Federal Advisory Committee:

The second advisory committee will consist exclusively of federal government officials and will also meet twice annually. The proposed membership will be determined by the Chair, with requests for one representative from, at minimum, each of the following federal agencies:

- Department of Transportation (DOT)
- National Highway Traffic Safety Administration (NHTSA) Office of EMS
- U.S. Department of Homeland Security (DHS) EMS Division
- U.S. Forest Service
- U.S. Fire Administration
- U.S. Secret Service
- U.S. Department of Defense (DoD)
- U.S. Department of the Interior, Bureau of Land Management (BLM)
- Veterans Health Administration (VHA)
- Federal Emergency Management Agency (FEMA)
- National Security Council (NSC)
- Department of Health and Human Services (HHS)
- Cybersecurity and Infrastructure Security Agency (CISA)
- Health Resources and Services Administration (HRSA)

This Federal Advisory Committee will facilitate strong intergovernmental collaboration and allow the Commission to engage directly with federal agencies on matters related to EMS personnel practice, public safety, national security, and public health.

Purpose and Benefits:

The creation of both committees will provide significant value by:

1. **Enhancing Collaboration** – Ensuring a forum for both stakeholders and federal agencies to collaborate on EMS personnel practice across state lines.
2. **Engaging Stakeholders** – Formalizing channels for non-government organizations and federal agencies to provide expertise and insights, while concurrently ensuring accurate, primary source information about the EMS Compact is shared with each partner agency.
3. **Supporting Strategic Decision-Making** – Offering the Commission guidance on emerging trends, regulatory challenges, and national security issues that impact EMS personnel.

Recommendation:

I recommend that the Commission approve the establishment of both the Stakeholder and Non-Government Organization Advisory Committee and the Federal Advisory Committee. These committees will improve transparency and collaboration, and help the Commission maintain its leadership in improving EMS personnel practice and foster greater collaboration across all levels of EMS.



2025 Commission Meeting Schedule

Adopted by the Executive Committee.

FULL COMMISSION

Date	Time (ET)	Format
Q1 - 2/19/2025	3PM - 5PM	Virtual
Q2 - 5/13/2025	3PM - 5PM	In Person, Grand Rapids, MI
Q3 - 8/20/2025	3PM - 5PM	Virtual
Q4 - 11/5/2025 (Elections)	3PM - 5PM	Virtual



Timeline & Key Dates

2013	January & March	National Advisory Panel Meetings
	June, August & October	Drafting Team
2014		Model Legislation
2017	May 8	Georgia - as the 10 th state - enacted REPLICA legislation, triggering the EFFECTIVE date of EMS Compact.
	October 7	Inaugural meeting of the Interstate Commission for EMS Personnel Practice.
2020	March 15	EMS Compact fully ACTIVATED including the Privilege to Practice. This activation date triggered the five (5) year compliance clock on biometric background checks.
2025	March 15	All Members States shall be in compliance with FBI biometric background checks as a prerequisite for the issuance of initial state EMS licenses for EMT, Paramedic and levels between EMT & Paramedic.
		States enacting the REPLICA legislation after this date are required to have biometric background checks implemented prior to acceptance into the EMS Compact.



RECENT PRESS RELEASES

Whitney Burrows Appointed as South Dakota's New Commissioner for the Interstate Commission for EMS Personnel Practice

WASHINGTON, July 15, 2024 - The Interstate Commission for EMS Personnel Practice is pleased to announce the appointment of Whitney Burrows as the new Commissioner for South Dakota, effective July 11, 2024. Commissioner Burrows brings extensive experience and dedication to the role, serving currently as a Management Analyst with the South Dakota Board of Medical & Osteopathic Examiners.

This appointment follows the enactment of Senate Bill 64, signed by the Governor on March 18, 2024, and effective from July 1, 2024. The bill transferred the licensure of Emergency Medical Technicians (EMTs) from the South Dakota Department of Health to the South Dakota Board of Medical & Osteopathic Examiners, which has previously overseen the licensure of Paramedics in the state.

The Commission would like to extend its gratitude to Commissioner Marty Link, EMS Director at the South Dakota Department of Health, for his dedicated service from March 28, 2022, to July 11, 2024. Commissioner Link's contributions have been invaluable, and his commitment to the EMS community is deeply appreciated.

Commissioner Burrows' appointment underscores South Dakota's commitment to excellence in emergency medical services and represents a unified licensure process for all EMS personnel in the state. The Commission looks forward to collaborating closely with Commissioner Burrows to further enhance the quality and effectiveness of EMS operations.



PRESS RELEASE

Dr. Wyatt Hockmeyer Appointed as Oklahoma’s Commissioner for the Interstate Commission for EMS Personnel Practice

WASHINGTON, July 25, 2024 - The Interstate Commission for EMS Personnel Practice is pleased to announce the appointment of Dr. Wyatt Hockmeyer as the new Commissioner for the State of Oklahoma effective immediately. Commissioner Hockmeyer brings over 15 years of leadership experience across multiple industries to the role, including serving as the president & CEO of a hospital during the pandemic.

Dr. Hockmeyer assumed the role of EMS & Trauma Manager with the Oklahoma State Department of Health in June of 2024. His diverse and extensive educational background includes a Doctorate of Management in Organizational Leadership, a Master of Science in Clinical Service Operations, a Master of Education in Adult Education, a Master of Science in Accountancy, and a Bachelor of Arts in Philosophy. Additionally, he holds post-graduate certificates in Strategic Management and Safety, Quality, Informatics, and Leadership. His professional certifications include Lean Six Sigma Black Belt, Project Management Professional (PMP), Agile Certified Practitioner (PMI-ACP), Certified Change Management Professional (CCMP), and Fellow of the American College of Healthcare Executives (FACHE).

“Dr. Hockmeyer’s extensive experience in healthcare leadership and dedication to improving emergency medical services make him an excellent addition to the Commission,” said Donnie Woodyard, Jr., Executive Director of the EMS Compact. “We are confident that his leadership will significantly contribute to the advancement of the EMS Compact and EMS operations in Oklahoma.”

Commissioner Hockmeyer’s appointment underscores Oklahoma’s commitment to excellence in emergency medical services. The Commission looks forward to collaborating closely with Commissioner Hockmeyer to further enhance the quality and effectiveness of EMS operations in Oklahoma.



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About the Interstate Commission for EMS Personnel Practice

The Interstate Commission for EMS Personnel Practice, established under the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) legislation, is the governing body responsible for overseeing the operations of the EMS Compact. Comprised of appointed Commissioners from each member state, the Commission ensures compliance with the Compact’s provisions, manages its operations, and resolves interstate disputes. ICMSPP focuses on cross-border EMS activities, maintains a national database of EMS personnel, and upholds uniform practices across member states to enhance EMS care and public safety. Currently coordinating efforts in 24 states and overseeing nearly 400,000 EMS personnel, the Commission sets standards and regulations, promotes the profession, and ensures public protection. Interstate Compacts represent the gold standard for multistate professional licensure, facilitating seamless and efficient EMS practice across state lines.

PRESS RELEASE

The EMS P.O.D.: Getting Questions Answered about the EMS Compact

WASHINGTON, 2 AUG 2024 - In a recent episode of the popular podcast "EMS P.O.D.," hosted by Chief Douglas Randell and produced by the Journal of Emergency Medical Services, Commissioner Kraig Kinney, Chair of the Commission from Indiana, and Donnie Woodyard, Jr., Executive Director of ICEMSPP, joined Chief Randell to discuss critical topics related to the EMS Compact.

The EMS Compact, a pivotal initiative aimed at unifying EMS personnel licensure and enhancing the mobility of EMS personnel across state lines, was the central theme of the episode. With the growing need for a flexible workforce, the EMS Compact has become a vital tool for states to ensure rapid response and efficient patient care.

Key Highlights from the Discussion

1. Understanding the EMS Compact: Commissioner Kraig Kinney provided an overview of the EMS Compact, explaining its purpose, benefits, and the process of implementation. He emphasized how the Compact facilitates the interstate practice of EMS personnel, allowing them to provide services across state lines without the need for multiple licenses. This is particularly crucial in times of large-scale emergencies and natural disasters.

2. Enhancing Workforce Mobility: Donnie Woodyard, Jr., shed light on the operational aspects of the Compact, highlighting how it addresses the challenges faced by EMS personnel in different states. He discussed the importance of having a standardized framework that supports the seamless movement of EMS professionals, thus ensuring that qualified personnel are available wherever they are needed most. Woodyard also noted that there are currently 17 occupational licensing compacts, which have become the gold standard for professional licensing and interstate mobility. He emphasized that it is crucial for EMS to continue embracing the Compact to ensure that EMS professionals in every state have the same professional recognition and mobility as their colleagues in other health professions.

3. The Role of Technology: The guests also touched upon the role of technology in supporting the EMS Compact. With advancements in digital tools and platforms, the process of verifying credentials and facilitating cross-state practice has become more efficient. Woodyard noted that leveraging technology is key to maintaining the integrity and effectiveness of the Compact.

4. Real-World Impact: Chief Douglas Randell engaged the guests in a discussion about real-world scenarios where the EMS Compact has made a significant difference. Kinney and Woodyard shared success stories from various states, illustrating how the Compact has enabled timely and coordinated responses to emergencies, ultimately saving lives and improving patient outcomes.

5. Future Prospects: Looking ahead, Kinney and Woodyard expressed optimism about the future of the EMS Compact. They discussed ongoing efforts to expand the number of participating states and to further streamline the processes involved. The goal is to create a robust, nationwide system that supports the mobility and effectiveness of EMS personnel across the country.



The episode of "EMS P.O.D." featuring Commissioner Kraig Kinney and Executive Director Donnie Woodyard, Jr., provided valuable insights into the EMS Compact and its impact on emergency medical services. As the EMS landscape continues to evolve, initiatives like the Compact are essential in ensuring that EMS professionals can deliver high-quality care, regardless of geographical boundaries. For those interested in learning more about the EMS Compact and the work of the Interstate Commission for EMS Personnel Practice, the full podcast episode is available for streaming on the JEMS website (<https://www.jems.com/podcasts/the-ems-pod-getting-questioned-answered-about-the-ems-compact/>) or on your favorite podcast player.

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PRESS RELEASE

EMS COMPACT FEATURED ON *REGISTRY INSIDER* PODCAST

Donnie Woodyard, Executive Director of the EMS Compact, Shares Insights on the Future of EMS Mobility Across State Lines

WASHINGTON, 17 SEPT 2024 – The EMS Compact is proud to announce that Donnie Woodyard, Executive Director of the EMS Compact, was featured on a recent episode of the *Registry Insider* podcast, hosted by Bill Seifarth, Executive Director of the National Registry of Emergency Medical Technicians (NREMT). In this engaging discussion, Woodyard explores the transformative impact of the EMS Compact on interstate licensure for Emergency Medical Services professionals.

In episode 16 of the *Registry Insider*, titled “*Understanding The Purpose and Importance of the EMS Compact*”, Woodyard explains how the EMS Compact allows for the seamless recognition of EMS licenses across state lines, providing clinicians with greater mobility and enhancing response times in both emergency and non-emergency situations. This groundbreaking framework is designed to address the growing need for flexibility and interoperability in EMS, particularly in the face of evolving healthcare and disaster response challenges.

“We believe the EMS Compact represents the future of EMS licensure in the U.S.,” Woodyard stated during the interview. “The Compact not only protects the public by ensuring qualified clinicians are available where they are needed, but it also facilitates a more agile and responsive EMS workforce.”

The podcast episode highlights the close partnership between the EMS Compact and the NREMT, a relationship that has been instrumental in advancing the Compact’s mission to streamline EMS licensure processes nationwide.

Interstate compacts, like the EMS Compact, are becoming the new gold standard for occupational and professional licensure across the United States. In today’s mobile workforce, the ability to work across state lines is critical to both the professionals and the communities they serve. US residents and visitors expect uniformity in professional standards regardless of location, and licensure compacts, such as the EMS Compact, not only enhance workforce mobility but also unify standards and requirements to ensure consistent, high-quality services nationwide. Currently, there are 17 occupational licensure compacts in the United States. It is essential for the EMS profession to adopt the EMS Compact nationally to ensure the EMS workforce is not disadvantaged when compared to our peers in nursing, physical therapy, occupational therapy, and physicians.

“We are grateful for the strong relationship and ongoing collaboration with the NREMT,” Woodyard noted. “Their support has been crucial in achieving the level of success we have seen so far, and we look forward to continued progress as more states join the Compact.”



As the EMS Compact continues to expand, it is poised to play a key role in shaping the future of EMS in the U.S. With an ambitious vision for nationwide adoption, the Compact aims to ensure that EMS clinicians have the ability to provide care wherever they are needed most.

To listen to the full interview, visit: [Registry Insider Podcast - Ep.16 Understanding The Purpose and Importance of the EMS Compact](#).

For more information about the EMS Compact and its impact on EMS licensure, visit www.emscompact.gov.

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PRESS RELEASE

Interstate Commission for EMS Personnel Practice Announces 2025 Meeting Dates

WASHINGTON, 5 SEPT 2024 - The Interstate Commission for EMS Personnel Practice today announced its approved meeting schedule for the 2025 calendar year, following approval by the Executive Committee. Both the Executive Committee and the Full Commission will meet regularly throughout the year, with sessions held virtually and one Full Commission meeting in person.

