

The Council of State Governments' National Center for Interstate Compacts  
and  
The National Association of State EMS Officials



**RECOGNITION OF EMS PERSONNEL  
LICENSURE INTERSTATE COMPACT (REPLICA)  
STATE EMS DIRECTOR AND LEGAL COUNSEL SEMINAR**

JUNE 10, 2014

DoubleTree by Hilton Hotel Chicago O'Hare Airport – Rosemont





## RECOGNITION OF EMS PERSONNEL LICENSURE COMPACT (REPLICA) STATE EMS DIRECTOR AND LEGAL COUNSEL SEMINAR

June 10, 2014 ~~ DoubleTree by Hilton Hotel~~Chicago O'Hare Airport

**8:00 A.M. BREAKFAST AND MULTISTATE CONVERSATIONS**

**9:00 A.M. WELCOME & HOUSEKEEPING**

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**9:15 A.M. INTERSTATE COMPACTS: WHAT ARE THEY AND HOW DO THEY WORK?**

Rick Masters, JD, Special Counsel for Interstate Compacts and Legal consultant to the National Center for Interstate Compacts ([Bio](#))

**9:45 A.M. COUNCIL OF STATE GOVERNMENTS (CSG) NATIONAL CENTER FOR INTERSTATE COMPACTS (NCIC): THE WORK CSG PERFORMS AND SERVICES IT PROVIDES**

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Crady DeGolian, Director NCIC

**10:15 A.M. OUTREACH AND EDUCATION OF LEGISLATIVE BRANCH MEMBERS AND GOVERNORS IN THE STATES: AN OVERVIEW**

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Crady DeGolian and Rick Masters

**10:45 A.M. A FOCUSED WALKTHROUGH OF THE FINAL COMPACT DRAFT**

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Dia Gainor, MPA, QAS, Executive Director, NASEMSO

**12:00 P.M. LUNCH**

**12:30 P.M. LUNCHEON PANEL~THE REPLICA COMMISSION: INSIGHTS AND LESSONS LEARNED FROM OTHER COMPACT ADMINISTRATIONS**

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Sandra Evans, MAEd, RN, Nurse Licensure Compact Administration Chair  
State NLC Administrator, Idaho Board of Nursing  
Rick Masters, JD

**1:15 P.M. QUESTIONS WITH LEGAL, TECHNICAL, AND POLICY EXPERTS (PRE-FILED)**

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Tom Abram, General Counsel, NREMT and the National Council of State Boards of Nursing ([Bio](#))  
Rick Masters et al.

**2:15 P.M. FINAL RECONCILIATION OF ISSUES FOR STATES**

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**3:00 P.M. ADJOURN**

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## **Interstate Compacts: Background and History**

### *About Interstate Compacts*

Interstate compacts are contracts between two or more states creating an agreement on a variety of issues, such as specific policy challenges, regulatory matters and boundary settlements. States have used interstate compacts to address a variety of issues, including:

- Establishing a legal relationship to resolve a specific dispute, i.e. rights for use of water resources;
- Creating independent, multistate agencies that can more effectively address specific policy problems, i.e. the Port Authority of New York and New Jersey; and
- Establishing uniform guidelines and standards for member states to follow.

In addition, compacts allow states to maintain their sovereignty by allowing them to act collectively outside the confines of federal legislation or regulation. When used effectively, compacts provide regional or national policy solutions without interference from the federal government. Compacts also let states develop a dynamic, self-regulatory system that remains flexible enough to address changing needs.

### *History of Compacts*

Interstate compacts are not new. They date back to the country's founding as a way to resolve disputes between colonies. Since 1789, compacts have grown beyond bi-state agreements into national and regional creations with both advisory and regulatory responsibilities. What has changed in the past century is the increased sophistication and use of interstate compacts to create administrative agencies to solve ongoing state problems.

### *Primary Purposes of Compacts*

Interstate compacts can:

- Resolve boundary disputes;
- Manage the interstate allocation of natural resources; and
- Create interstate administrative agencies, including compacts, in the following policy areas:
  - Interstate transportation
  - Taxation
  - Environmental matters
  - Regulation
  - Education
  - Corrections
  - Public safety

*Notable Interstate Compacts Affiliated with CSG*

- Interstate Compact for Adult Offender Supervision—This compact exists to ensure public safety by creating standard rules for transferring adult offenders from one state to another state.
- Interstate Compact for Juveniles—This compact aims to enhance public safety by improving interstate supervision of juvenile offenders and delinquents.
- Interstate Compact on Educational Opportunity for Military Children—This compact, which was developed jointly by CSG and the Department of Defense, replaces the widely varying policies affecting transitioning military students by addressing key educational issues encountered by military families.
- Midwest Interstate Passenger Rail Compact—Administered from CSG's Midwest Office, this compact brings together state leaders from across the region to advocate for passenger rail improvements. Formed by compact agreement in 2000, the compact's current members are Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio and Wisconsin.
- Emergency Management Assistance Compact—Administered by CSG's affiliate organization, the National Emergency Management Association, EMAC is a mutual aid agreement and partnership among states that exists because, from hurricanes to earthquakes and from wildfires to toxic waste spills, all states share a common enemy: the constant threat of disaster.
- Great Lakes–St. Lawrence River Water Resources Compact—Since 2001, the Council of Great Lakes Governors has worked to develop a framework of binding agreements among the Great Lakes states and Canadian provinces for managing the Great Lakes resource. The culmination of this effort is the new Great Lakes–St. Lawrence River Basin Water Resources Compact. The agreement details how states and provinces will manage and protect the Great Lakes and St. Lawrence River Basin.

*Advantages and Disadvantages of Interstate Compacts*

<b>Advantages</b>	<b>Disadvantages</b>
Flexible and enforceable	Lengthy and challenging process
Interstate uniformity without federal intervention	Lack of familiarity with the mechanism among state government officials and the public

States maintaining collective sovereignty	Perceived loss of individual state sovereignty
Alternative to federal pre-emption	Delegation of state regulatory authority to an interstate agency

### *About NCIC*

The National Center for Interstate Compacts 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 are located. The center promotes the use of interstate compacts as an ideal tool to meet the demand for cooperative state action, to develop and enforce stringent standards, and to provide an adaptive structure for states that can evolve to meet new and changing demands over time.

NCIC's mission is to serve 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 as solutions to multi-state problems or alternatives to federal preemption.

