

2026

Q1 MEETING

FEBRUARY 11, 2026



Q1 2026 Full Commission Meeting Agenda

Location: Virtual Attendance Only **Date:** Feb 11, 2026 3PM ET

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Meeting ID: 293 636 013 395 55 **Passcode:** Qo7eQ739
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- I. Call to Order & Welcome - *Commissioner Kinney (IN), Chair*
- II. Commissioner Roll Call - *Commissioner Herrera (UT), Secretary*
 - a. Declare Quorum Present - *Kinney*
- III. Introduce New Commissioners – *Kinney*
 - a. Missouri, Pending
 - b. Wyoming, Pending
- IV. Adopt Business Agenda - *Kinney*
- V. Public Comments Regarding Matters Not on the Agenda - *Kinney*
- VI. Reports
 - a. Chair's Report – *Kinney*
 - b. Treasurer's Report – *Commissioner Brad Vande Lunde (IA)*
 - c. Executive Director Report – *Woodyard*
 - d. Committee Reports
 - i. Stakeholder Advisory Committee Report- *Woodyard*
 - ii. Criminal History and Fitness to Practice Evaluation Committee - *Commissioner Jon Jones (SC)*
 - iii. Rules & Bylaws Committee – *Commissioner Joe Schminder (TX)*
 - e. Database Administrator Report – *Ray Mollers (NREMT)*
- VII. Old Business
 - a. Action: Approve Q4 2025 Meeting Minutes - *Herrera*
- VIII. New Business
 - a. Position Paper 2601- Criminal Convictions and Licensure of EMS Personnel
- IX. NGO / Stakeholder Partner Updates
- X. Adjourn Meeting

The EMS Compact is law in these states: Alabama, Arkansas, Colorado, Delaware, Georgia, Idaho, Indiana, Iowa, Kansas, Louisiana, Mississippi, Missouri, Nebraska, Nevada, North Dakota, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, & Wyoming.

Meeting Norms:

The Interstate Commission for EMS Personnel Practice is a governmental body established in law. Public and stakeholder attendance is encouraged. Public comment sections are included on the agenda, and the chair may open any agenda item for public comment. To allow for equal participation by all attendees during the meeting, please note the following guidelines for all attendees:

- Committee members are requested to join by video when possible.
- Public Attendees:
 - Public attendance is encouraged.
 - Microphones for all attendees will be muted upon arrival.
 - Please place your name and agency/organization in the chat.
 - Members of the public may request to speak during public comment periods by using the “raise hand” function that is found on the menu bar at the bottom of the screen. Staff will unmute your microphone. If you are attending by phone, press *9 to raise your hand and *6 to unmute.
 - Public attendees should announce their name and organization before speaking.
 - Public comments are limited to two minutes or less.
 - In the case of background noise, disruptive behavior, or comments exceeding two minutes, your microphone will be muted.

*All times are approximate. The chair may modify the agenda during the meeting at their discretion.



