

Draft

Criminal History and Fitness to Practice Evaluation Committee Charter

1. Purpose

The Criminal History and Fitness to Practice Evaluation Committee is established by the Interstate Commission for EMS Personnel Practice to develop a non-binding, best-practice resource to assist states in evaluating criminal history and overall fitness to practice during the licensure of EMS clinicians. The Committee aims to promote fairness, transparency, and consistency in regulatory decision-making while preserving state sovereignty and statutory authority.

2. Authority

This Committee is formed under the authority of **Section 10.D.11** of the REPLICA model legislation, which authorizes the Commission to appoint advisory committees composed of members, state regulators, state legislators or their representatives, and other interested parties.

This initiative supports several key purposes outlined in **Section 1** of the REPLICA legislation:

- **Section 1.2:** Enhance the states' ability to protect the public's health and safety, especially patient safety.
- **Section 1.3:** Encourage cooperation among member states in EMS personnel licensure and regulation.
- **Section 1.5:** Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse actions, and significant investigatory information.
- **Section 1.6:** Promote compliance with each member state's laws governing EMS personnel practice.

Additionally, the work aligns with **Section 3.C.4**, which requires fingerprint-based FBI-compliant criminal background checks for initial licensure applicants.

3. Objectives

The Committee is tasked with:

- o Evaluating how states assess criminal history and fitness to practice in EMS licensure.
- o Developing a structured, standardized decision-making framework to support state review of applicants with prior convictions.
- o Providing best-practice guidance for evaluating common criminal offenses, including violent crimes, drug-related charges, and financial violations.
- o Proposing a discretionary ranking model to guide licensure decisions, ranging from "low discretion" (e.g., serious violent crimes) to "high discretion" (e.g., minor non-violent misdemeanors).

- o Recommending licensing conditions, such as probationary status, practice limitations, or monitoring, when appropriate.

4. Expected Outcome

The Committee will produce recommendations and best-practice guidance documents that support greater uniformity among states in reviewing criminal history and fitness-to-practice considerations. This non-binding resource will help states ensure consistent, fair, informed licensure determinations while preserving complete state discretion.

5. Membership

The Committee will be composed of:

- o Commissioners or their designated representatives

The Committee should, to the extent possible, also be composed of:

- o State EMS directors and licensure personnel
- o Legal and regulatory experts with experience in occupational licensing and criminal justice
- o Ethics and public safety professionals
- o Additional subject matter experts as needed to ensure broad and diverse representation

The Chair of the Commission will appoint Committee Members. All meetings will be open to the public, and we encourage stakeholder participation.

6. Leadership

The Committee will be chaired by a Commissioner or expert appointed by the Commission Chair. The Chair will lead meetings, coordinate agenda planning, and oversee the drafting and presentation of the final deliverable.

7. Meetings

The Committee will meet regularly or as required to meet project milestones. Meetings may be held virtually or in person. Materials and updates will be shared with transparency and in alignment with the Commission's public access policies.

8. Reporting

The Chair will provide periodic updates to the Commission and submit the final guidance document to the full Commission for review and approval. Once adopted, the document will be shared with state regulators and EMS stakeholders as a voluntary resource.

9. Terms and Review



The Committee is expected to complete its work within 6 to 12 months. The Commission retains the authority to extend, restructure, or conclude the Committee based on evolving needs and strategic priorities.

FOR VISIBILITY

Proposed Rule 4.7 – Qualified vs. Non-Qualified Licenses for Compact Privilege to Practice

4.7 Qualified vs. Non-Qualified Licenses for Compact Privilege to Practice

(A) Qualified EMS Clinician License. A Qualified EMS Clinician License is one that has been issued by a Member State that also meets all the following criteria:

- (1) The license is issued at the level of Emergency Medical Technician (EMT) up to the level of Paramedic, including any license levels in between, including but not limited to Advanced EMT or EMT-Intermediate.
- (2) The license is issued to an individual who is at least 18 years old.
- (3) For individuals licensed on or before the date their state joined the Compact, the license is recognized as qualified, regardless of prior National Registry of EMTs certification status.
- (4) For initial licenses issued after the state joined the Compact, the EMS Clinician shall have a valid National Registry of EMTs certification at the time of initial license application.
- (5) For initial licenses issued after March 15, 2025, the State EMS Authority shall require 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.
- (6) The license is issued to an individual who has not been convicted of any Disqualifying Offense as defined in Section 2.29 of these Rules.