### *More Information*

For more information on interstate compacts, including news on recent state and federal legislation, a searchable database of compacts, links to relevant state statutes, and legal and historical information, visit the National Center for Interstate Compacts at [www.csg.org](http://www.csg.org) (keyword: interstate compacts) or contact Crady deGolian at [cdegolian@csg.org](mailto:cdegolian@csg.org).

**THE COUNCIL OF STATE GOVERNMENTS**  
**THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS**  
***RECOGNITION OF EMS PERSONNEL LICENSURE COMPACT***

*Background and Summary*

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***Background and Need***

States have had the authority to license emergency medical services personnel since the 1970s. While the federal government frequently provides resources and assistance to aid states in developing licensing protocols, licenses are issued based on individual state practices.

The license issued to emergency services personnel by a state is based on a determination of the individual's fitness to practice; the individual must meet or exceed the minimum requirements established by that state's laws and regulations. These requirements vary by state, but often include:

- Completing a state approved or nationally accredited training program;
- Obtaining a passing score on a national certification examination;
- Passing a criminal history background check;
- Being credentialed by a licensed ambulance service or other emergency agency, and
- Having a medical director who is responsible for verifying the competency of the provider on a periodic basis.

The EMS industry has undergone much change since the 1970s. It is becoming increasingly more common for EMS personnel to cross state lines to provide services in non-declared states of emergency.

This increased level of interstate movement and cooperation has placed a renewed emphasis on how EMS personnel are licensed to ensure that they are not being accused of practicing medicine in a state in which they are not technically licensed. As a result, there is an increasing need for a universal means of assuring a legal, accountable and geographically consistent method of licensing emergency services personnel.

*Interstate Compacts*

While there have been limited efforts to address the problem—notably border states entering into memorandums of understanding to allow EMS personnel to work across state lines—a more permanent and wide-reaching solution has not been found. One possible way to solve this

growing problem may be the formation of an interstate compact, which would allow member states to self-regulate the existing system for licensing EMS personnel.

Compacts, which are governed by the tenets of contract law, provide states an enforceable, sustainable and durable tool capable of ensuring permanent change without federal intervention. With more than 215 interstate compacts in existence today and each state belonging to an average of 25 compacts, there is considerable legal and historical precedence for the development and use of the tool.

Perhaps more importantly, several compacts that deal specifically with licensing and emergency management issues already exist. Compacts such as the [Driver's License Compact](#) and the [Nurse Licensure Compact](#) provide precedence for member states to honor licenses issued in another member state. Numerous compacts deal with emergency management and preparedness, including the [Emergency Management Assistance Compact](#) and the existing regional forest fire compacts. An emergency medical services personnel compact would allow the member states to preserve state sovereignty through collective control and self-regulation.

*Next Steps:*

The Council of State Governments, through its National Center for Interstate Compacts, and the National Association of State EMS Officials have worked with a team of subject matter experts to develop an EMS Personnel Licensure Compact. The agreement, which allows member states to honor licenses consistent with the terms of the compact is nearly finalized. Following this meeting staff will make any necessary changes to the document before presenting it for legislative consideration beginning in 2015.

Resources:

- 1) [National Association of State EMS Officials](#)
- 2) [www.csg.org/ncic](http://www.csg.org/ncic)



## Interstate Compact – Process

The development of an interstate compact should be a deliberate and well planned process. The Council of State Government’s (CSG) experience through several interstate compact efforts has established that procedural planning and political strategy often reduces or eliminates obstacles during the project. To that end, the development of an interstate compact involves:

- Creating and convening an Advisory Board to guide the early policy analysis and formulate recommendations;
- Developing a national Drafting Team, composed of compact and other subject matter experts who will craft the new compact;
- Facilitating the new interstate compact in the states, seeking national enactment by all impacted states and relevant jurisdictions;
- Overseeing the transition to the new interstate compact, including development of governing and administrative processes and training states on the new agreement;
- Maintaining and enhancing the new compact as it becomes operational.

### *Model Process*

Advisory Board	Drafting Team	Education and Outreach
<ul style="list-style-type: none"> <li>• Composed of state officials, stakeholders, issue experts;</li> <li>• Examine the issues and current policy spectrum of issue;</li> <li>• Examine best practices and alternative structures;</li> <li>• Establish recommendations as to the content of an interstate compact; and</li> <li>• Examine the need for Congressional Consent.</li> </ul>	<ul style="list-style-type: none"> <li>• Composed of 5-8 state officials, issue and compact experts (typically some overlap w/ Advisory);</li> <li>• Craft interstate compact solution based on Advisory Group recommendations; and</li> <li>• Circulate draft compact to Advisory Board and relevant stakeholder groups for comment.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify legislative champions</li> <li>• Convene legislative briefing to educate policymakers and stakeholder groups about the new interstate agreement</li> <li>• Develop resource kit and project web site to supplement legislative briefing;</li> <li>• Provide technical assistance to states considering the new compact.</li> </ul>



1                   **EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE**  
2                                   **INTERSTATE COMPACT**

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3                                   **ARTICLE I**

4                                   **PURPOSE**

5   Whereas, states license emergency medical services (EMS) personnel, such as emergency  
6   medical technicians (EMTs), advanced EMTs and paramedics in order to protect the public  
7   through verification of competency and ensure accountability for patient care related activities;  
8   and

9   Whereas, this Compact is intended to facilitate the day to day movement of EMS personnel  
10   across state boundaries in the performance of their EMS duties as assigned by an appropriate  
11   authority; and

12   Whereas, this Compact is intended to authorize state EMS offices to afford legal recognition, in a  
13   manner consistent with the terms of the Compact, to EMS personnel licensed in a member state;  
14   and

15   Whereas, this Compact recognizes that states have a vested interest in protecting the public's  
16   health and safety through their licensing and regulation of EMS personnel and that such state  
17   regulation will best protect public health and safety;

18   Consistent with these principles, this Compact is designed to achieve the following purposes and  
19   objectives:

- 20         1. Increase public access to EMS personnel;

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

**ARTICLE II****DEFINITIONS**

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- 35 A. “Advanced Emergency Medical Technician (AEMT)” means: an individual licensed  
36 with cognitive knowledge and a scope of practice that corresponds to that level in the  
37 National EMS Education Standards and National EMS Scope of Practice Model.
- 38 B. “Adverse Action” means: an action taken against a practitioner’s privilege to practice  
39 or a licensure disciplinary action.
- 40 C. “Alternative program” means: a voluntary, non-disciplinary substance abuse recovery  
41 program approved by a state EMS authority.
- 42 D. “Certification” means: the successful verification of entry-level cognitive and  
43 psychomotor competency using a reliable, validated, and legally defensible  
44 examination.
- 45 E. “Commission” means: the national administrative body of which all states that have  
46 enacted the compact are members.
- 47 F. “Emergency Medical Technician (EMT)” means: an individual licensed with cognitive  
48 knowledge and a scope of practice that corresponds to that level in the National EMS  
49 Education Standards and National EMS Scope of Practice Model.
- 50 G. “Home State” means: a member state where an individual is licensed to practice  
51 emergency medical services.
- 52 H. “License” means: the document issued by a state that authorizes an individual to  
53 practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic.
- 54 I. “Medical Director” means: a physician licensed in a member state who is accountable  
55 for the care delivered by EMS personnel.