EXECUTIVE COMMITTEE

Date	Time (ET)	Format
1/8/2025	3PM - 4PM	Virtual
2/12/2025	3PM - 4PM	Virtual
3/12/2025	3PM - 4PM	Virtual
4/2/2025	3PM - 4PM	Virtual
5/7/2025	3PM - 4PM	Virtual
6/4/2025	3PM - 4PM	Virtual
7/9/2025	3PM - 4PM	Virtual
8/13/2025	3PM - 4PM	Virtual
9/10/2025	3PM - 4PM	Virtual
10/8/2025	3PM - 4PM	Virtual
11/5/2025	2PM - 3PM	Virtual
12/10/2025	3PM - 4PM	Virtual

FULL COMMISSION

Date	Time (ET)	Format
Q1 - 2/19/2025	3PM - 5PM	Virtual
Q2 - 5/13/2025	3PM - 5PM	In Person, Grand Rapids, MI
Q3 - 8/20/2025	3PM - 5PM	Virtual
Q4 - 11/5/2025 (Elections)	3PM - 5PM	Virtual

PRESS RELEASE

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Commissioner Appointment Memo Template

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

FROM: Governor, Cabinet Secretary or Signature Authority Delegee

Subject: Notification of Commissioner Appointment Memo

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

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

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

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

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

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



Example Privilege to Practice Scenarios

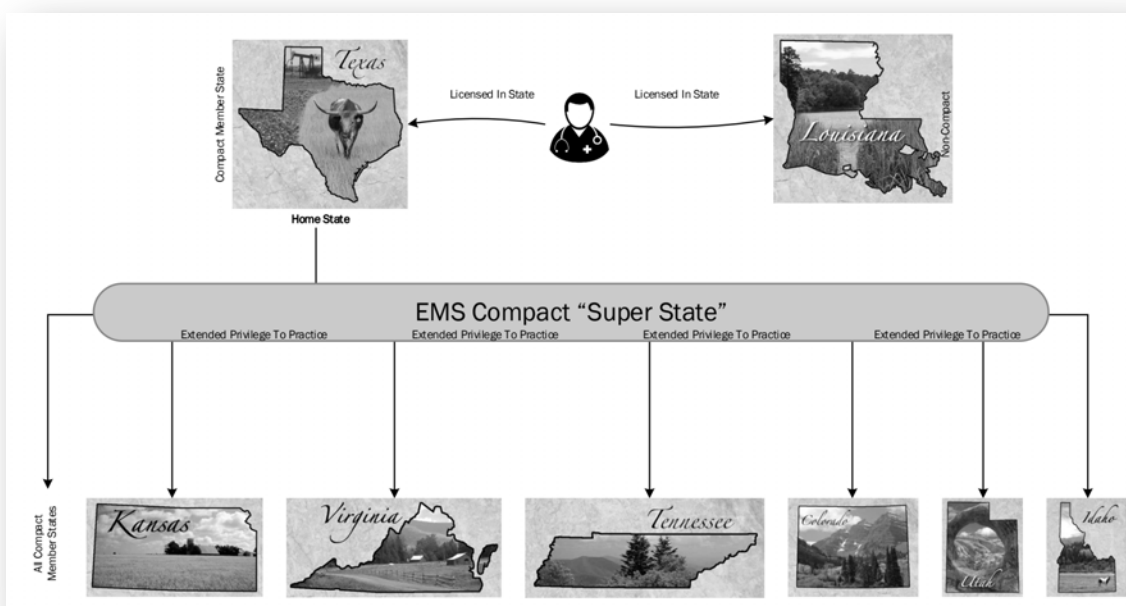
Introduction & Background

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

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

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

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



(Above image from the 2016 Scenarios)



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

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



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

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



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



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

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

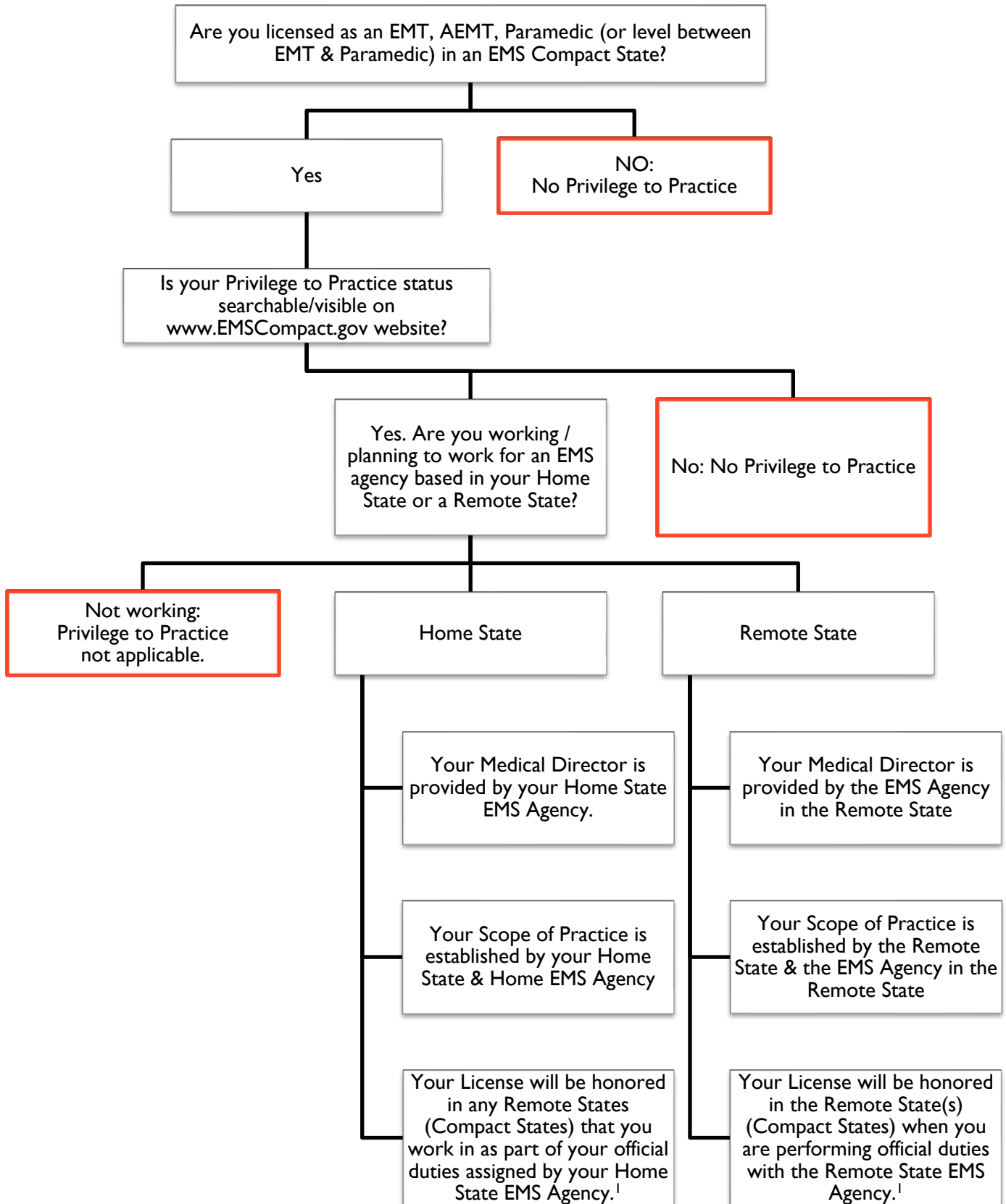


INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

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



Privilege to Practice Flowchart



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



Executive Committee Service Dates

Chairperson

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

Vice Chairperson

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

Treasurer

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

Secretary

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

Commissioner-At-Large

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

REPLICA[®]

Recognition of EMS Personnel Licensure Interstate CompAct

Model Legislation

As Enacted In:

State	Reference	Effective Date
Alabama	AL Code § 22-18-50 (2022)	May 17, 2017
Colorado	CO Rev Stat § 24-60-3502 (2017)	May 8, 2015
Delaware	16 DE Code § 98A-100 (2017)	September 15, 2017
Georgia	O.C.G.A. Title 38, Ch. 3, Art. 4	May 8, 2017
Idaho	ID Code § 56-1013B (2018)	March 16, 2016
Indiana	IN Code § 16-31.5 (2021)	March 11, 2020
Iowa	IA Code § 147D.1 (2020)	March 11, 2020
Kansas	KS Stat § 65-6158 (2021)	March 31, 2016
Louisiana	LA Rev Stat § 40:1141 (2020)	July 1, 2021
Mississippi	MS Code § 41-59-101 (2018)	March 20, 2017
Missouri	MO Rev Stat § 190.900 (2019)	July 9, 2018
Nebraska	NE Code § 38-3801 (2018)	March 20, 2017
Nevada	Nev. Rev. Stat. § 450B	October 1, 2023
North Dakota	ND Century Code § 23-27.1 (2018)	April 1, 2019
Oklahoma	OK Title 63 Section 1-2205	November 1, 2023
Pennsylvania	Pa. Act 35 of 2022	July 7, 2022
South Carolina	SC Code § 44-61-710 (2018)	May 18, 2017
South Dakota	SD Codified L § 34-11C-1 (2022)	March 25, 2021
Tennessee	TN Code § 68-140-602 (2019)	April 19, 2016
Texas	TX Health & Safety Code § 778A.001 (2021)	September 1, 2015
Utah	Utah Code § 53-2e-101 (2017, rev. 2024)	March 21, 2016
Virginia	VA Code § 32.1-371 (2020)	March 1, 2016
West Virginia	WV Code § 16-60-1 (2020)	March 5, 2020
Wyoming	WY Stat § 33-36-201 (2022)	March 21, 2016

REPLICA[®]

Recognition of EMS Personnel Licensure Interstate CompAct

MODEL LEGISLATION

SECTION 1. PURPOSE

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

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

SECTION 2. DEFINITIONS

In this compact:

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



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

SECTION 3. HOME STATE LICENSURE

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

SECTION 4. COMPACT PRIVILEGE TO PRACTICE

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



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

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

SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

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

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

SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

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

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

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

SECTION 8. ADVERSE ACTIONS

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



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

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

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

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

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

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



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



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



SECTION 11. COORDINATED DATABASE

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

SECTION 12. RULEMAKING

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



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

SECTION 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

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



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

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

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

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

SECTION 15. CONSTRUCTION AND SEVERABILITY

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

ADMINISTRATIVE RULES

ADOPTED BY THE COMMISSION: JUNE 5, 2024

EFFECTIVE: JUNE 5, 2024

SECTION 1. Purpose and Authority

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

SECTION 2. Definitions

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

- 2.0 **“Adverse Action”** means: any administrative, civil, equitable or criminal action permitted by a state’s laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual’s license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual’s practice, letters of reprimand or admonition, fines, criminal convictions and state court judgments enforcing adverse actions by the state EMS authority.
- 2.1 **“Commission”** means: the national administrative body of which all states that have enacted the Compact are members.
- 2.2 **“Commissioner”** means: the appointed delegate from each state as described in Section 10.B.1. of the Compact.
- 2.3 **“Compact”**, hereinafter **“the Compact”** means: The Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA) as enacted by a Member State.
- 2.4 **“Compact Data Participation Agreement”** means: the agreement established between the Commission and the Coordinated Database Administrator.
- 2.5 **“Conditions of Practice”** means: the circumstances under which an individual is authorized to practice in a remote state under a privilege to practice.
- 2.6 **“Coordinated Database”** means: the information system established and maintained by the Commission as set forth in the compact.
- 2.7 **“Coordinated Database Administrator”** means: the contractor, person or employee named by the Commission to provide oversight and management of the coordinated database.
- 2.8 **“EMS Agency”** means: an organization that is authorized by a state EMS authority to operate an ambulance service, or non-transport service.



- 2.9 “**License**” means: the authorization by a state for an individual to practice as an EMT, AEMT, Paramedic, or a level in between EMT and Paramedic.
- 2.10 “**Member State**” means: a state that has enacted the Compact.
- 2.11 “**National EMS ID number**” means: a randomly generated, unique 12-digit identification number issued by the National Registry of EMTs.
- 2.12 “**Notify the Commission**” means: communication whether written, verbal or through submission of information through the coordinated database. For the purposes of these rules, submission of information to the coordinated database shall be deemed to have satisfied any requirements under the Compact to a home state or member state. Nothing in the Commission rules shall be construed as prohibiting the sharing of information directly between member states, assuming all other requirements for submission to the coordinated database are satisfied.
- 2.13 “**Non-Member State**” means: a state, territory or jurisdiction of the United States that has not enacted the Compact.
- 2.14 “**Privilege to Practice**” means: an individual’s authority to deliver emergency medical services in remote states as authorized under this compact.
- 2.15 “**Rule**” means: a written statement by the Commission promulgated pursuant to Section 12 of the Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.
- 2.16 “**State**” means: any state, commonwealth, district, or territory of the United States.
- 2.17 “**State EMS Authority**” means: the board, office, or other agency with the legislative mandate to license EMS personnel.
- 2.18 “**Subject**” means: an individual who is under investigation by a state EMS authority for alleged misconduct.

SECTION 3. Not Used

SECTION 4. Privilege to Practice

- 4.0 **Recognition of privilege to practice.** A remote state shall recognize the privilege to practice of an individual who is licensed in another member state, provided that:
 - A) the home state complies with section 3 of the Compact; and
 - B) the individual is performing EMS duties that are assigned by an EMS agency that is authorized in the remote state (for purposes of this section, such duties shall include the individual’s travel to, from and between the location(s) in the remote state at which the individual’s assigned EMS duties are to be performed); and
 - C) the results of the individual’s criminal history background check are documented by all home states where the individual is licensed as qualified; and



- D) the individual has an unrestricted license issued by the home state wherein the EMS agency for which the individual is practicing in the remote state; and
- E) the individual's privilege to practice has not been restricted or revoked by any member state (except as provided in section 4.2 of these rules).

4.1 Notification of privilege to practice status

- A) Home states shall notify the Commission of the privilege to practice status for each individual licensed by the home state to the Commission as described in section 11.4 of these rules as unrestricted, restricted, suspended, revoked or denied.
- B) When a home state restricts, suspends, or revokes an individual's license, the home state shall notify the Commission of the individual's eligibility to request restoration of the privilege to practice on the adverse action order as:
 - (i) Eligible for privilege to practice restoration. The home state EMS authority where the action was taken authorizes the individual to request reinstatement of the privilege to practice in remote states, or
 - (ii) Ineligible for privilege to practice restoration. The home state EMS authority where the action was taken does not authorize the individual to request reinstatement of the privilege to practice in remote states.

4.2 Restoration of privilege to practice. The restoration of the privilege to practice shall only occur when:

- (A) the home state license is restored or unrestricted; or
- (B) the privilege to practice restoration is authorized as stated in section 4.1(B)(i) of these rules and
 - (i) the remote state restores the privilege to practice or removes the restriction of the privilege to practice; and
 - (ii) the individual whose license or privilege to practice in any member state is restricted, suspended, or revoked has submitted a request to each remote state wherein the individual wishes to have a privilege to practice.

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

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

- (A) Each member state EMS authority that chooses to modify the scope of practice of individuals who are functioning in the state under a privilege to practice must report the specific modifications to the Commission for publication as described in these rules.

- (B) If the statutes and rules in the remote state allows further modification of the scope of practice, an EMS agency may further modify an individual's scope of practice.
 - (C) If the EMS authority of the member state in which patient care is provided specifies a scope of practice that the EMS agency must follow, the individual will follow the scope of practice for the EMS agency for which the individual is providing patient care.
- 4.5 Notification.** A member state shall notify the Commission of any scope of practice modifications or limitations for individuals (from another member state) providing patient care in the state under the privilege to practice.
- 4.6 Publication of scope of practice.** The Commission shall publish the scope of practice limitations and modifications for all member states in the Commission's standards manual that is incorporated in these rules.
- (A) Updates to the standards manual will be published each year on July 1.
 - (B) The standards manual will be made available on the Commission website.
- 4.7 Individual responsibility.** An individual providing patient care in a remote state under the privilege to practice is responsible for adhering to the scope of practice modifications or limitations for that remote state as described in the most current version of the Commission's standards manual.

