



The Interstate Compact for EMS Personnel Licensure

REVIEW of FINAL DRAFT for STATE EMS DIRECTORS and INVITEES

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Today's Panelists

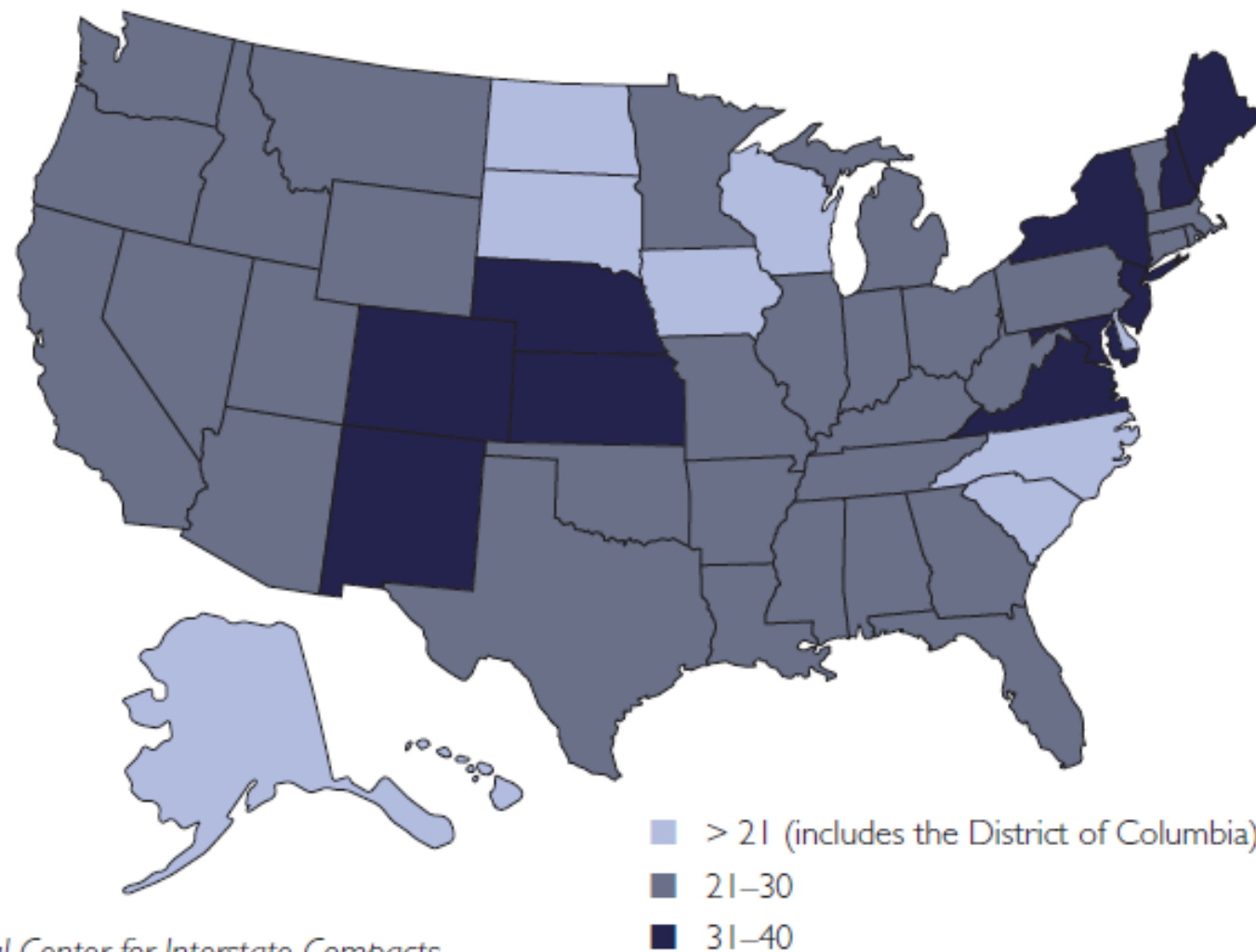
- Jim DeTienne, President, NASEMSO
- R. Crady deGolian, Director, CSG
National Center for Interstate Compacts
- Rick Masters, Legal Counsel, CSG
National Center for Interstate Compacts
(In flight)

An Interstate Compact?