- 56 J. “Member State” means: a state that has enacted this compact.
- 57 K. “Privilege to Practice” means: an individual’s authority to deliver emergency medical  
58 services in remote states as authorized under this compact.
- 59 L. “Paramedic” means: an individual licensed with cognitive knowledge and a scope of  
60 practice that corresponds to that level in the National EMS Education Standards and  
61 National EMS Scope of Practice Model.
- 62 M. “Remote State” means: a member state in which an individual is not licensed.
- 63 N. “Restricted” means: the outcome of an adverse action that limits a license or the  
64 privilege to practice.
- 65 O. “Rule” means: a written statement by the interstate Commission promulgated pursuant  
66 to Article XII of this compact that is of general applicability; implements, interprets, or  
67 prescribes a policy or provision of the compact; or is an organizational, procedural, or  
68 practice requirement of the Commission and has the force and effect of statutory law  
69 in a member state and includes the amendment, repeal, or suspension of an existing  
70 rule.
- 71 P. “Scope of Practice” means: defined parameters of various duties or services that may  
72 be provided by an individual with specific credentials. Whether regulated by rule,  
73 statute, or court decision, it tends to represent the limits of services an individual may  
74 perform.
- 75 Q. “Significant Investigatory Information” means:
- 76 a. investigative information that a state EMS authority, after a preliminary inquiry  
77 that includes notification and an opportunity to respond if required by state law,

78 has reason to believe, if proved true, would indicate more than a minor infraction;

79 or

80 b. investigative information that indicates that the individual represents an  
81 immediate threat to public health and safety regardless of whether the individual  
82 has been notified and had an opportunity to respond.

83 R. “State” means: a state of the United States, the District of Columbia, the Commonwealth  
84 of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Northern Mariana  
85 Pacific Islands, and any other U.S. territory.

86 S. “State EMS Authority” means: the board, office, or other agency with the legislative  
87 mandate to license EMS personnel.

**ARTICLE III****HOME STATE LICENSURE**

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- 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
  - 5. Complies with the rules of the Commission.

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## ARTICLE IV

### 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 Article III.
- 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 Article IV Section 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.

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

DRAFT



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**ARTICLE V**

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**CONDITIONS OF PRACTICE IN A REMOTE STATE**

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A. An individual may practice in a remote state under a privilege to practice only in the

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performance of the individual's EMS duties as assigned by an appropriate authority, as

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defined in the rules of the Commission, and under the following circumstances:

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1. The individual originates a patient transport in a home state and transports the patient to a remote state;

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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;

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3. The individual enters a remote state to provide patient care and/or transport within that remote state;

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4. The individual enters a remote state to pick up a patient and provide care and transport to a third member state;

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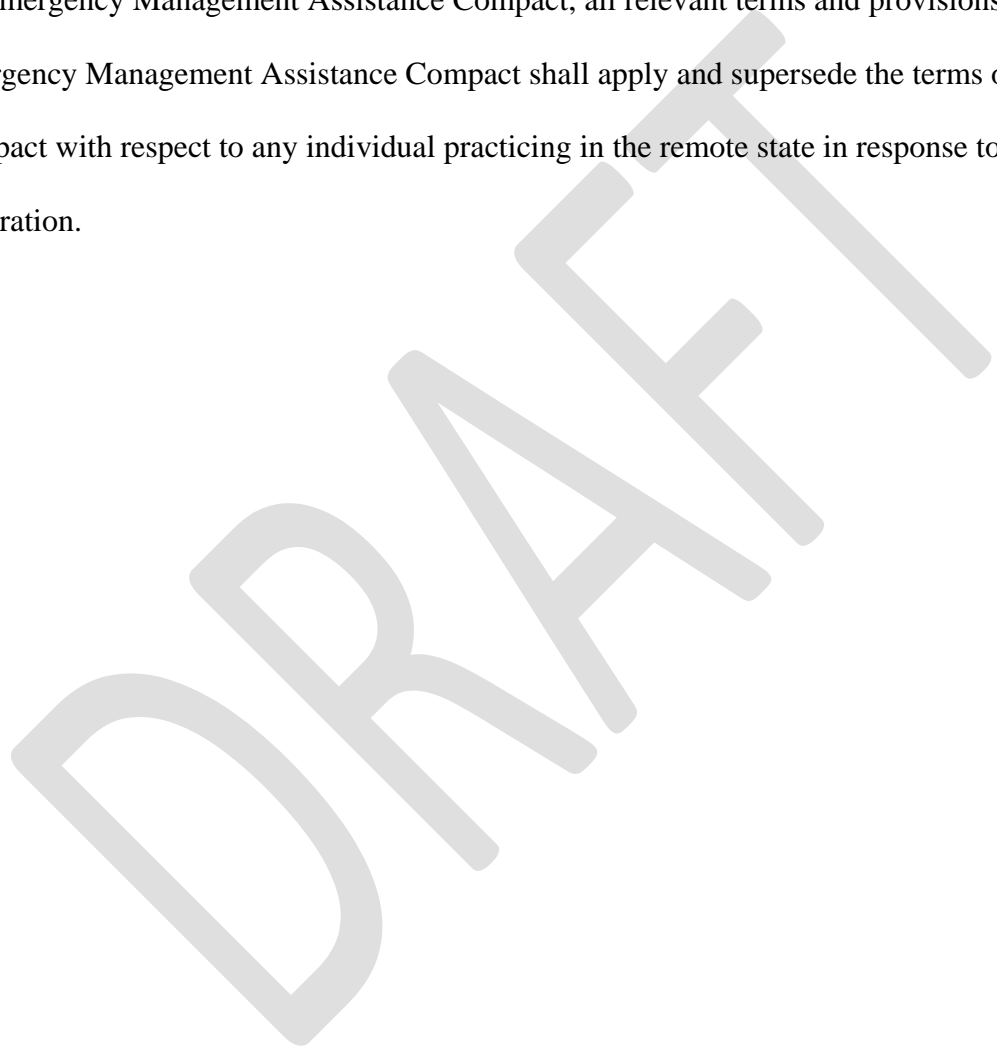
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5. Other conditions as determined by rules promulgated by the commission.

