

SECTION 3. HOME STATE LICENSURE

SECTION 4. COMPACT PRIVILEGE TO PRACTICE

SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

SECTION 8. ADVERSE ACTIONS

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

SECTION 11. COORDINATED DATABASE

SECTION 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. GENERAL

1. Is the “Appropriate Authority” the same entity throughout the different sections of REPLICA? Can the appropriate authority for one section be the State EMS Office and the local EMS agency for another? The language in REPLICA states “an appropriate authority”, not “the appropriate authority” so it seems to indicate that there could be more than one. If we agree that there can be more than one, we will need to declare what the appropriate authority is for each section where it is mentioned.
2. Can we further define home state? What is the home state? (Primary affiliation?) Can an individual have more than one home state?
3. Can we mandate that an individual has one home state? If so, how is it decided? do they self-declare?
4. How, when and where does a state retain the authority to require licensure?

B. DATA

1. What data elements are in the “uniform dataset”?
2. How are the data submitted?
3. What is the frequency of data submission?
4. Are there levels of access for the database? If so, what are they?
5. Who owns the database?
6. Who owns the data?
7. How are decisions made about what data can be shared?

C. SIGNIFICANT LICENSURE INFORMATION

1. How are the results of the FBI check used to determine an individual’s privilege to practice in other states? Any felony is a disqualifier? Some crimes are felonies in some states and not in others. What then?
2. Is there a list of possible crimes? Does this list drive each state’s decision making on granting privilege to practice?
3. Can criminal history information be shared? If so, how? Can it be shared by the individual? Would the individual have to submit to a criminal background check in the

remote state? (if an individual appeals, how is that shared, by the individual? In the course of a remote state process)

D. ADVERSE ACTIONS AND LIMITATIONS TO A LICENSE OR PRIVILEGE TO PRACTICE

1. How are adverse actions communicated to the Commission (Section 8 C) Are adverse actions reported through the coordinated database?
2. What are the “Limitations on a license”? Revocation, suspension, other sanctions?
3. What does “adverse action” include? Actions against the home state license or actions against the privilege to practice in other states?
4. If a remote state sanctions an individual’s privilege to practice, does the individual have appeal, right? Can the process vary from state-to-state or is it uniform across all of REPLICA?
5. Is there a situation where an individual is licensed in their home state, but does not enjoy a privilege to practice in other member states due to a finding in the criminal history check that is NOT disqualifying in the home state? “Restricted License?”. Can this be due to crimes that will limit the privilege to practice?
6. What is the process for documenting the conversation between states for Section 8 B 1 of the compact?
7. Is it possible for a license holder to petition another member state for a privilege to practice in that member state if the person’s privilege to practice has been limited? What is the petition process to remote states? (Section 4F)
8. How does a home state communicate the privilege to practice to other member states?

E. INVESTIGATIONS

1. How are investigations handled when an incident occurs in a remote state? The decision about “Home State” will have a significant impact here as allowing multiple Home States could make this confusing. Example: An individual lives near the border of and regularly practices in state’s B, C and D. If all three are “Home States” and the individual is alleged to have violated the practice act in State A, which of the three “Home States” is responsible for the investigation? All three? What then happens if two of the three decide to sanction him and the third does not?

F. SCOPE OF PRACTICE

1. 4.C. states that an “Appropriate Authority” in a remote state has the authority to modify the scope of practice of an individual from another member state. What is the appropriate authority? State EMS Office? If so, how does State A and State W communicate the specifics of provider scopes of practice for those individuals practicing under REPLICA privilege to practice? How is the scope of practice modification communicated to providers?

2. Is the baseline the NSOP?
3. How do states communicate their state SOP to other member states? Indicate any deviation from the NSOP?
4. How do member states communicate their scope to other states if they have limited the scope from the NSOP?
5. If an individual is moving a patient from one member state into (or through) another member state and the scopes of practice for the two border states are different. Does the individual have to alter their scope during the transport? If so, at what point? If they pick up a patient (or begin patient care) in a remote state or when they cross the state border?
6. How, when, where does a state make a scope change? How do they communicate that change?
7. Can a state implement an “across the board” scope modification? For example: no RSI for any remote state REPLICA medics.

G. FEES

1. Are annual assessments for each member state based upon a formula determined by the Commission or fees imposed on other parties?
2. What do other Commissions charge? How do they determine the cost? How is the bill issued? What happens when someone does not pay?

H. CODUCT OF THE COMMISSION

1. What are the specifics for the REPLICA Code of Conduct?
2. Conflict of interest?