Can We Do This???

- Constitutionally granted right of the states to enter into multistate agreements for their common benefit (Art. 1, Sec. 10, Clause 3)
- Supreme Court affirmed that states have the authority to enter into compacts and to delegate authority to an interstate agency (*West Virginia v. Sims*, 1951)
- Creates a multistate governmental authority to regulate and manage interstate policy concerns.

State-by-State Interstate Compact Membership



Source: National Center for Interstate Compacts.

Compact is designed to achieve the following purposes and objectives:

- Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses
- 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

Compact is designed to achieve the following purposes and objectives:

- 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, veterans and their spouses

A Cure for the Headaches and Nightmares

- US DHS personnel (border patrol, USCG, et al.)
- Mutual aid in an adjacent state
- Agencies with a multistate footprint (e.g., air medical services)
- Planned special events and major incidents below the level of a Governor-declared disaster (deployment pre-declaration, wildland fire, etc.)
- Hopscotchers



THE PROCESS

Phase I – National Advisory Panel (4 months)

- Individuals representing 23 organizations
- Issue and stakeholder experts from state EMS agencies, federal partners, and the EMS industry
- Two 2-day meetings
- Consensus-based guidance to identify high level provisions

Phase I – National Advisory Panel

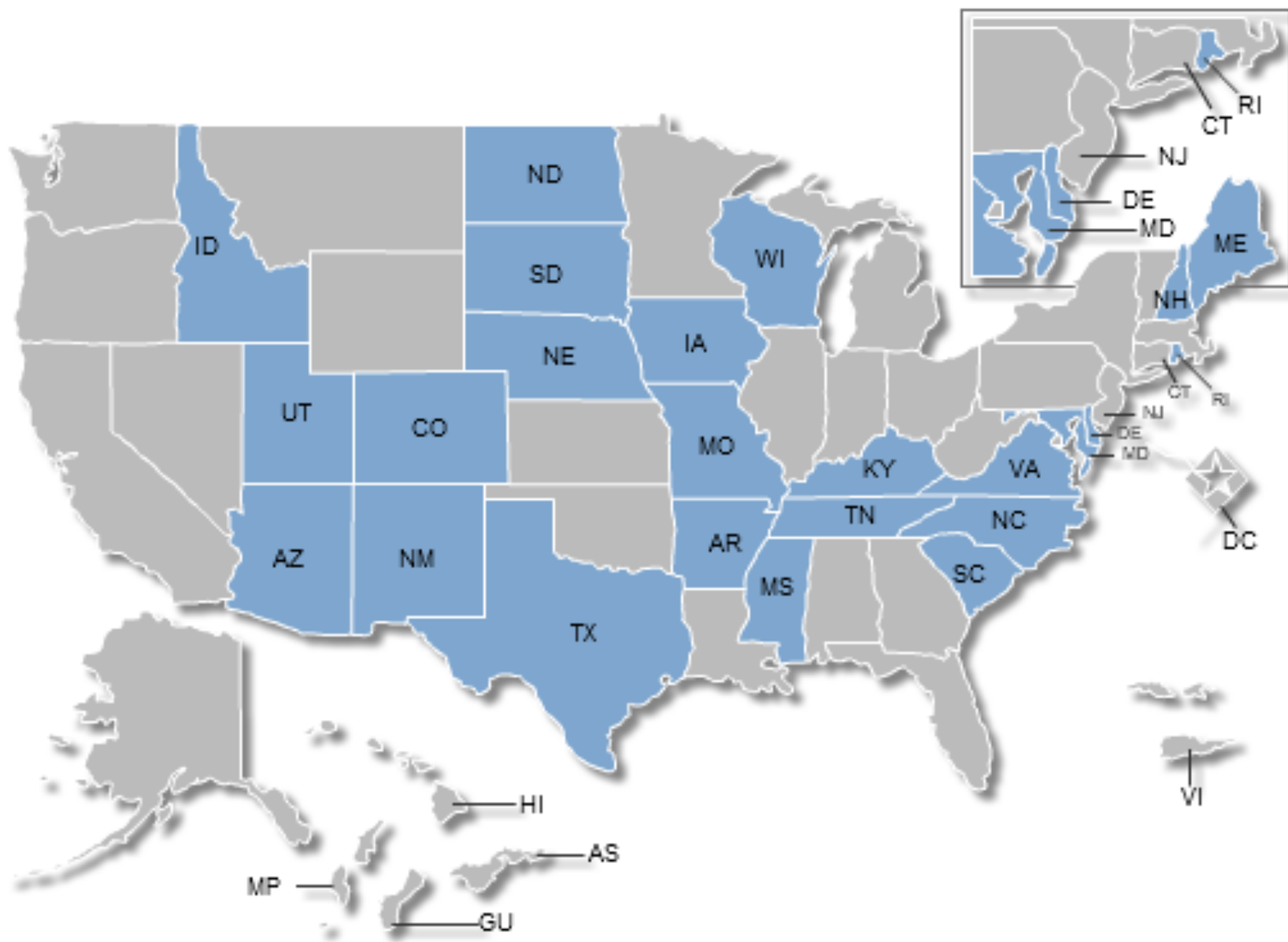
- American Ambulance Association
- American College of Emergency Physicians
- Association of Air Medical Services
- Association of Critical Care Transport
- Bureau of Land Management
- EMS Labor Alliance
- Federal Bureau of Investigation
- Federation of State Medical Boards
- Int'l Association of EMS Chiefs
- Int'l Association of Fire Chiefs
- Int'l Association of Fire Fighters
- International Association of Flight & Critical Care Paramedics
- International Paramedic
- National Association of EMS Educators
- National Association of EMS Physicians
- National Association of EMTs
- National EMS Management Association
- National Governors Association
- National Registry of EMTs
- National Volunteer Fire Council
- USDA Forest Service
- US DOI National Park Service