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**ARTICLE VI**  
**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, all relevant terms and provisions of the Emergency Management Assistance Compact shall apply and supersede the terms of this Compact with respect to any individual practicing in the remote state in response to such declaration.



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## ARTICLE VII

### 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 article remain subject to the Adverse Actions provisions of Article VIII.

**ARTICLE VIII****ADVERSE ACTIONS**

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- 174 A. A home state shall have exclusive power to impose adverse action against an individual's
- 175 license issued by the home state.
- 176 B. If an individual's license in any home state is restricted or suspended, the individual shall not
- 177 be eligible to practice in a remote state under the privilege to practice until the individual's
- 178 home state license is restored.
- 179 1. All home state adverse action orders shall include a statement that the individual's
- 180 compact privileges are inactive. The order may allow the individual to practice in remote
- 181 states with prior written authorization from both the home state and remote state's EMS
- 182 authority.
- 183 2. An individual currently subject to adverse action in the home state shall not practice in
- 184 any remote state without prior written authorization from both the home state and remote
- 185 state's EMS authority.
- 186 C. A member state shall report adverse actions and any occurrences that the individual's
- 187 compact privileges are restricted, suspended, or revoked to the Commission in accordance
- 188 with the rules of the Commission.
- 189 D. A remote state may take adverse action on an individual's privilege to practice within that
- 190 state.
- 191 E. Any member state may take adverse action against an individual's privilege to practice in
- 192 that state based on the factual findings of another member state, so long as each state follows
- 193 its own procedures for imposing such adverse action.

194 F. A home state's EMS authority shall investigate and take appropriate action with respect to  
195 reported conduct in a remote state as it would if such conduct had occurred within the home  
196 state. In such cases, the home state's law shall control in determining the appropriate adverse  
197 action.

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

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**ARTICLE IX**

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**ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY**

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A. A member state's EMS authority, in addition to any other powers granted under state law,

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is authorized under this compact to:

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1. Issue subpoenas for both hearings and investigations that require the attendance and

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testimony of witnesses and the production of evidence. Subpoenas issued by a

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member state's EMS authority for the attendance and testimony of witnesses, and/or

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the production of evidence from another member state, shall be enforced in the

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remote state by any court of competent jurisdiction, according to that court's practice

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and procedure in considering subpoenas issued in its own proceedings. The issuing

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state EMS authority shall pay any witness fees, travel expenses, mileage, and other

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fees required by the service statutes of the state where the witnesses and/or evidence

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are located; and

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2. Issue cease and desist orders to restrict, suspend, or revoke an individual's privilege

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to practice in the state.

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## ARTICLE X

### 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.
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

- 241 other means as provided in the bylaws. The bylaws may provide for delegates’  
242 participation in meetings by telephone or other means of communication.
- 243 3. The Commission shall meet at least once during each calendar year. Additional  
244 meetings shall be held as set forth in the bylaws.
- 245 4. All meetings shall be open to the public, and public notice of meetings shall be given  
246 in the same manner as required under the rulemaking provisions in Article XII.
- 247 5. The Commission may convene in a closed, non-public meeting if the Commission  
248 must discuss:
- 249 a. Non-compliance of a member state with its obligations under the Compact;
  - 250 b. The employment, compensation, discipline or other personnel matters, practices or  
251 procedures related to specific employees or other matters related to the  
252 Commission’s internal personnel practices and procedures;
  - 253 c. Current, threatened, or reasonably anticipated litigation;
  - 254 d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;
  - 255 e. Accusing any person of a crime or formally censuring any person;
  - 256 f. Disclosure of trade secrets or commercial or financial information that is privileged  
257 or confidential;
  - 258 g. Disclosure of information of a personal nature where disclosure would constitute a  
259 clearly unwarranted invasion of personal privacy;
  - 260 h. Disclosure of investigatory records compiled for law enforcement purposes;
  - 261 i. Disclosure of information related to any investigatory reports prepared by or on  
262 behalf of or for use of the Commission or other committee charged with  
263 responsibility of investigation or determination of compliance issues pursuant to the  
264 compact; or



265 j. Matters specifically exempted from disclosure by federal or member state statute.

266 6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the  
267 Commission's legal counsel or designee shall certify that the meeting may be closed  
268 and shall reference each relevant exempting provision. The Commission shall keep  
269 minutes that fully and clearly describe all matters discussed in a meeting and shall  
270 provide a full and accurate summary of actions taken, and the reasons therefore,  
271 including a description of the views expressed. All documents considered in  
272 connection with an action shall be identified in such minutes. All minutes and  
273 documents of a closed meeting shall remain under seal, subject to release by a  
274 majority vote of the Commission or order of a court of competent jurisdiction.

275 C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or rules  
276 to govern its conduct as may be necessary or appropriate to carry out the purposes and  
277 exercise the powers of the compact, including but not limited to:

278 1. Establishing the fiscal year of the Commission;  
279 2. Providing reasonable standards and procedures:  
280 a. for the establishment and meetings of other committees; and  
281 b. governing any general or specific delegation of any authority or function of the  
282 Commission;

283 3. Providing reasonable procedures for calling and conducting meetings of the  
284 Commission, ensuring reasonable advance notice of all meetings, and providing an  
285 opportunity for attendance of such meetings by interested parties, with enumerated  
286 exceptions designed to protect the public's interest, the privacy of individuals, and  
287 proprietary information, including trade secrets. The Commission may meet in closed  
288 session only after a majority of the membership votes to close a meeting in whole or