SECTION 5. Not Used

SECTION 6. Not Used

SECTION 7. Not Used

SECTION 8. Adverse Actions

8.0 Investigation.

- (A) Member states may collaborate in investigating alleged individual misconduct.
- (B) In those cases where the subject is licensed by one or more member states and therefore has more than one home state, the responsibility for the investigation shall fall to the home state that licenses, certifies, commissions, or otherwise authorizes the agency or appropriate authority for which the subject was providing patient care when the alleged misconduct occurred.
- (C) Upon discovery that an individual is under investigation in another member state, the member state may contact the investigating member state and request investigative documents and information.
- (D) This section shall not be construed as limiting any member state's authority to investigate any conduct within that state, or to investigate any licensee.

8.1 Reporting of adverse actions.

- (A) A remote state that imposes adverse action against an individual's privilege to practice, shall notify the Commission as soon as possible, but no later than two



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

SECTION 9. Not Used

SECTION 10. The Commission.

10.0 (Reserved)

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

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

- (A) Upon enactment by any state, commonwealth, district, or territory of the United States, of a law intended as that jurisdiction's adoption of the Compact, the Executive Committee shall review the enacted law to determine whether it contains any provisions which materially conflict with the Compact Model Legislation.
 - (1) To the extent possible and practicable, this determination shall be made by the Executive Committee after the date of enactment but before the effective date of such law. If the timeframe between enactment and effective date is insufficient to allow for this determination to be made by the Executive Committee prior to the law's effective date, the Executive Committee shall make the determination required by this paragraph as soon as practicable after the law's effective date. The fact that such a review may occur subsequent to the law's effective date shall not impair or prevent the application of the process set forth in this Section 10.2.
 - (2) If the Executive Committee determines that the enacted law contains no provision which materially conflicts with the Compact Model Legislation, the state shall be admitted as a party to the Compact and to membership in the Commission pursuant to Section 10 of the Compact Model Legislation upon the effective date of the state's law and thereafter be subject to all rights, privileges, benefits and obligations of the Compact, these Rules and the bylaws.
 - (3) In the event the enacted law contains one or more provisions which the Executive Committee determines materially conflicts with the Compact Model Legislation, the state shall be ineligible for membership in the Commission or to become a party to the Compact, and the state shall be



notified in writing within fifteen (15) business days of the Executive Committee's decision.

- (4) A state deemed ineligible for Compact membership and Commission participation pursuant to this Section 10.2 shall not be entitled to any of the rights, privileges or benefits of a Compact State as set forth in the Compact, these Rules and/or the bylaws. Without limiting the foregoing, a state deemed ineligible for membership and participation shall not be entitled to appoint a Commissioner, to receive non-public data from the Coordinated Database and/or to avail itself of the default and technical assistance provisions of the Compact. EMS Practitioners licensed in a state deemed ineligible for membership and participation hereunder shall be ineligible for the Privilege to Practice set forth in the Compact and these Rules.
- (B) A state determined to be ineligible for Commission membership and Compact participation pursuant to this Section 10.2 may, within thirty (30) calendar days of the date of the decision, appeal in writing the Executive Committee's decision to the Commission. An appeal received by the Commission shall be deemed filed on the date it is sent to the Commission. If there is an appeal to the Commission, the Commission shall review de novo whether the state's enacted law materially conflicts with the Compact Model Legislation. The provisions of 10.2(A)(4) of these Rules shall apply during the pendency of any such appeal. The decision of the Commission may be appealed within thirty (30) calendar days of the date of its decision to a court of competent jurisdiction subject to the venue provisions of Section 10(A)(2) of the Compact. The appealing state shall bear all costs of the appeal and the Commission shall not bear any costs relating to the appeal.
- (C) Subsequent to the determination that a state's enacted law contains provision(s) which materially conflict(s) with the Compact Model Legislation, the state may enact new legislation to remove the conflict(s). The new legislation shall be reviewed as set forth in this Section 10.2(A) and (B) above.
- (D) In the event a Compact State, subsequent to its enactment of the Compact, enacts amendment(s) to its Compact law, or enacts another law or laws which may in any way alter or impact any provision or application of the state's enacted Compact law, the Compact State shall so inform the Commission within fifteen (15) business days of the enactment of such amendment(s) or law(s). After being so informed by the Compact State, or learning of such amendment(s) or law(s) from any other source, the Commission shall review the amendment(s) or law(s) to determine if such amendment(s) or law(s) materially conflict with the state's enacted Compact law. In the event the Commission determines such amendment(s) or law(s) materially conflict(s) with the Compact, the Commission shall determine if the amendment(s) or law(s) constitute a condition of default pursuant to Section 13(B) of the Compact and, if so, proceed according to the process established in Section 13 and Commission Rules.
- (E) For the purpose of determining whether a state's law intended as enactment of the Compact, or any provision of any enacted law or amendment, materially

conflicts with the Compact Model Legislation or the state's enacted Compact, the Executive Committee and the Commission shall consider the following, among other factors:

- (1) Whether the provision constitutes a material alteration of the rights and obligations of the enacting state or of member states.
- (2) Whether the provision enlarges the liability or compromises the immunity of the Commission or any authorized agent of the Commission.
- (3) Whether the provision modifies venue in proceedings involving the Commission.
- (4) Whether the provision restricts the privileges or authorizations to practice as set forth in the Compact Model Legislation.
- (5) Whether the provision would allow the state to negate or delay the applicability of a duly promulgated Commission rule in the state.
- (6) Whether the provision would result in the reduction or elimination of fees, levies or assessments payable by the state.
- (7) Whether the provision fundamentally alters the nature of the agreement entered into by member states that have adopted the Compact.
- (8) Whether there is a remedial mechanism, satisfactory to the Executive Committee and/or Commission, whereby the effect of such law or amendment can be mitigated to minimize or eliminate the practical effect of any material conflict.
- (9) Whether the provision strikes or amends Compact Model Legislation language based upon a provision of the Compact Model Legislation being contrary to the Constitution of that state, and the Executive Committee and/or Commission determines that the remainder of the Compact can be implemented effectively, and without compromising the rights of the Commission and the member states, without such provision, to the extent the Executive Committee and/or Commission concur that such provision is unconstitutional in the state.

10.3 New Member State Implementation. New states admitted as a party to the Compact and to membership shall within three (3) calendar months from the enactment date, or as otherwise specified in the enabling legislation, provide the Commission an implementation plan and implementation date.

10.4 Commissioner Appointment.

- (A) Member States shall:
- (1) appoint one delegate, also known as a Commissioner, to serve on the Commission, in accordance with Section 10(B)(1) of the Compact Model Legislation; and
 - (2) ensure the appointed Commissioner is the responsible official of the state EMS authority or his designee;
 - (3) ensure any Commissioner vacancy is promptly filled within thirty (30)

calendar days.

- (B) In the event that more than one state entity (Committee, office, department, agency, etc.) has the legislative authority to license EMS Practitioners, the Governor shall determine which entity will be responsible for assigning the delegate.
- (C) Appointed Commissioners shall not be represented by or vote by proxy.

SECTION 11. Coordinated Database

11.0 (Reserved)

11.1 Coordinated Database – General

- (A) **Method of data submission.** Member states shall submit the uniform data set described in section 11 of these rules to the coordinated database in accordance with the Compact Data Participation Agreement.
 - (1) **Data ownership.** All data submitted by a member state to the coordinated database remains the property of the member state. Any use of the data in the coordinated database other than that expressly allowed by the Commission is prohibited.
 - (2) A member state may designate member state information that may not be shared with the public without the express permission of the contributing state.
 - (B) **Access to the coordinated database.** Member states shall have access to the uniform data set submitted by other member states.
 - (C) **Implementation.** A member state shall have thirty (30) days to initially provide the member state’s uniform data set to the coordinated database. In the event a member state does not collect one or more elements of the uniform data set, the member state shall initially submit all elements currently collected within thirty (30) days and shall collect and submit any missing elements within eighteen (18) months.
 - (D) **Maintenance of uniform data set.** The accuracy of information maintained in the coordinated database, to the extent it is possible, shall be the responsibility of member states.
 - (E) **Correction of records.** In the event an individual assert that the individual’s uniform data set information is inaccurate, the individual shall provide evidence in a manner determined by the individual’s home state that substantiates such claim. A home state shall verify and submit to the Commission an amendment to correct the uniform data set of an individual.
- 11.2 Uniform Data Set.** Member states must submit the following uniform data set to the coordinated database at the frequency indicated.
- (A) **Identifying information.** The following information for each individual who is licensed must be reported within ten (10) business days of completion of licensure application process. Any changes must be reported within ten (10)



business days of the change being processed by the member state.

- (1) Full legal name (first, middle, last); and
 - (2) suffix (if applicable); and
 - (3) date of birth (month, day, year); and
 - (4) 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 individual who is licensed in the member state must be reported within ten (10) business days of completion of licensure process. Any changes must be reported within ten (10) business days of the change being processed by the member state.
- (1) State of licensure; and
 - (2) license level; and
 - (3) effective date of license; and
 - (4) expiration date of license; and
 - (5) license number; and
 - (6) license status (if applicable, i.e. inactive, temporary, etc.)
- (C) **Significant investigative information.** The following information must be reported as soon as possible, but no later than two (2) business days of the member state completing the preliminary inquiry:
- (1) subject's identifying information as stated in section 11.0 of these rules; and
 - (2) declaration of the existence of an investigation or pending adverse action related to the incident or act of misconduct.
- (D) **Adverse actions imposed on an individual's license.** The following information must be reported as soon as possible, but no later than two (2) business days of imposition of the adverse action. Any changes to the status of the adverse action must be reported as soon as possible, but no later than two (2) business days of the change being processed by the member state:
- (1) subject's identifying information as stated in Section 11.2(A) of these rules; and
 - (2) summary description of the incident or act of misconduct; and
 - (3) declaration of the existence of a criminal investigation or pending criminal charges related to the incident or act of misconduct; and

- (4) declaration of the action taken by the member state; and
 - (5) effective date of the action taken; and
 - (6) duration of the action.
- (E) **Privilege to practice status.** The information as described in section 4.1 of these rules for each individual licensed by the member state must be reported within one (1) month of the effective date of the privilege to practice status. Any changes to the privilege to practice status must be reported as soon as possible, but no later than two (2) business days of the change being processed by the member state.
- (F) **Non-confidential alternative program participation information.** To the extent allowed by a member state's laws, non-confidential information concerning an individual's participation in an alternative program will be reported.
- (1) Any denial of applications for licensure. The following information must be reported within one month of the denial:
 - (2) applicant's identifying information as stated in Section 11. 2(A) of these rules; and
 - (3) summary of the reason for denial; and
 - (4) declaration of the existence of a criminal investigation or pending criminal charges related to the denial; and
 - (5) declaration of the duration of the denial.
- (G) **Other acts of misconduct or criminal convictions.** Individual acts of misconduct or criminal convictions that a member state becomes aware of, from sources other than the FBI background check that may result in action against an individual's license or privilege to practice in any member state must be reported as soon as possible, but no later than two (2) business days of discovery by the state making the discovery.
- (H) **Compliance with 28 C.F.R. §20.3.** Nothing in these Rules shall require or permit the sharing or reporting of Criminal History Record Information as that term is defined in 28 C.F.R. §20.3 in a manner that is prohibited by law.

SECTION 12. Rulemaking

- 12.0 **Proposed rules or amendments.** Proposed rules or amendments to the rules shall be adopted by majority vote of the members of the Commission. Proposed new rules and amendments to existing rules shall be submitted to the Commission office for referral to the rules committee as follows:
- (A) Any Commissioner may submit a proposed rule or rule amendment for referral to the rules committee during the next scheduled Commission meeting. This proposal shall be made in the form of a motion and approved by a majority vote of a quorum of the Commission members present at the meeting.

- (B) Standing committees of the Commission may propose rules or rule amendments by majority vote of that Committee.
- 12.1 Preparation of draft rules.** The rules committee shall prepare a draft of all proposed rules and provide the draft to all Commissioners for review and comments. Based on the comments made by the Commissioners the Rules Committee shall prepare a final draft of the proposed rule(s) or amendments for consideration by the Commission not later than the next Commission meeting.
- 12.2 Publication of draft rules.** Prior to promulgation and adoption of a final rule (in accordance with Section 12 of the Compact) the Commission shall publish the text of the proposed rule or amendment prepared by the rules committee not later than sixty (60) days prior to the meeting at which the vote is scheduled, on the official website of the Commission and in any other official publication that may be designated by the Commission for the publication of its rules. All written comments received by the rules committee on proposed rules shall be posted on the Commission’s website upon receipt. In addition to the text of the proposed rule or amendment, the reason for the proposed rule shall be provided.
- 12.3 Notification.** Each administrative rule or amendment shall state:
- (A) The place, time, and date of the scheduled public hearing, if any;
 - (B) The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments; and
 - (C) The name, position, physical and electronic mail address, telephone, and telefax number of the person to whom interested persons may respond with notice of their attendance and written comments.
- 12.4 Public Hearings.** Every public hearing shall be conducted in a manner guaranteeing each person who wishes to comment a fair and reasonable opportunity to comment. In accordance with Section 12.H. of the Compact, specifically:
- (A) If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
 - (B) All persons wishing to be heard at the hearing shall notify the Chairperson of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
 - (C) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
 - (D) No transcript of the public hearing is required, unless a written request for a transcript is made; in which case the person or entity making the request shall pay for the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the public hearing.
 - (E) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.



- (F) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- (G) The Commission shall, by majority vote of a quorum of the Commissioners, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

12.5 Status of rules upon adoption of additional member states. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

12.6 Emergency Rulemaking. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule that shall become effective immediately upon adoption, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. An emergency rule is one that must be made effective immediately in order to:

- (A) Meet an imminent threat to public health, safety, or welfare;
- (B) Prevent a loss of federal or state funds;
- (C) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
- (D) Protect public health and safety.

SECTION 13. Compliance Issues and Dispute Resolution Process

13.1 Initiation of Compliance

- (A) Compliance issues shall be initiated by the Executive Committee.
- (B) The Executive Committee shall first seek to provide remedial education and specific technical assistance for any potential default.
- (C) For unresolved potential defaults, the Executive Committee shall send a written notice of non-compliance to the Commissioner in the Member State with the alleged non-compliance issue. The state shall respond in writing within thirty (30) calendar days.
 - (1) If the Member States does not have a designated Commissioner, the written notice of non-compliance shall be sent to the Governor of the Member State.
 - (3) If the state fails to respond to the written notice, the Executive Committee, through the Executive Director, shall send a written notice of non-compliance to the Governor of the Member State, copied to the Commissioner, with the alleged non-compliance issue.
 - (3) If the response, in the determination of the Executive Committee fails to reasonably resolve the non-compliance issue, the Executive Committee

shall request a written Plan of Correction.