The NAP Decisions

- Preserve state sovereignty and collective control
- Create a system of self-regulation by the states whereby national policy can be put into place but remain flexible enough to change as change continues to occur in the EMS industry
- Develop an interstate compact working closely with CSG's National Center for Interstate Compacts

The NAP Conclusions

- Settings/circumstances to which the compact will apply
- Characteristics the individual must possess
- Home state requirements:
 - use of the NREMT exam
 - some kind of criminal history check
- Clear Choice: # of states needed to enact= 10
- Let the drafting team duke out the details



Phase II – Expert Drafting Team (7 months)

- Thirteen person team--5 from NASEMSO plus staff support
- Four 2 day long meetings, scores of e-mail exchanges
- Technical and legal input via NCIC and Vedder Price

Expert Drafting Team Members

- NASEMSO:
 - Wayne Denny (ID)
 - Scott Winston (VA)
 - Ron Schaefer (MD)
 - Dia Gainor (HQ)
 - Dan Manz (HQ-Facilitator)
- CSG National Center for Interstate Compacts:
 - R. Crady deGolian (Director)
 - Rick Masters (Legal Counsel)

Expert Drafting Team Members (con't)

- Tom Abram (Vedder Price)
 - NREMT and National Council of State Boards of Nursing GC
 - Four American Boards of physician specialties GC and legal counsel on testing matters for two examination boards of other medical disciplines
- Rick Sherlock (AAMS)
- David Ellis (IAFCCP)
- Jonathan Moore (IAFF)
- Skip Kirkwood (NEMSMA)
- Don Lundy (NAEMT)