- 289 in part. As soon as practicable, the Commission must make public a copy of the vote  
290 to close the meeting revealing the vote of each member with no proxy votes allowed;
- 291 4. Establishing the titles, duties and authority, and reasonable procedures for the election  
292 of the officers of the Commission;
- 293 5. Providing reasonable standards and procedures for the establishment of the personnel  
294 policies and programs of the Commission. Notwithstanding any civil service or other  
295 similar laws of any member state, the bylaws shall exclusively govern the personnel  
296 policies and programs of the Commission;
- 297 6. Promulgating a code of ethics to address permissible and prohibited activities of  
298 Commission members and employees;
- 299 7. Providing a mechanism for winding up the operations of the Commission and the  
300 equitable disposition of any surplus funds that may exist after the termination of the  
301 Compact after the payment and/or reserving of all of its debts and obligations;
- 302 8. The Commission shall publish its bylaws and file a copy thereof, and a copy of any  
303 amendment thereto, with the appropriate agency or officer in each of the member  
304 states, if any.
- 305 9. The Commission shall maintain its financial records in accordance with the bylaws.
- 306 10. The Commission shall meet and take such actions as are consistent with the  
307 provisions of this Compact and the bylaws.
- 308 D. The Commission shall have the following powers:
- 309 1. The authority to promulgate uniform rules to facilitate and coordinate implementation  
310 and administration of this Compact. The rules shall have the force and effect of law  
311 and shall be binding in all member states;

- 312 2. To bring and prosecute legal proceedings or actions in the name of the Commission,  
313 provided that the standing of any state EMS authority or other regulatory body  
314 responsible for EMS personnel licensure to sue or be sued under applicable law shall  
315 not be affected;
- 316 3. To purchase and maintain insurance and bonds;
- 317 4. To borrow, accept, or contract for services of personnel, including, but not limited to,  
318 employees of a member state;
- 319 5. To hire employees, elect or appoint officers, fix compensation, define duties, grant  
320 such individuals appropriate authority to carry out the purposes of the compact, and to  
321 establish the Commission's personnel policies and programs relating to conflicts of  
322 interest, qualifications of personnel, and other related personnel matters;
- 323 6. To accept any and all appropriate donations and grants of money, equipment,  
324 supplies, materials and services, and to receive, utilize and dispose of the same;  
325 provided that at all times the Commission shall strive to avoid any appearance of  
326 impropriety and/or conflict of interest;
- 327 7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own,  
328 hold, improve or use, any property, real, personal or mixed; provided that at all times  
329 the Commission shall strive to avoid any appearance of impropriety;
- 330 8. To sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of  
331 any property real, personal, or mixed;
- 332 9. To establish a budget and make expenditures;
- 333 10. To borrow money;

- 334 11. To appoint committees, including advisory committees comprised of members, state  
335 regulators, state legislators or their representatives, and consumer representatives, and  
336 such other interested persons as may be designated in this compact and the bylaws;
- 337 12. To provide and receive information from, and to cooperate with, law enforcement  
338 agencies;
- 339 13. To adopt and use an official seal; and
- 340 14. To perform such other functions as may be necessary or appropriate to achieve the  
341 purposes of this Compact consistent with the state regulation of EMS personnel  
342 licensure and practice.

343 E. Financing of the Commission

- 344 1. The Commission shall pay, or provide for the payment of, the reasonable expenses of  
345 its establishment, organization, and ongoing activities.
- 346 2. The Commission may accept any and all appropriate revenue sources, donations, and  
347 grants of money, equipment, supplies, materials, and services.
- 348 3. The Commission may levy on and collect an annual assessment from each member  
349 state or impose fees on other parties to cover the cost of the operations and activities  
350 of the Commission and its staff, which must be in a total amount sufficient to cover  
351 its annual budget as approved each year for which revenue is not provided by other  
352 sources. The aggregate annual assessment amount shall be allocated based upon a  
353 formula to be determined by the Commission, which shall promulgate a rule binding  
354 upon all member states.

- 355 4. The Commission shall not incur obligations of any kind prior to securing the funds  
356 adequate to meet the same; nor shall the Commission pledge the credit of any of the  
357 member states, except by and with the authority of the member state.
- 358 5. The Commission shall keep accurate accounts of all receipts and disbursements. The  
359 receipts and disbursements of the Commission shall be subject to the audit and  
360 accounting procedures established under its bylaws. However, all receipts and  
361 disbursements of funds handled by the Commission shall be audited yearly by a  
362 certified or licensed public accountant, and the report of the audit shall be included in  
363 and become part of the annual report of the Commission.

364 F. Qualified Immunity, Defense, and Indemnification

- 365 1. The members, officers, executive director, employees and representatives of the  
366 Commission shall be immune from suit and liability, either personally or in their  
367 official capacity, for any claim for damage to or loss of property or personal injury or  
368 other civil liability caused by or arising out of any actual or alleged act, error or  
369 omission that occurred, or that the person against whom the claim is made had a  
370 reasonable basis for believing occurred within the scope of Commission employment,  
371 duties or responsibilities; provided that nothing in this paragraph shall be construed to  
372 protect any such person from suit and/or liability for any damage, loss, injury, or  
373 liability caused by the intentional or willful or wanton misconduct of that person.
- 374 2. The Commission shall defend any member, officer, executive director, employee or  
375 representative of the Commission in any civil action seeking to impose liability  
376 arising out of any actual or alleged act, error, or omission that occurred within the  
377 scope of Commission employment, duties, or responsibilities, or that the person

378 against whom the claim is made had a reasonable basis for believing occurred within  
379 the scope of Commission employment, duties, or responsibilities; provided that  
380 nothing herein shall be construed to prohibit that person from retaining his or her own  
381 counsel; and provided further, that the actual or alleged act, error, or omission did not  
382 result from that person's intentional or willful or wanton misconduct.

383 3. The Commission shall indemnify and hold harmless any member, officer, executive  
384 director, employee, or representative of the Commission for the amount of any  
385 settlement or judgment obtained against that person arising out of any actual or  
386 alleged act, error or omission that occurred within the scope of Commission  
387 employment, duties, or responsibilities, or that such person had a reasonable basis for  
388 believing occurred within the scope of Commission employment, duties, or  
389 responsibilities, provided that the actual or alleged act, error, or omission did not  
390 result from the intentional or willful or wanton misconduct of that person.

**ARTICLE XI****COORDINATED DATABASE**

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- 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.

414 E. Any information submitted to the coordinated database that is subsequently required to be  
415 expunged by the laws of the member state contributing the information shall be removed  
416 from the coordinated database.

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**ARTICLE XII**  
**RULEMAKING**

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article 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.