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

13.2 Dispute Resolution Process - Informal, Mediation and Arbitration.

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



among the Member States concerning the Compact when informal attempts between the Compact States to resolve disputes have been unsuccessful.

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

(E) Informal Resolution

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

(F) Mediation.

- (1) A Compact State that is a party to a dispute may request, or the Executive Committee may require, the submission of a matter in controversy to mediation.



- (2) Mediation shall be conducted by a mediator appointed by the Executive Committee from a list of mediators approved by the National Association of Certified Mediators, or a mediator otherwise agreed to by all parties to the dispute and pursuant to procedures customarily used in mediation proceedings.
- (3) If all issues are resolved through mediation to the satisfaction of all Member States involved, no further action is required.
- (4) In the event mediation is necessary, and unless otherwise agreed in advance by all parties, the prevailing party or parties may be entitled to recover the costs of such mediation, 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.



INTERSTATE COMMISSION ^{FOR} **EMS PERSONNEL PRACTICE**

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

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

SECTION 15. Not Used



Bylaws

Adopted: October 17, 2017

Amended: June 13, 2023, November 15, 2023

ARTICLE I.

COMMISSION PURPOSE, FUNCTION AND BYLAWS

Section 1. Purpose

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

Section 2. Functions

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

Section 3. Bylaws

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

ARTICLE II.

MEMBERSHIP

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

ARTICLE III.

OFFICERS

Section 1. Election and Succession



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

Section 2. Removal of Officers

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

Section 3. Duties

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

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

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

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

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

Section 4. Costs and Expense Reimbursement

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

Section 5. Vacancies

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

Section 6. Resignation

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



ARTICLE IV.

COMMISSION OFFICES AND PERSONNEL

Section 1. Commission Staff and Offices

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

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

ARTICLE V.

Qualified Immunity, Defense and Indemnification

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

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

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

ARTICLE VI.

MEETINGS OF THE COMMISSION

Section 1. Meetings and Notice



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

Section 2. Quorum

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

Section 3. Voting

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

Section 4. Procedure

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

Section 5. Public Participation in Meetings

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

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

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

ARTICLE VII.

COMMITTEES

Section 1. Executive Committee

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

The immediate past chairperson is a non-voting member of the Executive Committee. The procedures, duties, budget, and tenure of such an Executive Committee shall be determined by the Commission. The power of such an Executive



Committee to act on behalf of the Commission shall be subject to any limitations imposed by the Compact. Public notice of all Executive Committee meetings must be made at least three (3) days prior to the meeting date and the meeting agenda must be made public 24 hours prior to the meeting date.

Section 2. Committees

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

ARTICLE VIII.

FINANCE

Section 1. Fiscal Year

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

Section 2. Budget

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

Section 3. Accounting and Audit

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

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

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

Section 4. Debt Limitations

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

Section 5. Travel Reimbursements

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

ARTICLE IX

WITHDRAWAL, DEFAULT AND TERMINATION

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



ARTICLE X

ADOPTION AND AMENDMENT OF BYLAWS

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

ARTICLE XI

DISSOLUTION OF THE COMPACT

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

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



The Seal of the Interstate Commission for EMS Personnel Practice

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

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

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

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

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

Compliance and Implementation Summary Report - Q4 2024 Recognition of EMS Personnel Licensure Interstate Compact

This report provides a detailed compliance and implementation summary for Member States as they adopt and implement the provisions of the *Recognition of EMS Personnel Licensure Interstate Compact*. Each item presented in this report is mandated by both Compact Law and the corresponding State Law in each state.

Key highlights include the current status of state compliance across areas such as commissioner appointment, NREMT requirements (initial licensure), discipline reporting, and integration with the National EMS Coordinated Database. Additionally, the report tracks the implementation progress for the FBI Biometric Criminal Record check, a requirement that states have until March 2025 to fulfill, in accordance with the Compact's legal framework.

The Interstate Commission continues to provide technical support and guidance to assist states in achieving full compliance with all Compact requirements.

Q4 2024 | EMS Compact Implementation Summary

State	Legislation Enacted	Commissioner Appointment	NREMT Requirement	NEMSCD Integration	Discipline Reporting	Biometric Criminal History Check	Expedited Veteran Processing	Joined	Commissioner	State Code
Alabama	Compliant	Compliant	Compliant	Compliant	Unknown	Not Compliant	Unknown	5/17/17	Jamie Gray	Alabama Code § 22-18-50
Colorado	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	5/8/15	Michael Bateman	Colo. Rev. Stat. § 24-60-3502
Delaware	Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Compliant	Not Compliant	9/15/17	Britany Huss	Delaware Code Title 16, Chapter 98A.
Georgia	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	5/8/17	Michael Johnson	Official Code of Georgia Annotated §§ 38-3-70 – 38-3-7
Idaho	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	3/16/16	Wayne Denny	Idaho Code § 56-1013B.
Indiana	Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Compliant	Compliant	3/11/20	Kraig Kinney	IN Code § 16-31.5-1-1
Iowa	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	5/8/19	Brad VandeLune	Iowa Code § 147D.1.
Kansas	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	3/31/16	Joe House	Kansas Statutes § 65-6158.
Louisiana	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	7/1/21	Susan Bailey	Louisiana Revised Statutes § 40:1141.
Mississippi	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	7/1/17	Teresa Windham	MS Code § 41-59-101
Missouri	Compliant	Compliant	Compliant	Compliant	Unknown	Compliant	Unknown	7/9/18	George Miller	Missouri Revised Statutes § 190.900.
Nebraska	Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Compliant	Pending	3/20/17	Tim Wilson	Nebraska Revised Statutes § 38-3801.
Nevada	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	10/1/23	Bobbie Sullivan	Nevada Revised Statutes § 450B.145.
North Dakota	Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Not Compliant	Pending	4/1/19	Chris Price	N.D.C.C. 23-27.1
Oklahoma	Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Not Compliant	Compliant	3/23/23	Wyatt Hockmeyer	63 OK Stat § 1-2550
Pennsylvania	Compliant	Compliant	Compliant	Pending	Pending	Pending	Pending	7/7/22	Anthony Martin	Pennsylvania 2022 Act 45
South Carolina	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Pending	5/18/17	Mitch Stewart	South Carolina Code § 44-61-710.
South Dakota	Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Compliant	Compliant	7/1/21	Whitney Burrows	South Dakota Codified Laws § 34-11C-1.
Tennessee	Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Compliant	Unknown	4/19/16	Brandon Ward	Tennessee Code Annotated § 68-140-601.
Texas	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	9/1/15	Joe Schmider	TX Health & Safety Code § 778A.001
Utah	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	3/31/16	Mark Herrera	Utah Code § 53-2e-101
Virginia	Compliant	Compliant	Compliant	Compliant	Pending	Compliant	Compliant	3/1/16	Camela Crittender	Virginia Code § 32.1-371.
West Virginia	Compliant	Compliant	Compliant	Compliant	Pending	Compliant	Pending	3/5/20	Jamie Weller	West Virginia Code, § 16-60
Wyoming	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	3/21/16	Aaron Koehler	Wyo. Stat. § 33-36-201

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Alabama
JOINED: May 15, 2017
COMMISSIONER: Jamie Gray

This report needs to be validated by Commissioner Gray.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Unknown	Not Compliant	Unknown

STATE SUMMARY

Alabama became the 11th state to join the EMS Compact on May 15, 2017. Jamie Gray was appointed as the state's second commissioner on October 4, 2021. Alabama is in compliance with several aspects of the EMS Compact, including requiring NREMT certification for all new EMS licensure. While Alabama has been successfully submitting a uniform licensure data set since February 25, 2021, no discipline cases have been reported.

ACTION AREAS

According to current Commission records, Alabama is in partial compliance in the following areas:

- **Biometric Criminal History Check:** Although the state has legislative authority for fingerprint-based Criminal History checks, as outlined in Alabama Code Section 420-2-1-.08 (Initial Licensure Qualifications for EMS Personnel), this requirement has not yet been implemented. The state has until March 15, 2025, to comply.
- **Discipline Reporting:** There has been no recorded activity of sharing State EMS license discipline actions within the National EMS Coordinated Database (NEMSCD). While the state has the capability to post adverse actions and share investigative details, compliance in this area is unknown.
- **Expedited Veteran Processing:** It is unknown if Alabama has an expedited process or specific provisions for veteran or military personnel. This area requires further clarification.

ACTION PLAN

<<To be completed by the Commissioner, detailing the current plan to address any Action Areas noted above. Please include anticipated completion dates.>

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Colorado
JOINED: May 8, 2015
COMMISSIONER: Michael Bateman

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

STATE SUMMARY

Colorado was the first state to enact EMS Compact legislation on May 8, 2015. Michael Bateman was appointed as Colorado's commissioner on November 3, 2023. The state requires National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure and mandates a fingerprint-based criminal history record search for both the Colorado Bureau of Investigation (CBI) and the Federal Bureau of Investigation (FBI). Colorado's license management system has been successfully submitting a uniform licensure data set since October 26, 2020, and the state has demonstrated submission of disciplinary cases, with the most recent submission on September 28, 2022. The state also collects veteran and military status on the license application and expedites the processing of these licenses.

ACTION AREAS

At this time, there are no areas of non-compliance noted for Colorado.

ACTION PLAN

None

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Delaware
JOINED: September 15, 2017
COMMISSIONER: Britany Huss

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Compliant	Not Compliant

STATE SUMMARY

Delaware became the 12th state to join the EMS Compact on September 15, 2017. Diane McGinnis-Hainsworth was appointed as Delaware's commissioner on October 11, 2017, with Britany Huss appointed as the current commissioner on November 14, 2023. Delaware requires National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure, and applicants must complete and pass both a State of Delaware and Federal Criminal History Check, conducted by the Delaware State Bureau of Identification. EMS provider certification in Delaware is regulated by two authorities, with paramedic certification controlled by the Office of Emergency Medical Services and EMT certification overseen by the State Fire Prevention Commission, as per Title 16 §§9809 Delaware Administrative Code 4300.

ACTION AREAS

According to current Commission records, Delaware is not in compliance with the following areas:

- **NEMSCD Integration:** Delaware is not yet connected to the National EMS Coordinated Database (NEMSCD). The requirement has been acknowledged, but the current licensure vendor(s)/system(s) utilized by each EMS licensure office lacks the data and technical capabilities to integrate. No estimated implementation date is known.
- **Discipline Reporting:** Discipline reporting is currently limited because Delaware is not integrated with the NEMSCD. This limits the state's ability to share disciplinary actions and adverse reports with other Compact states.
- **Expedited Veteran Processing:** Delaware does not have an expedited process or specific provisions for veteran or military personnel.

ACTION PLAN

Delaware is working on a data integration solution. However, a timeline is not known.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Georgia
JOINED: May 8, 2017
COMMISSIONER: Michael Johnson

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

STATE SUMMARY

Georgia joined the EMS Compact on May 8, 2017. Michael Johnson is the current commissioner. The state is compliant in all areas of the EMS Compact, except for veteran processing, where the status is unknown. According to the National EMS Coordinated Database (NEMSCD), the last discipline case reported to the commission was on December 13, 2023. It is recommended that Georgia validate that cases continue to be reported as required.

ACTION AREAS

According to current Commission records, the following area requires further attention:

- **Expedited Veteran Processing:** It is unknown if Georgia has an expedited process or specific provisions for veteran or military personnel. This area requires further clarification.
- **Discipline Reporting Validation:** It is recommended that Georgia validate that all discipline cases are still being entered into the National EMS Coordinated Database (NEMSCD) to ensure continuous compliance.

ACTION PLAN

Georgia OEMST does have a process in place to identify eligible veterans applying for EMS provider licensure. Once the applicant's fingerprint background check is complete, a license is typically issued within 24 hours. An official policy is being created to outline this process.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Idaho This report has been validated by the Commissioner.
JOINED: March 16, 2016
COMMISSIONER: Wayne Denny

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

STATE SUMMARY

Idaho was the fourth state to enact EMS Compact legislation on March 16, 2016. Wayne Denny was appointed as Idaho's commissioner on July 26, 2017. The state requires fingerprint-based criminal history checks conducted through the Department of Health and Welfare's Criminal History Unit. Idaho's license management system is successfully connected to the National EMS Coordinated Database (NEMSCD), and the state is actively reporting license discipline cases. It is currently unknown if Idaho has an expedited process for veteran or military personnel.

ACTION AREAS

At this time, there are no areas of non-compliance.

ACTION PLAN

None

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Indiana
JOINED: March 13, 2020
COMMISSIONER: Kraig Kinney

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Compliant ⁸	Compliant

STATE SUMMARY

Indiana became the 20th state to join the EMS Compact on March 13, 2020, with an effective date of July 1, 2020. Kraig Kinney was appointed as Indiana’s commissioner on April 28, 2020. Indiana requires National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure. Indiana does not recognize “expedited” processing as a concept as there is no backlog of processing applications. However, veterans are specifically addressed in the administrative rules and Indiana has a policy for recognition of military EMS education for purposes of reciprocity which creates a pathway to civilian certification based upon military credentials.

ACTION AREAS

According to current Commission records, Indiana is not in compliance with the following areas:

- **NEMSCD Integration:** Indiana’s license management system is not yet connected to the National EMS Coordinated Database (NEMSCD). Conversations have taken place between the Commissioner and Envisage, the state’s EMS licensure system vendor on this requirement. The vendor has acknowledged the need for this integration, and technical requirements have been shared, but the vendor has not provided an estimated implementation date.
- **Discipline Reporting:** Discipline reporting is currently limited because Indiana is not integrated with the NEMSCD. This limits the state's ability to share disciplinary actions and adverse reports with other Compact states.

ACTION PLAN

- **NEMSCD Integration:** Indiana is working with the certification software vendor ACADIS. If a solution cannot be mutually achieved by the next contract cycle, then Indiana will either mandate or move to another vendor that can be compliant.
- **Discipline Reporting:** Discipline reporting is compliant with NPDB and can be done once Indiana is in the NEMSCD database.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

⁸ Effective date of biometric background requirement is September 25, 2024.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Iowa This report has been validated by the Commissioner.
JOINED: May 8, 2019
COMMISSIONER: Brad Vande Lune

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

STATE SUMMARY

Iowa joined the EMS Compact on May 8, 2019. Brad Vande Lune serves as the commissioner. The state is compliant with the EMS Compact’s legislative requirements, including commissioner appointment, National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure, and fingerprint-based Criminal History checks. Iowa is also compliant with discipline reporting and National EMS Coordinated Database (NEMSCD) integration.