THE RESULTS

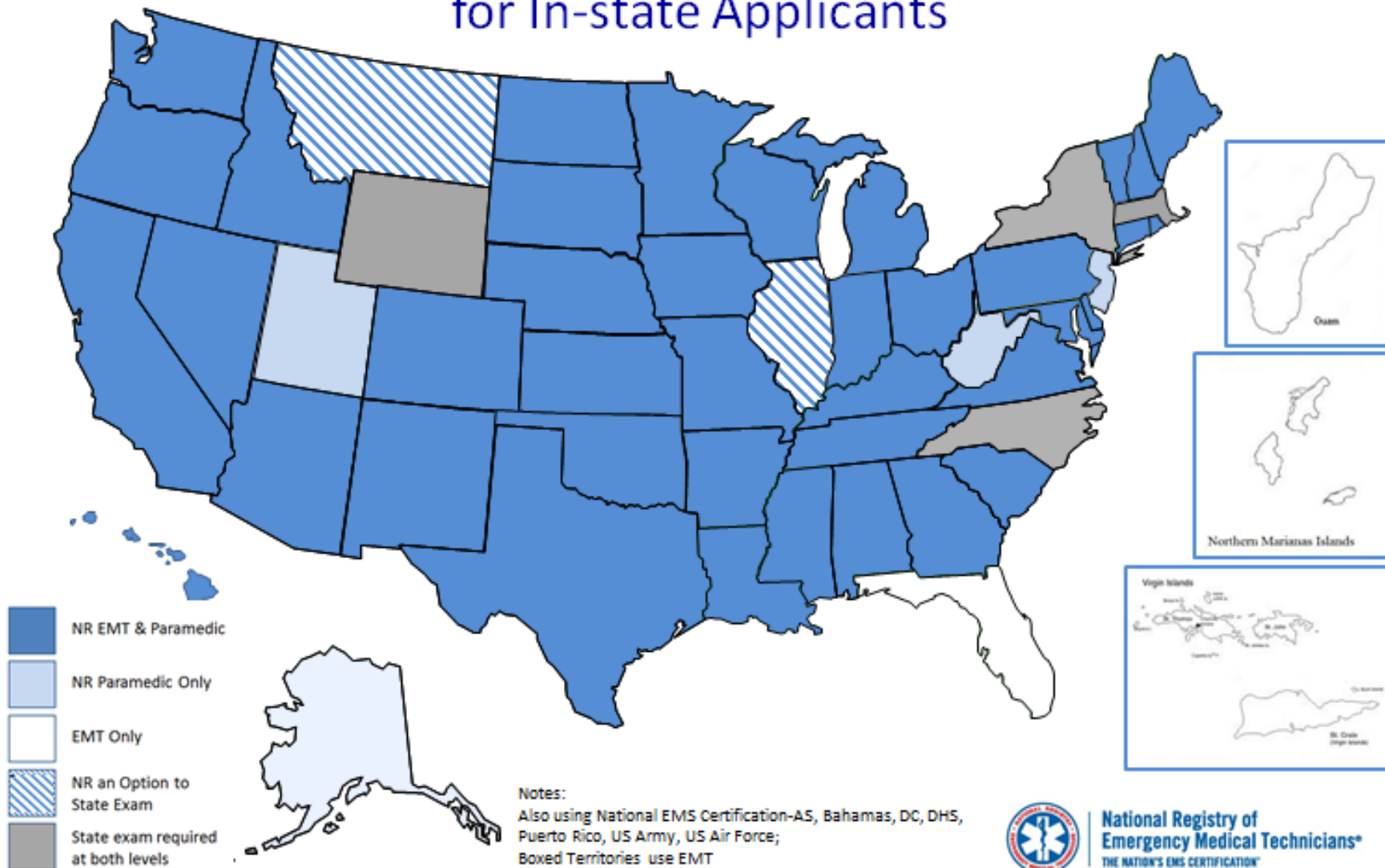
The Effect of Enactment

- Effectively a contract between states
- States extend a privilege to practice to individuals from other compact States as though they were licensed in their state
- States gain authority over EMS personnel from other compact states when practicing in their state
- Compact States form a governmental “Commission” to promulgate universal rules
- Commission is home to a national database