- 440 F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit  
441 written data, facts, opinions, and arguments, which shall be made available to the public.
- 442 G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or  
443 amendment if a hearing is requested by:
- 444 1. At least twenty-five (25) persons;
  - 445 2. A governmental subdivision or agency; or
  - 446 3. An association having at least twenty-five (25) members.
- 447 H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the  
448 place, time, and date of the scheduled public hearing.
- 449 1. All persons wishing to be heard at the hearing shall notify the executive director of  
450 the Commission or other designated member in writing of their desire to appear and  
451 testify at the hearing not less than five (5) business days before the scheduled date of  
452 the hearing.
  - 453 2. Hearings shall be conducted in a manner providing each person who wishes to  
454 comment a fair and reasonable opportunity to comment orally or in writing.
  - 455 3. No transcript of the hearing is required, unless a written request for a transcript is  
456 made, in which case the person requesting the transcript shall bear the cost of  
457 producing the transcript. A recording may be made in lieu of a transcript under the  
458 same terms and conditions as a transcript. This subsection shall not preclude the  
459 Commission from making a transcript or recording of the hearing if it so chooses.
  - 460 4. Nothing in this section shall be construed as requiring a separate hearing on each rule.  
461 Rules may be grouped for the convenience of the Commission at hearings required by  
462 this section.

- 463 I. Following the scheduled hearing date, or by the close of business on the scheduled  
464 hearing date if the hearing was not held, the Commission shall consider all written and  
465 oral comments received.
- 466 J. The Commission shall, by majority vote of all members, take final action on the proposed  
467 rule and shall determine the effective date of the rule, if any, based on the rulemaking  
468 record and the full text of the rule.
- 469 K. If no written notice of intent to attend the public hearing by interested parties is received,  
470 the Commission may proceed with promulgation of the proposed rule without a public  
471 hearing.
- 472 L. Upon determination that an emergency exists, the Commission may consider and adopt  
473 an emergency rule without prior notice, opportunity for comment, or hearing, provided  
474 that the usual rulemaking procedures provided in the Compact and in this section shall be  
475 retroactively applied to the rule as soon as reasonably possible, in no event later than  
476 ninety (90) days after the effective date of the rule. For the purposes of this provision, an  
477 emergency rule is one that must be adopted immediately in order to:
- 478 1. Meet an imminent threat to public health, safety, or welfare;
  - 479 2. Prevent a loss of Commission or member state funds;
  - 480 3. Meet a deadline for the promulgation of an administrative rule that is established by  
481 federal law or rule; or
  - 482 4. Protect public health and safety.
- 483 M. The Commission or an authorized committee of the Commission may direct revisions to  
484 a previously adopted rule or amendment for purposes of correcting typographical errors,  
485 errors in format, errors in consistency, or grammatical errors. Public notice of any

486 revisions shall be posted on the website of the Commission. The revision shall be subject  
487 to challenge by any person for a period of thirty (30) days after posting. The revision  
488 may be challenged only on grounds that the revision results in a material change to a rule.  
489 A challenge shall be made in writing, and delivered to the chair of the Commission prior  
490 to the end of the notice period. If no challenge is made, the revision will take effect  
491 without further action. If the revision is challenged, the revision may not take effect  
492 without the approval of the Commission.

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**ARTICLE XIII****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.

- 515           2. If a state in default fails to cure the default, the defaulting state may be terminated  
516           from the Compact upon an affirmative vote of a majority of the member states, and  
517           all rights, privileges and benefits conferred by this compact may be terminated on the  
518           effective date of termination. A cure of the default does not relieve the offending state  
519           of obligations or liabilities incurred during the period of default.
- 520           3. Termination of membership in the compact shall be imposed only after all other  
521           means of securing compliance have been exhausted. Notice of intent to suspend or  
522           terminate shall be given by the Commission to the governor, the majority and  
523           minority leaders of the defaulting state's legislature, and each of the member states.
- 524           4. A state that has been terminated is responsible for all assessments, obligations, and  
525           liabilities incurred through the effective date of termination, including obligations that  
526           extend beyond the effective date of termination.
- 527           5. The Commission shall not bear any costs related to a state that is found to be in  
528           default or that has been terminated from the compact, unless agreed upon in writing  
529           between the Commission and the defaulting state.
- 530           6. The defaulting state may appeal the action of the Commission by petitioning the U.S.  
531           District Court for the District of Columbia or the federal district where the  
532           Commission has its principal offices. The prevailing member shall be awarded all  
533           costs of such litigation, including reasonable attorney's fees.

534           C. Dispute Resolution

- 535           1. Upon request by a member state, the Commission shall attempt to resolve disputes  
536           related to the compact that arise among member states and between member and non-  
537           member states.

538           2. The Commission shall promulgate a rule providing for both mediation and binding  
539           dispute resolution for disputes as appropriate.

540       D. Enforcement

541           1. The Commission, in the reasonable exercise of its discretion, shall enforce the  
542           provisions and rules of this compact.

543           2. By majority vote, the Commission may initiate legal action in the United States  
544           District Court for the District of Columbia or the federal district where the  
545           Commission has its principal offices against a member state in default to enforce  
546           compliance with the provisions of the compact and its promulgated rules and bylaws.  
547           The relief sought may include both injunctive relief and damages. In the event  
548           judicial enforcement is necessary, the prevailing member shall be awarded all costs of  
549           such litigation, including reasonable attorney's fees.

550           3. The remedies herein shall not be the exclusive remedies of the Commission. The  
551           Commission may pursue any other remedies available under federal or state law.

**ARTICLE XIV****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.



575 E. This Compact may be amended by the member states. No amendment to this Compact  
576 shall become effective and binding upon any member state until it is enacted into the  
577 laws of all member states.

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**ARTICLE XV**

579

**CONSTRUCTION AND SEVERABILITY**

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

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**THE COUNCIL OF STATE GOVERNMENTS**  
**THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS**  
***RECOGNITION OF EMS PERSONNEL LICENSURE COMPACT***

*Frequently Asked Questions*

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1) *What is an interstate compact?*

Interstate compacts are contracts between two or more states creating an agreement on a particular policy issue, adopting a certain standard or cooperating on regional or national matters.

Compacts are the most powerful, durable and adaptive tools for ensuring cooperative action among states. Unlike federally imposed mandates that often dictate unfunded and rigid requirements, interstate compacts provide a state-developed structure for collaborative action, while building consensus among states and federal partners.

2) *Why create an interstate compact?*

Reasons for creating an interstate compact include:

- 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 single state agency or when no state has the authority to act unilaterally;
- Establishing uniform guidelines, standards or procedures for agencies in the compact’s member states;
- Creating economies of scale to reduce administrative and other costs;
- Responding to national priorities in consultation or in partnership with the federal government;
- Retaining state sovereignty in matters traditionally reserved for the states; and
- Settling interstate disputes.

3) *How prevalent are interstate compacts?*

More than 215 interstate compacts exist today. On average, each state belongs to 25 interstate compacts.