ACTION AREAS

At this time, there are no areas of non-compliance.

ACTION PLAN

None

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Kansas This report has been validated by the Commissioner.
JOINED: March 31, 2016
COMMISSIONER: Joe House

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

STATE SUMMARY

Kansas joined the EMS Compact on March 31, 2016. Joe House serves as the commissioner. The state is fully compliant with all areas of the EMS Compact, including legislative requirements, commissioner appointment, NREMT exams for initial licensure, fingerprint-based Criminal History checks, discipline reporting, and National EMS Coordinated Database (NEMSCD) integration.

ACTION AREAS

At this time, there are no areas of non-compliance.

ACTION PLAN

None

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Louisiana
JOINED: July 1, 2021
COMMISSIONER: Susan Bailey

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

STATE SUMMARY

Louisiana joined the EMS Compact on July 1, 2021. Susan Bailey serves as the commissioner. The state is compliant with the EMS Compact’s legislative requirements, including commissioner appointment, National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure, and fingerprint-based Criminal History checks. Louisiana is also compliant with discipline reporting and National EMS Coordinated Database (NEMSCD) integration. Louisiana is fully compliant in all functional areas of the EMS Compact.

ACTION AREAS

At this time, there are no areas of non-compliance.

ACTION PLAN

None

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Mississippi
JOINED: October 11, 2017
COMMISSIONER: Teresa Windham

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Complete

STATE SUMMARY

Mississippi joined the EMS Compact on October 11, 2017. Teresa Windham serves as the commissioner. The state is compliant with the EMS Compact’s legislative requirements, including commissioner appointment, National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure, and National EMS Coordinated Database (NEMSCD) integration. Mississippi is also compliant with discipline reporting. As of October 1, 2024, the state implemented Biometric Criminal History Checks required for all initial EMS license applications. Mississippi is fully compliant with all requirements.

ACTION AREAS

None

ACTION PLAN

None

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Missouri
JOINED: July 9, 2018
COMMISSIONER: George Miller

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Unknown	Compliant	Unknown

STATE SUMMARY

Missouri joined the EMS Compact on July 9, 2018. George Miller serves as the commissioner. The state is compliant with the EMS Compact's legislative requirements, including commissioner appointment, National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure, fingerprint-based background checks, and National EMS Coordinated Database (NEMSCD) integration. However, Missouri may not be compliant with discipline reporting, as no records of discipline have been entered into the NEMSCD. The status of expedited veteran processing remains unknown.

ACTION AREAS

According to current Commission records, Missouri may not be in compliance with the following areas:

- **Discipline Reporting:** No records of discipline cases have been entered into the National EMS Coordinated Database (NEMSCD). This area requires immediate attention to ensure compliance with Compact requirements.

Additionally, the following area requires further attention:

- **Expedited Veteran Processing:** It is unknown if Missouri has an expedited process or specific provisions for veteran or military personnel. This area requires further clarification.

ACTION PLAN

Missouri will implement a plan to ensure all discipline records are reported to the NEMSCD, and to implement a policy to expedite the processing of veteran applications.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Nebraska
JOINED: March 20, 2017
COMMISSIONER: Tim Wilson

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Background Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Compliant	Pending

STATE SUMMARY

Nebraska joined the EMS Compact on March 20, 2017. Tim Wilson serves as the commissioner. The state is compliant with the EMS Compact's legislative requirements, including commissioner appointment, National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure, and fingerprint-based background checks. However, Nebraska is not compliant with National EMS Coordinated Database (NEMSCD) integration and discipline reporting. The Commission is aware of ongoing database integration challenges related to an incompatible license management system, and Nebraska is currently working on a solution, though a compliance date is unknown. The status of expedited veteran processing remains unknown.

ACTION AREAS

According to current Commission records, Nebraska is not in compliance with the following areas:

- **NEMSCD Integration:** Nebraska is not yet connected to the National EMS Coordinated Database (NEMSCD). The requirement has been acknowledged, but the current licensure vendor(s)/system(s) utilized by the state lacks the data and technical capabilities to integrate. No estimated implementation date is known.
- **Discipline Reporting:** Discipline reporting is currently limited because Nebraska is not integrated with the NEMSCD. This limits the state's ability to share disciplinary actions and adverse reports with other Compact states.

Additionally, the following area requires further attention:

- **Expedited Veteran Processing:** It is unknown if Nebraska has an expedited process or specific provisions for veteran or military personnel. This area requires further clarification.

ACTION PLAN

Background:

The State of Nebraska was to be changing to a different licensing software platform in 2021. The selected company was unable to deliver, and the contract terminated in mid-2022. Because the current software system support has ended, DHHS did move to an emergency stabilization project with our current vendor to stabilize our current system only with no new

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

additions to the software. The current system is too old to for an API connection to connect to the NEMSCD database. DHHS IT staff have been working on this issue.

Current Plan:

Currently Nebraska DHHS has been able to accomplish the sending of one data file to EMS Compact that returned the EMS ID Number for all EMS providers in the state as well as the error file that we have been fixing. The error file is now complete, and we will be sending the file to get the remaining EMS ID numbers entered. Nebraska will have all EMS providers in the state with the EMS ID number from this point forward.

The DHHS IT team has been working on process to connect Nebraska EMS NEMSCD data; however, DHHS administration met, and decided to stop this work. The licensing software stabilization work was scheduled for completion and DHHS transitioned to a new software platform in December 2024. The reason DHHS has decided not work on the connection is we did not feel it made financial sense to continue to work on project finishing in late October to November only to be switching software and starting from square one again in December.

The software stabilization project has developed a delay from the vendor. This has pushed our current go live date to February 26, 2025, at the latest. Nebraska's DHHS Administration is committed to first project, when transitioned to the software, is the completion of the API to the NEMSCD database. The new software we are transitioning can establish API connections. The NEMSCD data integration and discipline reporting will be the first project performed after transition to the new software in February 2025.

Veteran processing:

Nebraska does currently expediate processing on military spouses. Our current application does not currently ask for veteran or active duty status. The change for veterans and active military will roll out beginning of November 2024.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Nevada
JOINED: June 5, 2023
COMMISSIONER: Bobbie Sullivan

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

STATE SUMMARY

Nevada joined the EMS Compact on June 5, 2023, making it the 24th state to join the EMS Compact. Bobbie Sullivan is the current commissioner. The state is compliant in all areas of the EMS Compact.

ACTION AREAS

None.

ACTION PLAN

None. Nevada is compliant in all areas.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: North Dakota
JOINED: April 1, 2019
COMMISSIONER: Chris Price

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Not Compliant	Pending

STATE SUMMARY

North Dakota joined the EMS Compact on April 1, 2019. Chris Price serves as the commissioner. The state is compliant with the EMS Compact's legislative requirements, including commissioner appointment and National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure. However, North Dakota is not compliant with National EMS Coordinated Database (NEMSCD) integration, discipline reporting, or biometric background checks. The status of expedited veteran processing remains unknown.

ACTION AREAS

According to current Commission records, North Dakota is not in compliance with the following areas:

- **NEMSCD Integration:** North Dakota is not yet connected to the National EMS Coordinated Database (NEMSCD). This integration is necessary to ensure compliance with Compact requirements.
- **Discipline Reporting:** Discipline reporting is currently limited because North Dakota is not integrated with the NEMSCD. This limits the state's ability to share disciplinary actions and adverse reports with other Compact states.
- **Biometric Criminal History Check:** North Dakota does not currently conduct fingerprint-based background checks for EMS personnel, which is a compliance requirement prior to March 15, 2025.
- **Expedited Veteran Processing:** The expedited process provisions for veteran or military personnel is informal.

ACTION PLAN

NEMSCD Integration & Discipline Reporting: The Licensure Management System vendor is over two years behind on our efforts to go paperless. As this is a priority for customer service, they have subordinated work on the integration. The vendor has done limited integration work with NEMSCD and anticipates completing that project in Q4 2024.

Biometric Criminal History Check: Although appropriate legislation has been enacted by the ND state assembly, the Federal Bureau of Investigation (FBI) has not provided permission for this. Our office and the ND Bureau of Criminal Investigation have provided the FBI with multiple responses to inquiries related to processes and security with no affirmative movement on their part. The effort to acquire FBI permission for biometric Criminal History check permission continues.

Expedited Veteran Processing: Our office has an informal process for expedited licensing of veterans; however, it typically takes one business day to process EMS licensure for all applicants. The process is being formalized into a policy.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Oklahoma
JOINED: May 23, 2023
COMMISSIONER: Wyatt Hockmeyer

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Not Compliant	Compliant

STATE SUMMARY

Oklahoma joined the EMS Compact on May 23, 2023, making Oklahoma the 23rd state to join the EMS Compact. Wyatt Hockmeyer serves as the commissioner. The state is compliant with the EMS Compact's legislative requirements, including commissioner appointment and National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure. However, Oklahoma is not compliant with National EMS Coordinated Database (NEMSCD) integration, discipline reporting, or biometric Criminal History checks.

ACTION AREAS

According to current Commission records, Oklahoma is not in compliance with the following areas:

- **NEMSCD Integration:** Oklahoma is not yet connected to the National EMS Coordinated Database (NEMSCD). This integration is necessary to ensure compliance with Compact requirements.
- **Discipline Reporting:** Discipline reporting is currently limited because Oklahoma is not integrated with the NEMSCD. This limits the state's ability to share disciplinary actions and adverse reports with other Compact states.
- **Biometric Criminal History Check:** Oklahoma does not currently conduct fingerprint-based background checks for EMS personnel, which is a compliance requirement prior to March 15, 2025.

ACTION PLAN

- **NEMSCD Integration:** OSDH is in the process of securing a vendor to proceed with online licensure. We have narrowed the list to two vendors; however, the procurement process is lengthy, and we do not have an anticipated date for going live with this portion of the project. Our licensure season is May through July, and I can attest with confidence that we will not have online licensure in place for the 2025 season. The desired outcome is to have a system in place for the 2026 licensure season, which would require going live with testing in the Spring of 2026. Although Spring of 2026 is the intended timeframe, a number of contingencies exist that could push the project to a later season, so please only accept 2026 as a goal, rather than a commitment.
- **Discipline Reporting:** Directly tied to NEMSCD Integration. See above for intended outcome.
- **Biometric Criminal History Check:** Oklahoma does not currently conduct fingerprint-based background checks for EMS personnel, and our intent is to achieve compliance before the stated requirement of March 15, 2025.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Pennsylvania
JOINED: July 7, 2022
COMMISSIONER: Anthony Martin

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Pending	Pending	Pending	Pending

STATE SUMMARY

Pennsylvania joined the EMS Compact on July 7, 2022. Anthony Martin serves as the commissioner. The state is compliant with the EMS Compact's legislative requirements, including commissioner appointment and National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure. However, Pennsylvania is not compliant with National EMS Coordinated Database (NEMSCD) integration, discipline reporting, or biometric background checks.

ACTION AREAS

According to current Commission records, Pennsylvania is not in compliance with the following areas:

- **NEMSCD Integration:** Pennsylvania is not yet connected to the National EMS Coordinated Database (NEMSCD). This integration is necessary to ensure compliance with Compact requirements.
- **Discipline Reporting:** Discipline reporting is currently limited because Pennsylvania is not integrated with the NEMSCD. This limits the state's ability to share disciplinary actions and adverse reports with other Compact states.
- **Biometric Criminal History Check:** Pennsylvania does not currently conduct fingerprint-based criminal history checks for EMS personnel, which is a compliance requirement prior to March 15, 2025.

ACTION PLAN

- **NEMSCD Integration:** Pennsylvania is actively working with vendors to implement an EMS registry that will integrate with NEMSCD. Anticipated completion date of March 31, 2025.
- **Discipline Reporting:** Discipline reporting will become compliant with the integration into NEMSCD.
- **Biometric Criminal History Check:** Pennsylvania hopes to have biometric background checks implemented by January 1, 2025.
- **Expedited Veteran Processing:** We are reviewing our expedited veteran processing policy and plan to confirm compliance by October 31, 2024.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: South Carolina
JOINED: May 18, 2017
COMMISSIONER: Mitch Stewart

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Pending	Compliant	Compliant

STATE SUMMARY

South Carolina joined the EMS Compact on May 18, 2017, making it the 14th state to join the EMS Compact. Bobbie Sullivan is the current commissioner. The state is compliant in most areas of the EMS Compact, with the exceptions of veteran processing and discipline reporting, where the status is unknown. According to the National EMS Coordinated Database (NEMSCD), no discipline cases have been reported in the past two years. It is recommended that South Carolina validate that cases continue to be reported as required.

ACTION AREAS

According to current Commission records, the following area requires further attention:

- **Discipline Reporting Validation:** It is recommended that South Carolina validate that all discipline cases are still being entered into the National EMS Coordinated Database (NEMSCD) to ensure continuous compliance.

ACTION PLAN

South Carolina is implementing a process to report Discipline Cases to NEMSCD.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: South Dakota
JOINED: July 1, 2021
COMMISSIONER: Whitney Burrows

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Compliant	Compliant

STATE SUMMARY

South Dakota joined the EMS Compact on July 1, 2021. Whitney Burrows serves as the commissioner. The state is partially compliant with the EMS Compact's legislative requirements, including commissioner appointment and National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure, and biometric background checks. For NEMSCD integration, South Dakota was partially compliant with transmitting EMT licensure integration until June 2024. Paramedic licensure is not compliant. Furthermore, South Dakota is not compliant with discipline reporting.

ACTION AREAS

According to current Commission records, South Dakota is not in full compliance with the following areas:

- **NEMSCD Integration:** While South Dakota was compliant with NEMSCD integration for EMT licensure, this integration has not been utilized since June 2024, and the state has not compliant with paramedic licensure integration. Additionally, with licensure responsibilities being merged between two separate offices, it is critical to ensure EMT licensure information remains up-to-date and compliant during this transition.
- **Discipline Reporting:** Although EMT licensure information was integrated with the NEMSCD in 2021, no discipline cases have been submitted. This limits the state's ability to share disciplinary actions and adverse reports with other Compact states.