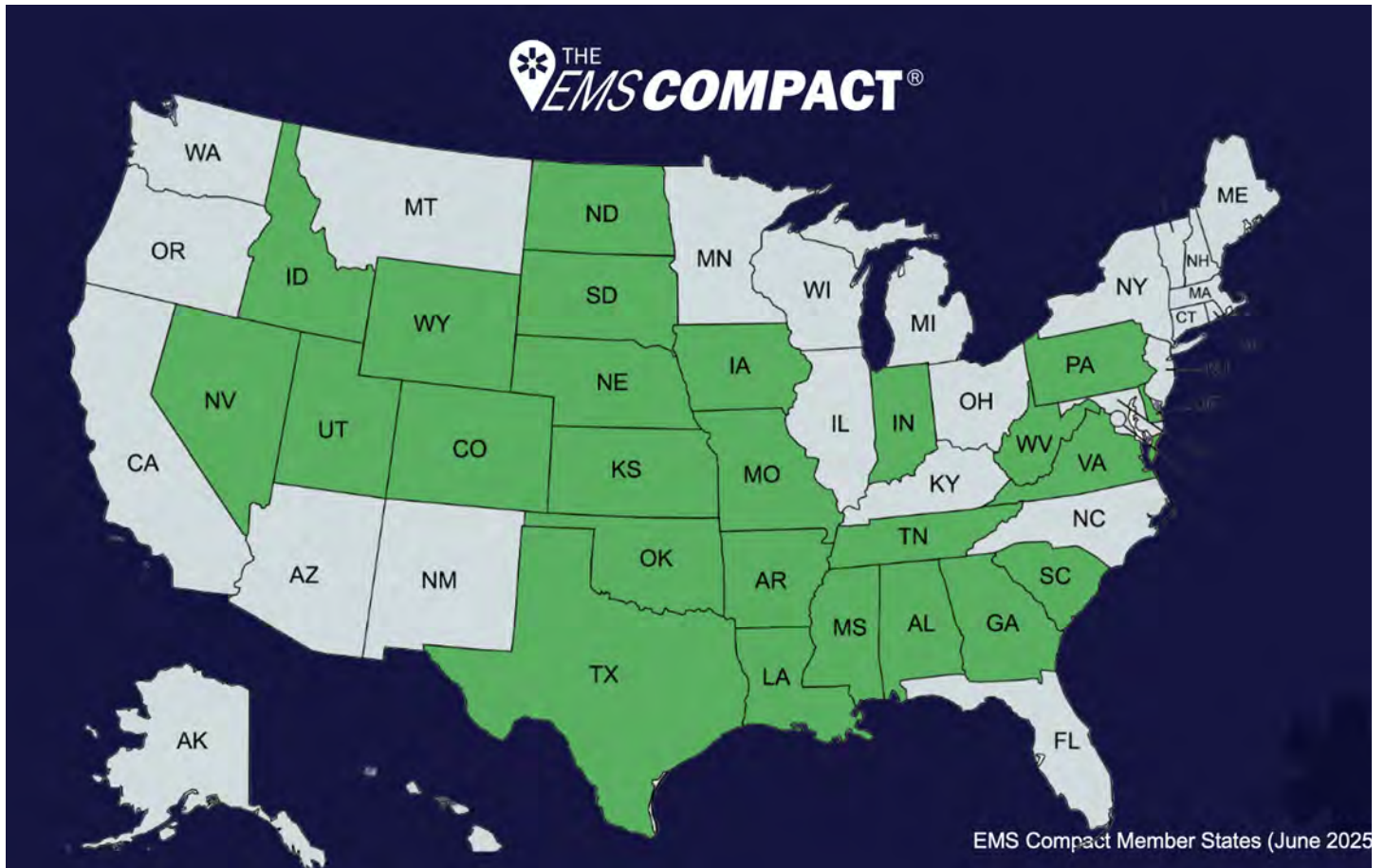
Commissioner Roll Call - November 5, 2025

State	Commissioner	Elected Role	Present Absent
Alabama	Jamie Gray		☐ Present ☐ Absent
Arkansas	Christy Kresse		☐ Present ☐ Absent
Colorado	Michael Bateman		☐ Present ☐ Absent
Delaware	Britany Huss		☐ Present ☐ Absent
Georgia	Michael Johnson	At-Large	☐ Present ☐ Absent
Idaho	Wayne Denny	Vice Chairperson	☐ Present ☐ Absent
Indiana	Kraig Kinney	Chairperson	☐ Present ☐ Absent
Iowa	Brad Vande Lune	Treasurer	☐ Present ☐ Absent
Kansas	Joe House		☐ Present ☐ Absent
Louisiana	Susan Bailey		☐ Present ☐ Absent
Mississippi	Teresa Windham		☐ Present ☐ Absent
Missouri	Sam Vance *NEW*		☐ Present ☐ Absent
Nebraska	Tim Wilson		☐ Present ☐ Absent
Nevada	Bobbie Sullivan		☐ Present ☐ Absent
North Dakota	Christopher Price		☐ Present ☐ Absent
Oklahoma	Lewis Robinson		☐ Present ☐ Absent
Pennsylvania	Anthony Martin		☐ Present ☐ Absent
South Carolina	Jonathan Jones		☐ Present ☐ Absent
South Dakota	Margaret B. Hansen		☐ Present ☐ Absent
Tennessee	Brandon Ward		☐ Present ☐ Absent
Texas	Joseph Schmider	Immediate Past Chair	☐ Present ☐ Absent
Utah	Mark Herrera	Secretary	☐ Present ☐ Absent
Virginia	Maria Beermann-Foat		☐ Present ☐ Absent
West Virginia	David Jamie Weller		☐ Present ☐ Absent
Wyoming	Susan Neugebauer *NEW*		☐ Present ☐ Absent