Around 25 compacts are national in scope, several with 35 or more member states and independent administrative commissions. More than 30 compacts are regional in scope, with eight or more member states.

Additionally several compacts deal specifically with licensing and emergency management issues already exist. Compacts such as the [Driver’s License Compact](#) and the [Nurse](#)

[Licensure Compact](#) provide precedence for member states to honor licenses issued in another member state. Numerous compacts deal with emergency management and preparedness, including the [Emergency Management Assistance Compact](#) and the existing regional forest fire compacts.

4) *What types of interstate compacts exist?*

Although there are many types of interstate compacts, they generally can be divided into three categories:

- a) *Border Compacts*—Agreements between two or more states that establish or alter the boundaries of a state. Once adopted by the states and approved by Congress, such compacts permanently alter the boundaries of the state and can only be undone by a subsequent compact approved by Congress or the repeal of the compact with congressional approval.
- b) *Advisory Compacts*—Agreements between two or more states that create study commissions. The purpose of the commission is to examine a problem and report to the respective states on its findings. Such compacts do not create ongoing administrative agencies with regulatory authority.
- c) *Regulatory Compact*—Broadest and largest category of interstate compacts; may be called regulatory or administrative compacts. Such compacts embrace wide-ranging topics, including regional planning and development, crime control, agriculture, flood control, water resource management, education, mental health, juvenile delinquency and child support. Regulatory compacts create ongoing administrative agencies whose rules and regulations may be binding on the states to the extent authorized by the compact. Many regulatory compacts require congressional consent to be effective because they regulate areas that impact one of Congress's enumerated powers, such as interstate commerce, navigable streams and extradition.

5) *What are the advantages of an interstate compact?*

The emergence of broad public policy issues that ignore state boundaries and the principals of federalism have presented new governing challenges to both state and federal authorities. Interstate compacts have re-emerged not only as devices for adjusting interstate relations, but they also provide states a way to collectively work together to address cross border policy challenges.

Interstate compacts provide an effective solution to address problems among states. Compacts enable the states—in their sovereign capacity—to act jointly and collectively, generally outside the confines of the federal legislative or regulatory process, while respecting the views of Congress on the appropriateness of joint action. Interstate compacts can effectively pre-empt federal interference into matters that are traditionally within the purview of the states, but have regional or national implications.

Unlike federal actions that impose unilateral, rigid mandates, compacts give states the opportunity to develop dynamic systems over which member states can maintain control through a coordinated legislative and administrative process. Compacts enable the states to

develop adaptive structures that can evolve to meet new and increased challenges that arise over time.

6) *What are the disadvantages of an interstate compact?*

Interstate compacts often require a great deal of time to develop and implement. While recent compact initiatives have achieved success in a matter of a few years, some have required decades to reach the minimum number of member states for enactment.

Policymakers also may not like the perceived ceding of traditional state sovereignty, particularly as required by several modern administrative compacts. The very purpose of an interstate compact is to allow for collective governing authority on a particular issue between and among party states. Because contract law governs compacts, members are prohibited from amending or altering the terms of an agreement.

As the balance of power continues to shift 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.

**THE COUNCIL OF STATE GOVERNMENTS**  
**THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS**  
***RECOGNITION OF EMS PERSONNEL LICENSURE COMPACT***

*REPLICA Frequently Asked Questions*

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*1. What were the project goals?*

Under the terms of a contract with the US Department of Homeland Security Office of Health Affairs, the National Association of State Emergency Medical Services Officials (NASEMSO) proposed to demonstrate, at a national level, that systematic development and design of an interstate compact will facilitate a robust and capable method of offering an immediate, legal privilege to practice for individuals properly licensed in their states of origin under circumstances specified in the compact. Ultimately, the Project Team sought to solve the problem associated with day-to-day emergency deployment of EMS personnel across state boundaries. The project resulted in the creation of a piece of legislation for states' use that parallels that which has made it possible for interstate recognition of nursing licenses and state drivers' licenses by multiple ("member") states under terms and conditions outlined in the compact. In short, member states agree to honor licenses so long as the license is issued in another member state in a manner consistent with the compact terms, and share each other's authority related to the license and resulting privilege to practice.

*2. Who funded this project?*

The Department of Homeland Security, Office of Health Affairs (DHS/OHA) funded this project.

*3. How was the compact developed?*

This project started in October 2012 and the final deliverable was submitted to DHA/OHA in April of 2014. The project timeline included two phases:

1. National Advisory Panel

The National Advisory Panel (NAP) was formed and tasked with examining the current landscape of challenges facing state licensure of EMS personnel and to present a set of solution-oriented recommendations for inclusion in a new interstate compact. The NAP developed a set of formal recommendations to guide the development of the interstate compact, to include the high-level provisions that should be included in the compact. The NAP attended two 2-day meetings held during January and March 2013.

## 2. Drafting Team

The Drafting Team was charged with taking the theory-based NAP recommendations and making them operational via draft legislation. The expert Drafting Team met four times (June, August, October, and December 2013) to develop a draft interstate compact based on the recommendations of the NAP and their own expertise.

## 3. Subject Matter Expert Guidance

- a. The Council of State Governments' National Center for Interstate Compacts provided extensive instruction, input and expertise about the development and content of REPLICA. This allowed the EMS compact to draw from the "best of the best" legal and operational principles across the over 200 active compacts in use by state today.

## 4. *What organizations were part of the 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 (US Department of Interior)
- EMS Labor Alliance
- Federal Bureau of Investigation (US Department of Justice)
- Federation of State Medical Boards
- Forest Service (US Department of Agriculture)
- International Association of EMS Chiefs
- International Association of Fire Chiefs
- International 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 Association of State EMS Officials
- National EMS Management Association
- National Governors Association
- National Park Service (US Department of Interior)
- National Registry of EMTs
- National Volunteer Fire Council

5. *What are the requirements an individual EMT must meet to enjoy the privilege to practice in a remote state?*

An individual must:

- Be at least 18 years old,
- Possess a current unrestricted license in a member state as an EMT, AEMT or paramedic, or state recognized and licensed level with a scope of practice and authority between EMT & paramedic, and
- Practice under the supervision of a medical director.

6. *What conditions must a state follow to be eligible to join the compact?*

A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

- 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;
- Has a mechanism in place for receiving and investigating complaints about individuals;
- Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;
- No later than five years after activation of the Compact, requires a criminal history check of all applicants for initial licensure with the exception of federal employees who have suitability determination in accordance with US CFR §731.202; and
- Complies with the rules of the Commission.