ACTION PLAN

- **NEMSCD Integration:** The South Dakota Board of Medical and Osteopathic Examiners (SDBMOE) have been building a new licensing system for three years that will go live this fall. Once this system goes live, SDBMOE will be able to come into compliance with an API connection for data sharing.
- **Discipline Reporting:** Disciplinary actions will be part of the data sharing once the new system is live and we have the API connection established. All Board actions are also available on our website under the Disciplinary Action tab, which is updated in real time.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Tennessee
JOINED: April 19, 2016
COMMISSIONER: Brandon Ward

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Not Compliant	Not Compliant	Compliant	Unknown

STATE SUMMARY

Tennessee became the 7th state to join the EMS Compact on April 19, 2016. Brandon Ward was appointed as Tennessee's commissioner on April 6, 2022. Tennessee requires National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure, and applicants must complete and pass both a State of Tennessee and Federal Background Check.

ACTION AREAS

According to current Commission records, Tennessee is not in compliance with the following areas:

- **NEMSCD Integration:** Tennessee is not yet connected to the National EMS Coordinated Database (NEMSCD). The state has been testing the exchange of licensure information, but the integration is not yet operational.
- **Discipline Reporting:** Discipline reporting is currently limited because Tennessee is not integrated with the NEMSCD. This limits the state's ability to share disciplinary actions and adverse reports with other Compact states.

Additionally, the following area requires further attention:

- **Expedited Veteran Processing:** It is unknown if Tennessee has an expedited process or specific provisions for veteran or military personnel. This area requires further clarification.

ACTION PLAN

Tennessee is currently working with our STS department to integrate the needed information and provide a platform to export the information to NEMSCD. Unable to give a timeline as to completion as this work is handled by a different department. However, Tennessee continues to pursue a solution to be compliant.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Texas
JOINED: September 1, 2015
COMMISSIONER: Joe Schmider

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

STATE SUMMARY

Texas joined the EMS Compact on September 1, 2015, making it the 2nd state to join the EMS Compact. Joe Schmider is the commissioner. Texas is compliant in all functional areas of the EMS Compact. The state requires National Registry of Emergency Medical Technicians (NREMT) exams for initial licensure and mandates a fingerprint-based criminal history record search for all license applicants. The Texas license management system is successfully submitting a uniform licensure data set to the coordinated database, including regular submission of disciplinary cases. Texas collects veteran and military status on the license application and expedites the processing of these licenses.

ACTION AREAS

At this time, there are no areas of non-compliance.

ACTION PLAN

None

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Utah
JOINED: March 31, 2016
COMMISSIONER: Mark Herrera

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

STATE SUMMARY

Utah joined the EMS Compact on March 31, 2016, making it the 5th state to join the EMS Compact. Mark Herrera is the commissioner. Utah is fully compliant in all functional areas of the EMS Compact.

ACTION AREAS

At this time, there are no areas of non-compliance noted for Utah.

ACTION PLAN

None

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Virginia This report has been validated by the Commissioner.
JOINED: March 1, 2016
COMMISSIONER: Camela Crittenden

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Pending	Compliant	Compliant

STATE SUMMARY

Virginia joined the EMS Compact on March 1, 2016, making it the 3rd state to join the EMS Compact. Camela Crittenden is the commissioner. Virginia is compliant in most areas of the EMS Compact, with the exceptions of veteran processing and discipline reporting, where the status is unknown. According to the National EMS Coordinated Database (NEMSCD), no discipline cases have been reported since 2020. It is recommended that Virginia validate that cases continue to be reported as required.

ACTION AREAS

According to current Commission records, the following area requires further attention:

- **Discipline Reporting Validation:** It is recommended that Virginia validate that all discipline cases are being entered into the National EMS Coordinated Database (NEMSCD) to ensure continuous compliance.

ACTION PLAN

Virginia confirmed that all licensure data is being transmitted to the NEMSCD, however the additional NPBD discipline fields have not been entered into NEMSCD. Virginia is implementing a policy and process to ensure discipline details are entered into NEMSCD.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: West Virginia
JOINED: March 5, 2020
COMMISSIONER: Jamie Weller

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Pending	Compliant	Compliant

STATE SUMMARY

West Virginia joined the EMS Compact on March 5, 2020. Jamie Weller is the commissioner. West Virginia is compliant in most areas of the EMS Compact, with the exceptions of veteran processing and potentially discipline reporting, where the status is unknown. According to the National EMS Coordinated Database (NEMSCD), no discipline cases have been reported since 2020, which is unusual. It is recommended that West Virginia validate that cases continue to be reported as required.

ACTION AREAS

According to current Commission records, the following area requires further attention:

- **Discipline Reporting Validation:** It is recommended that West Virginia validate that all discipline cases are being entered into the National EMS Coordinated Database (NEMSCD) to ensure continuous compliance.

ACTION PLAN

West Virginia Office of EMS is currently implementing discipline report procedures.

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Member State Compliance Report: Q4 2024

MEMBER STATE: Wyoming
JOINED: March 21, 2016
COMMISSIONER: Aaron Koehler

This report has been validated by the Commissioner.

COMPLIANCE SUMMARY DASHBOARD

Legislation Enacted ¹	Commissioner Appointment ²	NREMT Requirement ³	NEMSCD Integration ⁴	Discipline Reporting ⁵	Biometric Criminal History Check ⁶	Expedited Veteran Processing ⁷
Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

STATE SUMMARY

Wyoming joined the EMS Compact on March 21, 2016, making it the 8th state to join the EMS Compact. Aaron Koehler is the commissioner. Wyoming is compliant in all functional areas of the EMS Compact.

ACTION AREAS

At this time, there are no areas of non-compliance.

ACTION PLAN

None

¹ Enactment of the model legislation: *Recognition of EMS Personnel Licensure Interstate Compact*

² Section 10.B.1

³ Section 3.C.1

⁴ Section 11.B.

⁵ Section 8.C. & Section 11.B.3-7

⁶ Section 3.C.4. (Required March 15, 2025)

⁷ Section 7.B. A defined process for expediting licensure applications for veteran, active duty, and spouses.

EMS Compact Learning Session for State EMS Officials

Date: October 10, 2024

Time: 3:00 PM - 4:30 PM ET

This learning session will provide state EMS officials with an overview of the EMS Compact, including its origins, legislative mandates, best practices in discipline reporting, and the additional authority granted to state EMS offices. The session will also feature insights from the Council of State Governments, National Center for Interstate Compacts, which support the development and implementation of interstate compacts across healthcare sectors.

We will discuss how occupational compacts are rapidly becoming the new gold standard for licensure and workforce mobility, and specifically how the EMS Compact promotes flexibility for EMS clinicians by reducing barriers to multi-state practice, addressing recruitment and retention challenges, and helping agencies meet staffing needs across state lines.

Agenda

- 3:00 PM - 3:05 PM **Welcome**
- 3:05 PM - 3:30 PM (25 min) **National Center for Interstate Compacts, Council of State Governments -
*Current Status of Occupational Interstate Compacts***
- 3:30 PM - 4:20 PM (50 min) **The EMS Compact**
- *Origins & History of the EMS Compact*
 - *Current Status*
 - *Review of the Law & Compact Provisions*
 - *Seven Legislative Mandates*
 - *Additional State EMS Office Authority Granted*
 - *Best Practices in Discipline Reporting*
 - *Overview of the National EMS Coordinated Database (NEMSCD)*
- 4:20 PM - 4:30 PM (10 min) **Wrap Up and Questions**



THE
EMS COMPACT™

Standardizing EMS Licensing
Expanding EMS Practitioner Mobility
Enhancing Public Protection



The **Recognition of EMS Personnel Licensure Interstate Compact** (“REPLICA”), the **EMS Compact**, has been adopted into law by 24 states. The **EMS Compact** standardizes the licensure requirements for EMS personnel, reduces barriers and expands EMS practitioner mobility across state jurisdictions, and enhances public protection.

History

Over a decade ago, the need for standardization and to address the challenge of EMS personnel operating across state lines led the Department of Homeland Security and the National Association of State EMS Officials (NASEMSO) to collaborate on a solution. The REPLICA Model Legislation was introduced in 2014, with two states enacting it by 2015. By 2017, the EMS Compact had grown to ten member states. Activated on March 10, 2020, the Compact has since been instrumental in expanding day-to-day EMS Practitioner mobility and access to Emergency Medical Services. Since its activation, EMS personnel with a Privilege to Practice, have supplemented critical staffing in rural areas, addressed urgent staffing needs during the COVID pandemic, and aided the rapid mobilization of EMS teams for wildland fire incidents. The Compact simplifies the movement of qualified EMS professionals, strengthens the authority of State EMS Offices, and underscores the essential contributions of local EMS agencies.

Key Features

- **Enhanced State Cooperation:** The EMS Compact promotes inter-state cooperation with unified legislation, allowing qualified EMS personnel to operate in multiple states with minimal bureaucracy. The Compact also adds legislative authority for state EMS officials to issue subpoenas and collaborate on multijurisdictional investigations.
- **Privilege to Practice:** Through the EMS Compact, over 400,000 EMS personnel have access to a Privilege to Practice valid in 24 states. This privilege is extended to eligible EMS practitioners at no cost.
- **Governance:** Overseen by the Interstate Commission for EMS Personnel Practice, a governmental body instituted by state law, the EMS Compact emphasizes transparency, stakeholder engagement, effective coordination, and consistent implementation. This approach ensures standardized and accountable EMS practices across member states.
- **National EMS Coordinated Database:** Serving as the primary source database, the EMS Compact's National EMS Coordinated Database eradicates duplicate licensing data, providing an authoritative list of licensed EMS practitioners throughout the country.

FACTS

The 24 EMS Compact Member States have legislatively unified:

- EMS Personnel Licensure Standards
- Background Checks
- Public Protection & Investigation Standards

Over 400,000 EMS Personnel have access to a **Privilege to Practice** valid in 24 states.

The Privilege to Practice is provided at **no cost** to all eligible EMS practitioners.

The EMS Compact is governed by the Interstate Commission for EMS Personnel Practice, a **governmental body** formed by state law.

The **National EMS Coordinated Database** is the only primary source database that has de-duplicated licensed EMS Practitioners in the United States.

The EMS Compact was instrumental in expediting **EMS practitioner mobility** during the COVID-19 pandemic and wildland fires.

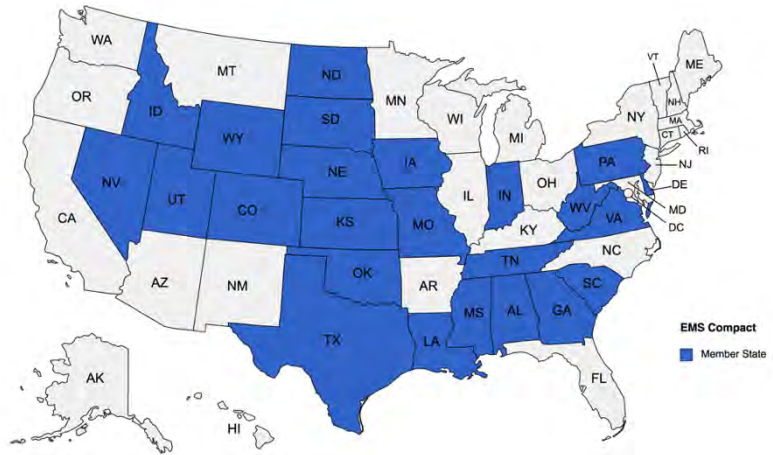
State EMS Offices **gain legislative authority** to regulate all EMS Practitioners working in their jurisdiction and collaborate on multi-jurisdictional investigations.

The Privilege to Practice is only extended to individual EMS Practitioners who:

- Have an unrestricted EMS license issued by a Member State.
- Are properly affiliated with an EMS Agency.
- Have a physician medical director.
- Operate in accordance with the EMS Compact regulations.



24 States Have Enacted the EMS Compact Legislation



Member State Requirements

- Use the NREMT Exam for all new EMT & Paramedic licenses issued by the State EMS Office.
- Requires an FBI background check for initial licensure.
- Notifies Commission of adverse action (license discipline).

EMS Practitioner Discipline

- All discipline cases are reported to the Coordinated Database no later than two business days after the discipline is imposed.
- State discipline cases are also reported to the National Practitioner Data Base (NPDB)

Other State Laws & Rules

- EMS Practitioners are required to know and abide by all applicable statutes, rules, and regulations for the jurisdiction(s) they are operating (many of which may alter the scope of practice for the practitioner).

EMS ID Number

- EMSID numbers are issued for all EMS practitioners in the United States at no charge.
- Use the EMS ID number to view/validate Privilege to Practice on www.EMSCompact.gov

Privilege to Practice (PTP) Requirements

- Have a current unrestricted license as an EMT, AEMT, Paramedic (or a state recognized and licensed level with a scope of practice and authority between EMT and paramedic) issued by an EMS Compact Member State, and
 - At least 18 years of age.
 - Practice under the supervision of a physician (MD/DO) medical director.
 - Affiliated with an EMS agency authorized in the Remote State
- There are no time limitations imposed on the Privilege to Practice under the Compact legislation.
- If an EMS Practitioner meets the criteria for the Privilege to Practice, the Compact requires a participating state to recognize the privilege for qualified purposes.

Scope of Practice

- The scope of practice of an EMS practitioner operating under the Privilege to Practice defaults to the provider's Home State.
- Remote states may modify the scope of practice of providers operating under a Compact privilege.

EMS Agency / Employer

- EMS Agencies must comply with all rules and regulations established by the jurisdiction where they are operating.
- The EMS Compact applies to EMS personnel but does not apply to EMS Agencies or employers.

The Seven Legislative Declarations of the EMS Compact

The legislative purpose of the EMS Compact is to enhance the effectiveness and responsiveness of emergency medical services personnel across state lines. This Compact legislation establishes seven key objectives aimed at improving public health and safety, ensuring professional accountability, and facilitating the mobility of EMS personnel. The purposes of the EMS Compact, as defined in legislation, include:

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

*A Comparative Review
of*
**Occupational
Licensure
Compacts**
with the
EMS Compact



SEPTEMBER 20

Prepared by the:

**Interstate Commission for Emergency Medical
Services Personnel Practice**



An Overview of Occupational Licensure Compacts in the United States

This report provides an overview of various occupational licensure compacts in the United States. The purpose of this report is to raise awareness among EMS Compact Commissioners and EMS Stakeholders about the existence and benefits of these compacts. It aims to show that the EMS Compact is not unique and to highlight states that are not part of the EMS Compact but participate in other compacts, making them high-priority targets for future legislation.

Current Occupational Licensing Compacts

Advanced Practice Registered Nurse Compact

Allows advanced practice registered nurses to have one multistate license giving them the ability to practice across all compact member states.

Audiology and Speech Language Pathology Interstate Compact

Facilitates the interstate practice of audiologists and speech-language pathologists while maintaining public protection.