“Home State” Obligations

- Has a mechanism in place for receiving and investigating complaints about individuals
- Notifies the Commission of any adverse action or significant investigatory information regarding an individual
- 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

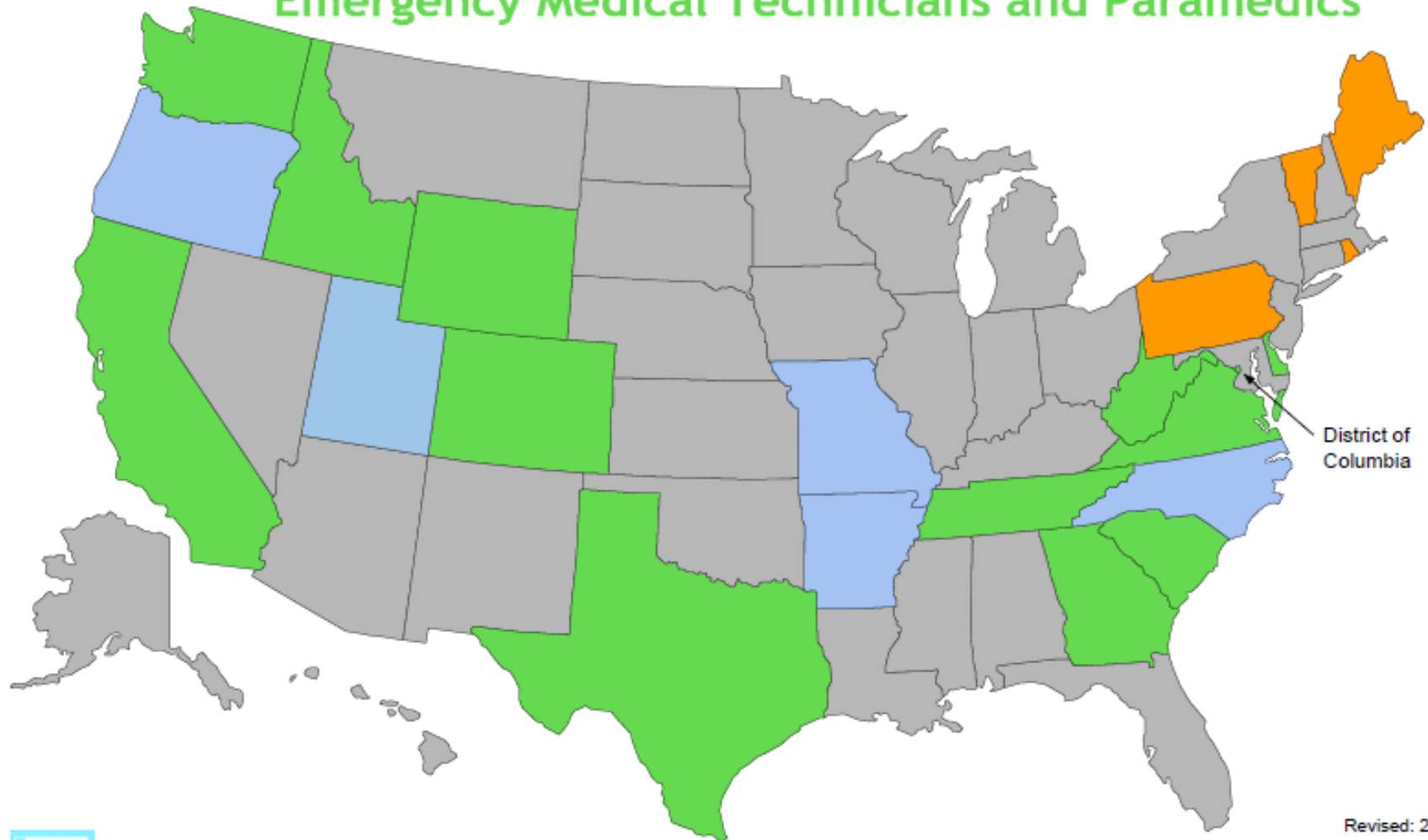
National EMS Certification Required for Initial State Licensure for In-state Applicants