7. *Explain the 5-year timeframe; how does that apply to my home state?*

For the first ten states that enact REPLICA as law they will have five years from date when the 10<sup>th</sup> state enacts the legislation to comply with the criminal history check requirements of the compact. Additional states will have exactly 5 years from that date to begin conducting criminal history checks. So for example, if the 10<sup>th</sup> state enacts REPLICA on July 1, 2016, all other states that enact REPLICA following that must begin conducting them by July 1, 2021.

8. *If a state allows 16-year-olds to be EMTs to practice is the state still eligible to join the compact?*

Yes, that state can still sign on to the compact, but providers who are not yet 18 would not be eligible for immediate legal recognition under the terms of the agreement.



*9. What are the conditions of practice in a remote state?*

An individual may practice in a remote state under the terms of the compact under in following circumstances:

- The individual originates a patient transport in their 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 transports the patient to the home state
- The individual originates in the home state and 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

*10. What happens when an individual can operate outside the national scope of practice in their home state, but the remote state doesn't allow for the additional scope?*

The compact allows for individuals to 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.

*11. When a remote state sanctions someone, can that individual still practice in their home state?*

Only the home state can take action against an individual's license. A remote state can only act against a provider's privilege to practice. The home state will immediately learn about the action and will be tasked with determining what action is taken against a provider's license.

*12. Is a draft of REPLICA available for review?*

The final draft of REPLICA is located here:

<https://www.nasemso.org/Projects/InterstateCompacts/index.asp>

*13. Will this compact give EMS providers automatic reciprocity?*

The compact definitions distinguish between immediate legal recognition under short-term and intermittent conditions that is intended to "cover" an individual without any notification to or paperwork being filed with the destination state EMS office. Reciprocity is a scenario

where an individual with a license in one state seeks to gain a license issued by a second state.

*14. Does this relieve an EMS agency from being licensed in a state in which they do business?*

No. The compact does not relax or eliminate requirements for state licensure of EMS agencies with which the EMS personnel are affiliated; the power for agency regulation will remain in the hands of the individual states.

*15. Does this compact create new state law, or do we need to go back and create state law to match the elements of the compact?*

This is a new piece of state law, and will supersede current law. Due process still prevails. Some states may need to add language re: and individuals practicing under the privilege to practice; some states may not need to do anything but pass REPLICA as written.

*16. Is there a fee to join the compact?*

No fees can be imposed on individuals by the REPLICA administration.

While many modern administrative compacts are funded almost exclusively through state dues, the unique nature of this compact allows commission activities to be funded through fees paid by licensed practitioners who are utilizing the compact. Under the terms of the compact the annual assessment shall be determined based upon a formula established by the Commission. This financing structure was developed to ensure that individual state dollars would not be required to fund compact business and also to ensure that practitioners who do not use the compact are not responsible for helping to finance it.

The compact language also allows the commission to seek contributions, grants and other forms of funding from outside sources in an effort to reduce costs incurred by individual practitioners.

*17. What is the anticipated lifespan of REPLICA?*

Once it is activated by 10 states, and unless the compact is repealed by all but one state, it will remain active in perpetuity.

*18. What will be the minimum numbers of states required to sign on to activate the compact?*

10 states.

*19. How does the compact affect agencies with personnel licensed above Paramedic, such as nurses?*

REPLICA does not cover other health care professionals such as respiratory therapists or physicians.

*20. What is the relationship between the EMS Licensure Compact and Emergency Management Assistance Compact?*

The EMS Licensure Compact is intended to supplement EMAC. In the event of a gubernatorial declared state of emergency the Emergency Management Assistance Compact shall apply and supersede the terms of this Compact.

**THE COUNCIL OF STATE GOVERNMENTS**  
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***RECOGNITION OF EMS PERSONNEL LICENSURE COMPACT***

*Role Of The Interstate Commission*

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The Compact specifically calls for the development of an Interstate Commission for EMS personnel practice. The Commission is responsible for establishing uniform standards to govern the interstate movement of EMS personnel across state boundaries. Additionally, the compact grants the commission the authority promulgate rules to achieve the purposes of the agreement and requires the establishment a uniform data system that will contain information about licensure, adverse action, and significant investigatory information on all licensed individuals in member states.

The Compact Commission is required to report annually to the legislatures, governors, and the judiciary concerning the activities of the Interstate Commission during the preceding year. Further, the Commission will monitor compliance with rules governing educational transition of the children of military families and initiate interventions to address and correct noncompliance; and coordinate training and education regarding such transitions.

The model Compact specifically provides for the following:

*“The Compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice.”*

*“The Commission is a body politic and an instrumentality of the Compact states.”*

*“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.”*

*“The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.”*

*“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 Article XII.”*

*The Interstate Commission shall have the power “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.”*

*The Interstate Commission shall have 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.”*

*“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.”*

This type of governance structure is common in nearly all administrative compacts, including at least three fifty state compacts the CSG’s National Center for Interstate Compacts has helped to develop in the last decade.

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*Legislative Talking Points*

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**Primary drivers behind the EMS Licensure Compact:**

- The desire to improve access to vital emergency medical services while simultaneously protecting public safety.
- The growing frequency in which emergency medical personnel cross state lines to provide services in nondeclared states of emergency. This increased level of interstate movement has placed a renewed emphasis on licensing.
- A request from the U.S. Department of Homeland Security to NASEMSO to explore the feasibility of an EMS licensure compact. DHS personnel often are required to carry multiple EMS licenses, making it difficult for them to cross state lines in the course of their daily operations. DHS has served as the sole funder to date.

**Development Process:**

- An initial advisory panel was convened in 2012 to discuss interstate compacts and the feasibility of an EMS Licensure Compact. The advisory panel consisted of federal stakeholders, state officials, stakeholder groups and subject matter experts.
- After two meetings, the panel endorsed the drafting of an interstate compact and made recommendations to the drafting team about what to include in the model agreement.
- A drafting team was formed and met four times in 2013 to develop the compact's language.
- Language is nearly finalized and staff has begun circulating the language more broadly for review.

**Compact Highlights:**

- The draft authorizes state EMS offices to afford legal recognition of an EMS license, while protecting public safety and improving access to care.
- The compact specifically addresses the following areas:
  - The obligations the home state must meet to be eligible to participate in the compact;
  - The requirements an individual EMT must meet to enjoy the privilege to practice in a remote state;
  - The method by which adverse actions are resolved under the terms of the compact;
  - The relationship between the EMS Licensure Compact and EMAC; and
  - Compact funding and governance.

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