Ex-Officio & Staff

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

MAP: 2025 EMS Compact Member States



Previous Meeting Minutes (Q4 2025)

<<To be added at the Commission Meeting>>

Database Administrator Reports



February 2026 NEMSCD Administrator Report

API Reporting NEMSCD

State Discipline

25 336,103 400,000
MEMBER STATES COMPACT PROVIDERS TOTAL ESTIMATED
IN DATABASE COMPACT PROVIDERS

QA API Testing

Statistics

Total Active Licenses for DELAWARE

404

Active Paramedic Licenses for DELAWARE

1

Active AEMT Licenses for DELAWARE

0

Active EMT Licenses for DELAWARE

403

Licenses with Adverse Actions for DELAWARE

0

Providers with multiple active PTP...

2

02/05/2026 11:16 EST

Statistics

Total Active Licenses for INDIANA

286

Active Paramedic Licenses for INDIANA

30

Active AEMT Licenses for INDIANA

9

Active EMT Licenses for INDIANA

245

Licenses with Adverse Actions for INDIANA

0

Providers with multiple active PTP...

0

02/05/2026 11:19 EST

Statistics

Total Active Licenses for NEBRASKA

6,674

Active Paramedic Licenses for NEBRASKA

1,685

Active AEMT Licenses for NEBRASKA

9

Active EMT Licenses for NEBRASKA

4,980

Licenses with Adverse Actions for NEBRASKA

0

Providers with multiple active PTP...

0

02/05/2026 11:20 EST

No Reporting

Statistics

Total Active Licenses for OKLAHOMA

0

Active Paramedic Licenses for OKLAHOMA

0

Active AEMT Licenses for OKLAHOMA

0

Active EMT Licenses for OKLAHOMA

0

Licenses with Adverse Actions for OKLAHOMA

0

Providers with multiple active PTP...

0

02/05/2026 16:12 EST

Statistics

Total Active Licenses for PENNSYLVANIA

0

Active Paramedic Licenses for PENNSYLVANIA

0

Active AEMT Licenses for PENNSYLVANIA

0

Active EMT Licenses for PENNSYLVANIA

0

Licenses with Adverse Actions for PENNSYLVANIA

0

Providers with multiple active PTP...

0

02/05/2026 16:14 EST

Draft Position Paper

DRAFT Position Paper: Criminal Convictions and Licensure of EMS Personnel

Position Paper 2026-01

A position paper is a formal document that outlines an organization's stance on a specific issue, supported by research and analysis, with the goal of influencing decision-making or advocating for policy changes. It serves to clarify and communicate the organization's viewpoint to stakeholders, policymakers, and the public, while often calling for specific actions or solutions to address the issue. Position papers are essential tools for driving discussions, informing stakeholders, and promoting thoughtful, data-driven decisions.

Executive Summary

The Public Trust in Emergency Medical Services

When someone calls 911, they place their life —and often the lives of their loved ones —in the hands of strangers. Unlike scheduled medical care, where patients may research and select their physician, or personal services where families choose childcare providers, emergency medical care is unscheduled, urgent, and delivered by whoever arrives first. There is no choice, no interview, no background check by the patient. In moments of crisis—a cardiac arrest, a serious injury, a medical emergency—the public grants EMS clinicians nearly universal trust: to enter homes, treat vulnerable individuals, make rapid life-altering decisions, and act with both authority and compassion.