“Home State” Obligation Within 5 Years of Activation:

- Require a criminal background check of all applicants for initial licensure
 - Based on the results of fingerprint or other biometric data checks
 - Compliant with the requirements of the Federal Bureau of Investigation
 - Exception of federal and other governmental employees who have a specific security clearance as defined in US CFR

Fingerprint Based FBI Check: Requirement for Initial Licensure for Emergency Medical Technicians and Paramedics



District of Columbia



- Required for Both
- State Level Check - FBI Conditional Based on Residency History
- State Level Check Only on All Applicants

Revised: 2/10/14

*Based on results from the 2012 EMT & Paramedic Implementation Surveys and 2014 Followup Query

“Home State” Obligations

- Considers a separating service member who holds a current, valid and unrestricted NREMT certification at or above the level of state licensure being sought as satisfying the minimum training and examination requirements for such licensure
- Expedites the processing of licensure applications made by separating service members
- Complies with the rules of the Commission

Adverse Actions

- Home state has exclusive ability to take disciplinary action against the license issued by that state
- 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 determining the appropriate adverse action.

Adverse Actions

- If the home state acts, the privilege to practice in every other state is immediately suspended
- A remote state may take adverse action on an individual's privilege to practice within that state
- 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

Adverse Actions

- Option for a state to require participation in an alternative program is preserved and 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.

Effects of Restriction

- 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 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.
- 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.

ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY

- Issue cease and desist orders to restrict, suspend or revoke an individual's privilege to practice in the state
- Issue subpoenas

Individual Requirements to Enjoy the Privilege to Practice in a “Remote State”

- Be at least 18 years of age;
- 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
- Practice under the supervision of a medical director.

Operational Scenarios

- The individual may practice only in the performance of their official duties
- The individual must have been assigned to function by an appropriate authority
- The individual initiates a patient transport in a home state and transports the patient to a remote state
- 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 back to the home state

Operational Scenarios

- The individual enters a remote state to provide patient care and/or transport within that remote state
- The individual enters a remote state to pick up a patient and provide care and transport to a third member state
- Other conditions as determined by rules promulgated by the commission

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 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.”

Relationship to the Emergency Management Assistance Compact



- Once a Governor declares a disaster and EMAC is activated, EMAC applies and supercedes the interstate compact for EMS personnel licensure

The Interstate Commission

- “Joint public agency”
- States preserve sovereign immunity
- Every state holds one seat, one vote
- The state delegate is the “responsible official of the state EMS authority or their designee”
- Create bylaws, promulgate rules
- Establish policy and procedures
- At least one meeting per year
- All meetings are public

The Interstate Commission

- Budget and financial management provisions
- May accept any appropriate revenue source, including donations and grants
- May collect an assessment from states for which revenue is not provided by other sources
- Qualified immunity, defense, and indemnification

Interstate Compact Commission

Operational Benefits

- Proven governance structure
- National data & information sharing systems
- Enhanced enforcement and compliance mechanisms
- Uniform compact rules and policies
- Uniform operations and procedures

“Home” State Considerations in Play

- Pass the law!
- Be a current user of the NREMT examinations at the EMT and Paramedic levels
- Require fingerprint based criminal history check within 5 years
- Agree to review adverse event reports received from another compact state

“Remote” State Considerations in Play

- Pass the law!
- Agree to document complaints and conduct investigations
- Exercise the ability to suspend provider’s privilege to practice
- Provide home state with documentation of investigations and suspensions

NEXT STEPS

- Webinar for State EMS Directors 2/14/14
- Webinar for national EMS associations, national organizations and federal partners on 2/28/14
- Refinement in March as needed
- Routine quarterly report to DHS by 3/31/14
- Submission of FINAL draft to DHS by 4/30/14
- Project closeout and report to DHS by 5/31/14

Questions?

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