(B) Definition of a Non-Qualified License. A Non-Qualified License is any license that does not meet the criteria of a Qualified License, including but not limited to:

- (1) Licenses issued by any state or jurisdiction that is not a Member State.
- (2) Licenses issued by any Member State that is not in compliance with the provisions of the EMS Compact legislation or Administrative Rules and the Member State has been sanctioned by the Commission.
- (3) Licenses issued below the level of EMT, such as Emergency Medical Responder (EMR) or First Responder.
- (4) Licenses issued for any non-traditional EMS clinician roles, or licenses issued above the Paramedic role, even if the individual is providing pre-hospital or EMS services, including but not limited to nurses, physician assistants, physicians, respiratory therapists, or any other health or medical occupational license.

ALTERNATE: Licenses issued for healthcare roles outside the EMS scope of practice, even if the individual performs pre-hospital care, such as nurses, physician assistants, physicians, respiratory therapists, or other allied health professionals.

(5) Initial EMS clinician licenses issued after the state joined the Compact to individuals who did not have a valid National Registry of EMTs certification at the time of initial license application.

(6) Initial EMS clinician licenses issued after March 15, 2025, without review of a biometric criminal history records check by the State EMS Authority or its designee.

(7) EMS clinician licenses issued to individuals with a Disqualifying Offense, as defined in Section 2.29 of these Rules.

(C) Impact on Compact Privilege to Practice. Only individuals holding a Qualified License are eligible for the Compact Privilege to Practice in any Member State. Individuals with a Non-Qualified License are ineligible for the Compact Privilege to Practice until their license meets the criteria of a Qualified License.

Definitions (to be added to Rule Section 2)

- 2.25 **Conviction** means: a finding by a court of competent jurisdiction that an individual is guilty of a criminal offense through adjudication, or the entry of a plea of guilty or nolo contendere (no contest). Conviction includes, but is not limited to, sentencing outcomes such as probation, conditional discharge, supervision, or deferred disposition, whether or not incarceration occurred.
- 2.26 **Felony** means: a criminal offense that is punishable by a minimum term of incarceration of 12 months or more, as defined in the jurisdiction where the offense occurred.
- 2.27 **Serious Misdemeanor** means: a criminal offense, classified as a misdemeanor under applicable state law, that is punishable by a term of incarceration greater than six months (even if the incarceration was not served or waived), and that involves conduct of a serious nature—such as violence, theft, or other acts that could reasonably be considered to pose a threat to public safety or trust if committed by an EMS clinician.
- 2.28 **Moral Turpitude** means: an act involving baseness, vileness, or depravity in private or social duties that one owes to others or to society, contrary to accepted moral standards, regardless of whether it directly involves EMS practice.
- 2.29 **Disqualifying Offense** means: any conviction of a Felony, Serious Misdemeanor with Incarceration, or crimes related to Moral Turpitude, as defined in these Rules.

OR we can remove Moral Turpitude and use this for 'Disqualifying Offense' : "Disqualifying Offense means any conviction of a Felony, a Serious Misdemeanor involving violence, sexual misconduct, fraud, abuse of authority, or offenses that compromise public trust or patient safety."

MODIFICATION TO SECTION 13

- (F) If the Commission determines that a Compact State has at any time defaulted in the performance of any of its obligations or responsibilities under the Compact, Bylaws or duly promulgated Rules, the Commission shall notify the Commissioner and Governor of the defaulting Compact State in writing. The Commission may impose any or all of the following remedies:
 - o (1) Remedial education and technical support as directed by the Commission;
 - o (2) Damages and/or costs in such amounts as are deemed to be reasonable as fixed by the Commission;
 - o (3) Suspension of membership in the Compact;
 - o (4) Suspension of Compact-based Privilege to Practice for EMS Clinicians whose Home State license was issued by the defaulting Member State; and/or
 - o (5) Termination of membership in the Compact as provided in the Model Legislation and administrative Rules.
- (G) If the Commission suspends the Privilege to Practice qualifications or terminates the membership of the state in the Compact, the state shall promptly notify all licensed EMS Clinicians of the status change and impact of the suspension or termination.
- (F) The Commission shall not bear any costs relating to the defaulting Compact State unless otherwise mutually agreed upon between the Commission and the defaulting Compact State.

SECTION 5

- (A) As used in Section 5 of the Compact, the term “**individual**” shall mean an **EMS Clinician** who holds a current, active license issued by a Member State and who is granted a Compact Privilege to Practice under the terms of the Compact and Commission Rules.
- (B) An EMS Clinician practicing under a Privilege to Practice in a Remote State must do so only in the performance of their official EMS duties as assigned by an appropriate authority, which may include an EMS agency, authority having jurisdiction, or other legally authorized employer or supervisor, as recognized by the Remote State.
- (C) The conditions described in Section 5 of the Compact are not subject to a specific time limitation. An EMS Clinician may practice in a Remote State under the Compact Privilege to Practice on a temporary, intermittent, extended, recurring, or full-time basis, provided all conditions of the Compact and Commission Rules are met.