That level of public trust must be earned and protected. It depends on knowing that every licensed¹ Emergency Medical Technician and Paramedic² has been thoroughly vetted and meets consistent ethical, professional, and moral character standards. Yet today, each state applies different rules when evaluating criminal convictions during licensure, creating inconsistencies in how the public is protected across state lines and confusion for both applicants and licensing officials.

¹ In this paper, the term “licensed” is used universally to denote a state-granted legal authorization to practice. Some states use alternate terminology, such as “certification” or “state EMS certification,” when referring to the same legal authority to engage in the practice of emergency medical services.

² For the purposes of this paper, references to “EMS Clinician” or “EMTs and Paramedics” include all levels of licensed emergency medical services personnel, including but not limited to Emergency Medical Technicians (EMTs), Advanced Emergency Medical Technicians (Advanced-EMTs), Paramedics, and any levels of licensure between EMT and Paramedic.

A Framework for Protection and Fairness

This position paper presents a consensus-driven framework for Criminal Convictions and Licensure—a data-driven, evidence-based, and constitutionally grounded approach for states to evaluate applicants with criminal histories. Drawing on survey data from Compact member states, established legal precedents, and criminological research on recidivism and rehabilitation. This framework achieves three critical goals:

First, it protects the public by clearly identifying offenses that permanently disqualify individuals from licensure or interstate practice, applying time-tested standards to serious felonies, and requiring thorough background checks and ongoing monitoring.

Second, it promotes fairness and recognizes rehabilitation by allowing individuals who have demonstrated genuine change to re-enter the profession, establishing clear pathways based on evidence rather than arbitrary barriers, and ensuring due-process protections for all applicants.

Third, it preserves state sovereignty by providing model guidance that states may voluntarily adopt while maintaining each state's independent constitutional authority to determine who may hold an EMS license within its jurisdiction.

The Provisional Privilege Mechanism

The framework also provides clear guidance on the Provisional Privilege to Practice mechanism established in the Commission's Administrative Rules. This innovative approach allows states to maintain full licensing authority while ensuring enhanced scrutiny for interstate practice when an individual's criminal history raises legitimate public safety concerns. Under this system:

- **Home states retain exclusive authority** to license EMS personnel based on their own standards.
- **Individuals with potentially serious criminal histories** who are licensed as an EMS Clinician by one or more states receive "Provisional" rather than automatic interstate recognition.
- **Remote states individually evaluate** whether to grant interstate practice privileges.
- **Public safety is enhanced** through transparency and state-by-state review
- **Rehabilitation pathways remain open** for those who demonstrate sustained positive conduct

This mechanism respects the reality that states may reach different conclusions about an individual's fitness for practice while ensuring that no state is required to automatically recognize a license that does not meet its own public protection standards.

A Call for Consistency Without Uniformity

The United States EMS Compact exists to facilitate workforce mobility and strengthen public protection through state cooperation; not to federalize EMS regulation or override state sovereignty. This framework embraces that principle. It does not mandate that all states adopt identical standards. Instead, it provides a research-based, legally defensible model that states can adapt to their own constitutional structures, statutory frameworks, and policy priorities.

What the framework does require, because the state's Compact legislation mandates it, is compliance with certain baseline protections: FBI fingerprint-based background checks for initial licensure, timely reporting to the National EMS Coordinated Database, and fair evaluation procedures for interstate practice privileges. These are not recommendations. They are legal obligations that all member states accepted when they enacted the Compact into law.

The Bottom Line

Together, these standards ensure that no matter where a 911 call originates, the patient can trust that the EMS clinician who responds has been thoroughly evaluated, properly licensed, and held accountable to transparent standards. They ensure that individuals with criminal histories are neither automatically excluded from public service nor granted the privilege of patient care without demonstrating genuine rehabilitation. And they ensure that states can cooperate effectively across borders while maintaining the independence guaranteed by the Tenth Amendment.