Cosmetology Compact

The Cosmetology Licensure Compact seeks to provide licensees with opportunities for multistate practice, support relocating military families, improve the safety of cosmetology services and foster workforce development by reducing unnecessary licensure burdens.

Counseling Compact

Allows professional counselors licensed and residing in a compact member state to practice in other compact member states without the need for multiple licenses.

Dentist and Dental Hygienist Compact

The Dentist and Dental Hygienist Compact is a legally binding agreement among states that establishes an optional, additional pathway for dentists and dental hygienists to practice in states where they do not hold a license.

Dietitian Licensure Compact

The Dietitian Licensure Compact is a legally binding agreement among states that provides a pathway to practice through which dietitians can obtain compact privileges which authorize practice in states where they are not licensed.

Emergency Medical Services Personnel Licensure Compact

Facilitates interstate practice for licensed EMS professionals.

Interstate Compact for School Psychologists

Facilitates the interstate practice of School Psychology in educational or school settings, improving the availability of School Psychological Services to the public.

Interstate Massage Compact

Allows eligible massage therapists to practice in all compact member states.

Interstate Medical Licensure Compact

Offers a voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states, increasing access to health care for patients in underserved or rural areas.

Interstate Teacher Mobility Compact

Creates a streamlined pathway for licensure mobility for teachers.

Nurse Licensure Compact

Establishes reciprocal licensing arrangements between the party states for licensed practical/vocational nurses.

Occupational Therapy Licensure Compact

Facilitates interstate practice of occupational therapists between compact member states.

Physician Assistant Licensure Compact

Facilitates interstate practice for licensed physician assistants.

Physical Therapy Licensure Compact

Enhances public protection by facilitating the interstate practice of physical therapy with the goal of improving access to physical therapy services.

Psychology Interjurisdictional Compact

Facilitates the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.

Social Work Compact

Allows eligible social workers to practice in all compact member states.

Table 1: Jurisdictions in the EMS Compact

State/Territory	Year Joined
Alabama	2017
Colorado	2015
Delaware	2017
Georgia	2017
Idaho	2016
Indiana	2020
Iowa	2019
Kansas	2016
Louisiana	2020
Mississippi	2017
Missouri	2018
Nebraska	2018
Nevada	2023
North Dakota	2019
Oklahoma	2023
Pennsylvania	2022
South Carolina	2018
South Dakota	2021
Tennessee	2016
Texas	2015
Utah	2016
Virginia	2016
West Virginia	2020
Wyoming	2017

Table 2: Select Occupational Compacts Membership

State/Territory	# Compacts, of 14	Advanced Practice Registered Nurse Compact	Audiology and Speech Compact	Cosmetology Compact	Counseling Compact	Dentist and Dental Hygienist Compact	Dietitian Licensure Compact	EMS Compact	Physician Compact	Nurse Licensure Compact	Occupational Therapy Compact	PA Licensure Compact	Physical Therapy Licensure Compact	Psychology Interjurisdictional Compact	Social Work Compact
Alabama	11		✓	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓
Alaska	2		✓										✓		
Arizona	8			✓	✓			✓	✓	✓	✓		✓	✓	✓
Arkansas	6		✓		✓			✓		✓	✓		✓	✓	
California	0														
Colorado	12		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Connecticut	6				✓			✓	✓	✓			✓	✓	✓
Delaware	10	✓	✓		✓			✓	✓	✓	✓	✓	✓	✓	
District of Columbia	3								✓				✓	✓	
Florida	5		✓		✓			✓	✓	✓				✓	
Georgia	9		✓		✓			✓	✓	✓	✓		✓	✓	✓
Guam	2								✓	✓					
Hawaii	1								✓						
Idaho	5		✓					✓	✓	✓				✓	
Illinois	2								✓					✓	
Indiana	9		✓		✓	✓		✓	✓	✓	✓		✓	✓	
Iowa	9		✓		✓	✓		✓	✓	✓	✓		✓		✓
Kansas	9		✓		✓	✓		✓	✓	✓			✓	✓	✓
Kentucky	9		✓	✓	✓			✓	✓	✓	✓		✓	✓	✓
Louisiana	8		✓		✓			✓	✓	✓	✓		✓		✓
Maine	10		✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Maryland	8		✓	✓	✓			✓	✓	✓	✓		✓	✓	
Massachusetts	0														
Michigan	2								✓					✓	
Minnesota	8		✓		✓			✓	✓		✓	✓	✓	✓	✓
Mississippi	8		✓		✓			✓	✓	✓	✓		✓	✓	
Missouri	9		✓		✓			✓	✓	✓	✓		✓	✓	✓
Montana	6		✓		✓			✓	✓	✓	✓		✓		
Nebraska	11		✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Nevada	3							✓	✓					✓	
New Hampshire	8		✓		✓			✓	✓	✓	✓		✓	✓	✓
New Jersey	5				✓			✓	✓	✓			✓	✓	
New Mexico	1									✓					
New York	0														
North Carolina	6		✓		✓			✓		✓	✓		✓	✓	

North Dakota	7	✓			✓			✓	✓	✓			✓	✓	
Ohio	8		✓		✓			✓	✓	✓	✓		✓	✓	✓
Oklahoma	8		✓		✓			✓	✓	✓		✓	✓	✓	
Oregon	1												✓		
Pennsylvania	5							✓	✓	✓			✓	✓	
Rhode Island	5							✓	✓	✓	✓			✓	✓
South Carolina	7		✓		✓			✓		✓	✓		✓	✓	
South Dakota	9	✓			✓			✓	✓	✓	✓		✓	✓	✓
Tennessee	13		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Texas	5							✓	✓	✓			✓	✓	
Utah	11	✓	✓		✓			✓	✓	✓	✓	✓	✓	✓	✓
Vermont	8		✓		✓			✓	✓	✓	✓		✓	✓	✓
Virginia	10		✓	✓	✓	✓		✓		✓		✓	✓	✓	✓
Washington	10		✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
West Virginia	9		✓		✓			✓	✓	✓	✓	✓	✓	✓	
Wisconsin	9		✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	
Wyoming	7		✓		✓			✓	✓	✓	✓			✓	

Table 3: Jurisdictions Not Part of Occupational Licensure Compacts

State/Territory

California

Massachusetts

New York

EMS Compact Growth Opportunities

It is crucial for additional states to join the EMS Compact to ensure that EMS professionals are not disenfranchised or disadvantaged compared to their professional colleagues who benefit from other occupational licensure compacts. The EMS Compact facilitates the interstate practice of licensed EMS professionals, allowing them to provide critical services across state lines efficiently and without unnecessary administrative burdens. This compact is especially important in emergencies, disasters, and situations requiring rapid deployment of EMS personnel to areas with urgent needs.

States that are already part of other occupational licensure compacts, such as the Nurse Licensure Compact or the Interstate Medical Licensure Compact, have recognized the value of enabling healthcare professionals to practice across state lines seamlessly. By joining the EMS Compact, these states can extend similar privileges to EMS professionals, ensuring they have the same opportunities and are not left behind in terms of mobility and practice rights.

Moreover, joining the EMS Compact enhances public safety and healthcare delivery by allowing for a more flexible and responsive EMS workforce. It supports the rapid mobilization of EMS personnel during large-scale emergencies and facilitates collaboration and mutual aid among states. For states already participating in other compacts, the transition to include the EMS Compact is a logical step that aligns with their existing commitment to interstate professional practice and public protection. Expanding the EMS Compact to include more states is essential for ensuring that EMS professionals receive equitable treatment and opportunities compared to other medical professionals. It strengthens the overall healthcare system's ability to respond to emergencies and provides a framework for improved workforce mobility and cooperation across state lines.



U.S. Department of Defense

Working With State Policymakers to Support Military Families



2025 Priorities

- Military Family Access to Quality Family Child Care
- Remote Vehicle License and Registration Renewal for Military Families
- Concurrent Juvenile Jurisdiction
- Military Spouse Employment and Economic Opportunities
- State Response to Military Interpersonal Violence
- Defining Armed Forces in State Policy
- Military Family Antidiscrimination Status
- Open Enrollment Flexibility
- State Support of Military Families With Special Education Needs
- Military Community Representation on State Boards and Councils

Background

The Department of Defense-State Liaison Office works with state policymakers to change laws and policies to improve military family well-being. Each year, the DSLO focuses on 10 key priorities. For each priority, the Military State Policy Source website provides background information, official Defense Department data and status updates on relevant information across states.

Purpose

Many issues impacting the well-being of service members and their families are best addressed by state governments. In 2004, the undersecretary of defense for Personnel and Readiness established a state government relations program through the DSLO to educate policymakers on unintended barriers created by state policies and other issues important to military families.

What We Do

The DSLO has eight regional liaisons who live and work in regions of the United States overseeing state and territorial relations and interstate policy for the Office of the Secretary of Defense. The liaisons assist state policymakers by providing educational information, identifying “best practice” legislation, presenting testimony and providing assistance, when asked.

Track Record

The DSLO has assisted state policymakers to enact at least 1,275 bills since 2012 covering occupational licensure, employment protection, consumer protection, family law, child care, child protection, voting, education, health care and state judicial systems.

Explore Military State Policy Source

Visit our website to access information about the 2025 State Policy Priorities, track the status of legislation on these issues across states and connect to official data from the Defense Department. Learn more at statepolicy.militaryonesource.mil.



U.S. Department of Defense

Working With State Policymakers to Support Military Families

2025 State Policy Priorities

Military Family Access to Quality Family Child Care: In many cases, military family child care providers that are certified through Defense Department procedures must also be licensed or registered by the state, even when only caring for military children. By recognizing military family child care certification, in lieu of requiring state licensing, states can enhance access to child care for military families. States can also support Military Child Care in Your Neighborhood-PLUS, increasing child care access for active-duty, National Guard and reserve families.

Remote Vehicle License and Registration Renewal for Military Families: States can support service members and their families by allowing them to remotely renew driver's licenses, vehicle registrations and state identifications when service members are serving out of state. This gives military families administrative flexibility while transitioning among duty assignments.

Concurrent Juvenile Jurisdiction: Military installations subject to exclusive federal jurisdiction often handle juvenile offenses through the federal court system. Adopting policies that allow for concurrent jurisdiction can open the door to state resources and juvenile courts, offering better solutions, including more rehabilitative approaches, tailored to address crimes and misdemeanors of juvenile offenders.

Military Spouse Employment and Economic Opportunities: Military spouses continue to report occupational licensure as a barrier to employment as they move across state lines. Approving occupational licensure compacts, improving application processes and implementing the Military Spouse Licensing Relief Act are steps states can take to help military spouses maintain professional and financial stability.

State Response to Military Interpersonal Violence: Interpersonal violence is a behavior that asserts power or control over another person that includes various forms of abuse, which may negatively impact service member readiness and resiliency. States can enhance statutes relating to domestic violence, sexual assault and filing procedures for protection orders to assist victims of interpersonal violence.

Defining Armed Forces in State Policy: States can minimize disruptions in state benefits and services, for eligible service members and dependents, by clearly defining "armed forces" in state policy and adopting the most current definition of "armed forces," which includes the Army, Marine Corps, Navy, Air Force, Space Force and Coast Guard.

Military Family Antidiscrimination Status: To supplement federal protections for service members, states can add military family status as a class protected in state education, employment, housing and other civil rights laws.

Open Enrollment Flexibility: States can improve military families' access to existing district, interdistrict and intradistrict transfer programs by modifying state education open enrollment policies.

State Support of Military Families With Special Educational Needs: Highly mobile children, including military children, are more likely to experience recurring educational disruptions and challenges, particularly those who need access to special education and related services. States can assist military families by ensuring timely establishment of special education services upon relocation and reducing burdens associated with due process proceedings.

Military Community Representation on State Boards and Councils: Many states do not adequately recognize service members and their families as a separate and unique demographic. By recognizing the military community as a demographic, states can leverage expertise on military family needs, priorities and available resources. States can appoint those connected to the military to serve on state councils and to develop plans and other documents related to military affairs, nutrition and food security, economic workforce development, early childhood education, child care, suicide prevention and mental health.

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Defense-State Liaison Office: List of Occupational Licensure Compacts

As of July 29, 2024

An interstate compact is an agreement between two or more states to cooperate on a specific issue or set of policies. The Defense-State Liaison Office educates legislators on the benefits of occupational licensure compacts that improve the quality of life for military families by reducing barriers to licensure, and thus improving employment, when moving between states.

The DSLO is currently assisting with the following compacts. The highlighted compacts were developed through a cooperative agreement between The Council of State Governments and the Defense Department. Visit the websites for more information. Some websites may not be accessible on a DOD device:

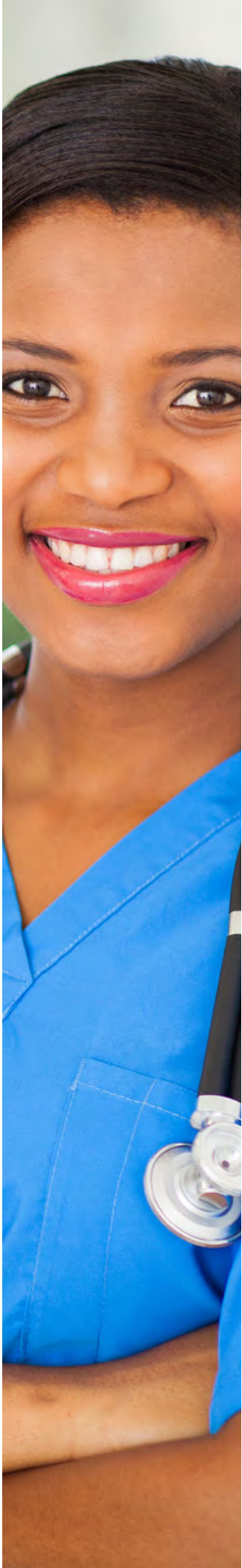
Advanced Practice Registered Nurse, APRN	https://www.aprncompact.com/
Audiology and Speech- Language-Hearing Interstate, ASLP-IC	https://aslpcompact.com
Cosmetology	https://cosmetologycompact.org/
Counseling	https://counselingcompact.org/
Dentistry/Dental Hygiene, DDH	https://ddhcompact.org/
Dietitian Licensure Compact	https://dietitianscompact.org/
Emergency Medical Services, EMS REPLICA	https://www.EMSCompact.gov
Massage Therapy, IMpact	https://massagecompact.org/
Nurse Licensure, NLC	https://www.nursecompact.com/
Occupational Therapy, OT	https://otcompact.org/
Physical Therapist, PT	https://ptcompact.org/
Physician Associates, PA	https://www.pacompact.org/
Psychology Interjurisdictional, PSYPACT	https://psypact.org/
School Psychology	https://schoolpsychcompact.org/
Social Work Compact, SW	https://swcompact.org/
Teaching, ITMC	https://teachercompact.org/

Resources

Visit the [National Center for Interstate Compacts](#) for technical assistance with interstate compacts.



Multistate Problem Solving with Interstate Compacts



Multistate Problem Solving with Interstate Compacts

The U.S. Bureau of Labor Statistics estimates the number of licensed occupations in the U.S. has risen from 5 percent of the workforce in the 1950s to approximately 25 percent of today's workforce. Navigating the various state licensing requirements, rules, regulations and fee structures can present significant challenges for workers.

To address these challenges, states and professions have turned to occupational licensure interstate compacts. These compacts create reciprocal professional licensing practices between states, while ensuring the quality and safety of services and safeguarding state sovereignty. To date, over 40 states and territories have adopted occupational licensure compacts for nurses, physicians, physical therapists, emergency medical technicians and psychologists.

What Are Interstate Compacts?

As a distinctly American invention, interstate compacts promote multistate problem-solving in the face of complex public policy issues and federal intervention. The Compacts Clause of the Constitution—Article I, Section 10, Clause 3—grants states the authority to enter into interstate agreements to achieve a common purpose.

Compacts are formal agreements between two or more states that bind them to the compacts' provisions, just as a contract binds two or more parties in a business deal. As such, compacts are subject to the principles of contract law and are protected by the constitution's prohibition against laws that impair contractual obligations. Compacts have the force and effect of statutory law and take precedence over conflicting state laws regardless of when those laws are enacted. Once enacted, compacts may not be unilaterally renounced by a member state, except as provided by the compacts themselves. Congress and the courts can compel compliance with the terms of interstate compacts, making compacts one of the most effective means of ensuring interstate cooperation.

Interstate compacts do several important things, including:

- Establishing a formal, legal relationship among states to address common problems or promote a common agenda.
- Creating independent, multistate, governmental authorities (such as commissions) that can address issues more effectively than a state agency acting independently could or when no state has the authority to act unilaterally, or beyond its border.
- Establishing uniform guidelines, standards, or procedures for agencies in the compact's member states.
- Assisting states in developing and enforcing stringent standards, while providing an adaptive structure that, under a modern compact framework, can evolve to meet new and increased demands over time.

Compacts provide states the opportunity to cooperatively address policy issues in the face of an increasingly active federal government. With the federal dynamic constantly shifting between all levels of government, interstate compacts are an attractive alternative to ensure state agreement on complex policy issues, establish state authority over areas reserved for states, and allow states to speak strongly with one unified voice. Without compacts, federal involvement in traditional state policy areas is an increasing possibility.

While compact language itself is crucial to a compact's success, modern regulatory compacts often expand upon the basic agreement with additional governing and administrative structures. As the administrative nature of state government has evolved over the last half-century, it has become necessary to develop structures and organizational procedures that transcend one state's internal operation and apply uniformly to all member jurisdictions. It has also become apparent that an officially sanctioned governing body is necessary to ensure accountability, training, compliance, enforcement and rulemaking to make the agreement a success.

When developing an interstate compact, it should contain the minimum basics upon which the compact needs to operate, both in terms of the agreement among states and the operation of a governing body, representing the member states. The compact does not need to address every conceivable eventuality, nor should it. Its purpose is to provide the framework upon which to build. By using the compact as the broad framework, rules can be adapted and adjusted as needed without the need to receive legislative approval each time from the member states.

As we become more integrated socially, culturally and economically, the volume of policy issues will only increase, and interstate compacts may well prove to be an apt mechanism for developing state-based solutions.

What are the Benefits of Interstate Compacts?

Unlike federally imposed mandates that often dictate unfunded and rigid requirements, interstate compacts provide a flexible, state-developed structure for collaborative and dynamic action while building consensus among the states. Compacts offer the following benefits:

- Compacts settle interstate disputes.
- Compacts provide state-developed solutions to complex public policy problems, unlike federally imposed mandates.
- Compacts respond to national priorities in consultation or partnership with the federal government.
- Compacts allow states to retain sovereignty in matters traditionally reserved for the states with regional or national implications.
- Compacts create economies of scale to reduce administrative costs.



States Constitutions & Interstate Compacts

Compact language is drafted with state constitutional requirements in mind that are common to most state constitutions, such as separation or delegation of powers and debt limitations. The validity of the state authority to enter into compacts and give authority to an interstate agency has been specifically recognized and unanimously upheld by the U.S. Supreme Court in *West Virginia v. Sims*.

Challenges of Interstate Compacts

Compacts are negotiated agreements among member states that have the status of both contract and statutory law. More important, compacts represent the only mechanism in the Constitution by which the states themselves can alter the fundamental dynamics of their relationships without the intervention of the federal government. Unlike other means of interstate cooperation, compacts create a state-based solution to regional or national problems and effectively retain policy control over certain interstate matters for the future.

While there are other forms of interstate cooperation available for states to achieve common goals, such as reciprocal agreements and uniform laws, none is more formal, more state-centered, more adaptable to collective state needs than interstate compacts.

However, Interstate compacts efforts may require a great deal of time to both develop and implement. While recent interstate compact efforts have met with success in a matter of a few years, especially licensure compacts, some interstate compacts have required decades to reach critical mass.

The cost of developing a compact varies depending largely upon the desired timelines, the level of external stakeholder involvement, and the level of education de-

sired within each state. No two compacts are alike and therefore issues addressed by one compact may require different development considerations than do others.

Some compacts have enjoyed massive federal support, such as the Adult Offender Compact which received more than \$1.2 million from the National Institute of Corrections. Occupational licensure compacts have also been the beneficiary of federal support. Both the Medical Compact and PsyPact have received Health Resources and Services Administration (HRSA) grants. Recent experience with occupational licensure compacts demonstrates expected cost of development at approximately \$500,000 to \$600,000.

Despite the challenges, as the balance of power continues to realign in our federalist system, states may only be able to preserve their sovereign authority over interstate problems to the extent that they share their sovereignty and work together cooperatively through interstate compacts.

Best Practices for Developing Regulatory Compacts

The development of any interstate compact should be state-driven. The compact development process has evolved for more than 200 years, and maintaining the integrity of the development process remains crucial to the success of a compact. Unlike most legislation, a compact bill should not be amended from its original form after introduction because it legally functions as the acceptance of a contractual agreement between states. Compacts can be easily derailed if the appropriate stakeholders and groundwork have not been addressed on the front end. Legislative buy-in is crucial.

Outlined below are key steps to the development process of a regulatory compact. These should be viewed as examples and can be customized as needed.

ADVISORY GROUP: Composed of state officials and other critical stakeholders, an Advisory Group examines





the realm of the problem, suggests possible solutions, and makes recommendations as to the structure of the compact. Typically, an Advisory Group is composed of approximately 20 individuals, each representative of various groups and states. An Advisory Group meets one or two times over a period of two to three months, with their work culminating in a set of recommendations as to what the final compact product should look like.

DRAFTING TEAM: A Drafting Team pulls the thoughts, ideas and suggestions of the Advisory Group into a draft compact. The Drafting Team, composed of 5 to 8 compact and issue experts, will translate the recommendations, as well as their own thoughts and expertise, into a draft compact that will be circulated to state officials for comment. The document will also be open for comments from a wide swath of stakeholders and the public. Following a comment period, the compact will be revised as needed and released to the Advisory Group for final review to ensure it meets the original spirit of the group's recommendation.

EDUCATION: Once completed, the compact would be available to states for legislative approval. During this phase of the initiative, state-by-state technical assistance and on-site education are key to success. Most state legislators have limited knowledge about interstate compacts, and with such a major issue being addressed, increasing awareness in each state is imperative. Previous interstate compact efforts have convened end-of-the-year legislative briefings for state officials to educate them on the solutions provided by the interstate compact. Education occurs before and during state legislative sessions.

ENACTMENT: Most interstate compacts are effective upon contingency. They typically activate when triggered by a pre-set number of states join the compact. For instance, the Interstate Medical Licensure Compact was triggered when seven states joined.

TRANSITION: Following enactment by the required number of states, the compact becomes operational and, dependent upon the administrative structure placed in the compact, goes through standard start-up activities such as state notification, planning for the first commission or state-to-state meetings, and hiring of staff to oversee the agreement and its requirements if authorized by the compact. A critical component of the transition will be the development of the rules, regulations, forms, standards, etc. by which the compact will operate.

Compact Phases of Development

Phase I - Development

Advisory Group

- Composed of approximately 20 state officials, stakeholders and issue experts
- Examines issues, current policy, best practices and alternate structures
- Establishes recommendations for the content of an interstate compact

Drafting Team

- Composed of five to eight state officials, stakeholders, and issue experts
- Crafts compact based on recommendations
- Circulates draft compact to states and stakeholder groups for comment

Final Product

- Drafting team considers comments and incorporates into compact
- Final product sent to advisory group
- Released to states for consideration

Phase II - Education and Enactment

Education

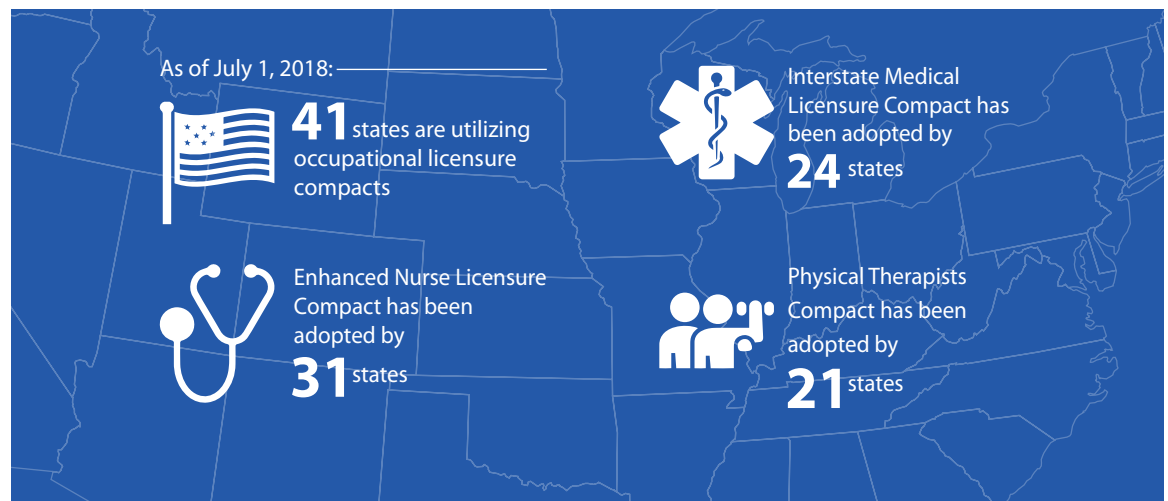
- Develop comprehensive legislative resource kit
- Develop informational internet site with state-by-state tracking and support documents
- Convene "national briefing" to educate legislators and key state officials

State Support

- Develop network of "champions"
- Provide on-site technical support and assistance
- Provide informational testimony to legislative committees

State Enactments

- Track and support state enactments





- Prepare for transition and implementation
- Provide requested support as needed

current compacts, their administration and compact law generally

Phase III - Transition and Operation

Transition

- Enactment threshold met
- State notification
- Interim executive board appointed
- Interim committees established
- Convene first compact commission meeting
- Information system development (standards, security, vendors)

Operation

- Ongoing state control and governance
- Staff support
- Annual assessment, if necessary
- Annual business meeting
- Information system oversight (maintenance, security, training, etc.)
- Long-term enhancements / up-grades

Remote and On-Site Technical Assistance

- Technical assistance in determining the need for new interstate compacts
- Examination and/or revision of existing interstate agreements

Administration and Resources

- Assistance in streamlining administrative structures and procedures
- Assistance in defining budgetary needs for compact operations
- Assistance in obtaining federal support of compacts
- Development of compact standards regarding structure, language, rules, regulation, compliance and enforcement

Training

- Training curriculum for compact administrators, compact staff and key stakeholder groups
- Annual training institute and annual technology conference

The Council of State Governments National Center for Interstate Compacts

More than 200 interstate compacts are now in effect between and among states, each housed independently within a member-state agency. The Council of State Governments National Center for Interstate Compacts, or NCIC, combines policy research with best practices and functions as a membership association, serving the unique needs of compact administrators, compact commissions, and the state agencies in which interstate compacts reside. NCIC is research-based and member-driven with significant services provided to the interstate compact community.

The suite of services offered by NCIC includes:

Education and Information

- Education of stakeholder groups, compact staffs, and state and local officials on the history, legality, structure, mechanics and use of compacts
- Promotion of the use of compacts to solve multi-state and cross jurisdictional problems
- Online repository containing language, bylaws, rules and assorted documents for every compact currently in existence as well as general interstate cooperation materials
- Updates on compact activities around the nation and state/federal activities affecting

CSG has been involved in the development and implementation of every recent occupational licensure interstate compact, including:

- Interstate Medical Licensure Compact (IMLC)
- Enhanced Nurse Licensure Compact (eNLC)
- Physical Therapist Compact (PTC)
- Emergency Medical Technicians Compact (REPLICA)
- Psychologist Interstate Compact (PsyPact)

Additionally, NCIC has participated in the creation of numerous compacts that count all 50 states as members, including:

- Interstate Compact for Adult Offender Supervision
- Interstate Compact for Juveniles
- Interstate Compact for the Placement of Children
- Emergency Management Assistance Compact
- Military Children's Interstate Compact

CSG is uniquely positioned to offer a full-range of services to states that need not only information and expertise, but also guidance and technical assistance in dealing with interstate compacts and other interstate agreements. Since 1933, CSG has been at the forefront of promoting multi-state problem solving and championing the role of states in determining their respective futures.



■ The National Center for Interstate Compacts (NCIC)

NCIC is a policy program developed by CSG to assist states in developing interstate compacts, which are contracts between states. State governments often prefer to direct themselves collaboratively when addressing problems that span boundaries, and compacts have proved to be an effective mechanism for states to jointly problem-solve, often avoiding federal intervention. NCIC serves as an information clearinghouse, a provider of training and technical assistance and a primary facilitator in assisting states in the review, revision and creation of new interstate compacts to solve multi-state problems.

The compacts center is a program borne from CSG's more than 85 year history of promoting multi-state problem solving and advocating the role of the states in determining their respective futures. During that time, CSG began tracking the progress of more than 200 active interstate compacts, researching innovative solutions for the states and bringing the states together to build consensus on national issues.

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**National Center for
Interstate Compacts**

THE COUNCIL OF STATE GOVERNMENTS