The framework presented in this position paper represents a commitment by the Interstate Commission and all Compact member states to protect the sacred trust that the public places in EMS personnel every time they call for help. It recognizes that trust must be earned through rigorous standards, maintained through continuous accountability, and renewed through evidence that every licensed clinician is worthy of the responsibility they carry.

When someone's life hangs in the balance, they deserve nothing less.

Document Purpose and Use

This position paper is intended to:

- **Inform state policymakers** about constitutional authority, legal precedents, and evidence-based practices
- **Guide state licensing officials** in developing or refining criminal history evaluation procedures
- **Clarify Compact obligations** regarding background checks, data reporting, and privilege recognition
- **Provide transparency** to applicants, employers, and the public about how criminal convictions affect licensure
- **Establish accountability** through recommended reporting standards and continuous improvement mechanisms

States retain complete discretion to adopt, modify, or exceed these recommendations while fulfilling their mandatory obligations under REPLICA and Commission Administrative Rules.

1. Purpose

The United States EMS Compact exists to strengthen public protection and workforce mobility through lawful cooperation among states. As stated in Section 1 of the *Recognition of Emergency Medical Services Personnel Licensure Interstate Compact* (REPLICA), the Compact is designed to "facilitate the day-to-day movement of EMS personnel across state boundaries in the performance of their EMS duties" while ensuring "states have a vested interest in protecting the public's health and safety through their licensing and regulation of EMS personnel."

This model policy helps states:

- **Protect the public** by identifying offenses that disqualify applicants from EMS licensure or interstate practice.
- **Promote fairness** by recognizing legitimate rehabilitation and due process.
- **Ensure consistency** across states while preserving each state's independent licensing authority.
- **Provide clear guidance** to state EMS officials, policymakers, and the public.
- **Implement Compact requirements** regarding criminal background checks as mandated in Section 3.C.4 of REPLICA.

2. Legal and Ethical Foundation

State Authority to License Health Professionals

The authority to license and regulate health professionals—including physicians, nurses, Emergency Medical Technicians, and Paramedics—belongs solely to the states. This authority arises from the Tenth Amendment to the United States Constitution, which reserves to the states the power to make and enforce laws protecting the health, safety, and welfare of their citizens. This concept, often referred to as a state's "police power," forms the constitutional basis for professional licensure and public health regulation.

Unlike federal powers such as defense or foreign affairs, the licensing of healthcare personnel has always been a state responsibility. Each state legislature creates statutes defining qualifications for licensure, establishes licensing boards, and enforces disciplinary standards. There is no federal medical or EMS license. States determine who may legally practice within their borders.

Emergency Medical Technicians and Paramedics fall under this same authority. Their education, examination/verification of knowledge, licensure, scope of practice, and moral character requirements are governed by state law. The United States EMS Compact functions within this framework. It does not replace or federalize state control; instead, it allows states to mutually recognize each other's licenses for cross-border practice while retaining full sovereignty over licensure decisions.

This cooperative model is authorized by the Compact Clause of the U.S. Constitution (Article I, Section 10, Clause 3), which allows states to enter into agreements with one another, provided their legislatures approve them. Through the Compact, states agree to shared procedures for interstate practice, but each state continues to determine who is licensed, who is disciplined, and under what conditions.

In summary:

- Licensure is created and governed by state law.
- Compact participation is a voluntary contract between states.
- Interstate privilege exists only while the home-state license remains valid.

This structure preserves state sovereignty and ensures that the Compact strengthens, rather than limits, each state's independence.

Judicial Precedents Supporting State Authority

Two landmark U.S. Supreme Court cases still define how states exercise this authority when considering criminal history:

1. ***Dent v. West Virginia (1889)*** – The Court affirmed that a state may require training, examination, and good moral character as conditions of medical licensure. Licensing is a legitimate use of state police power to protect public health and safety.
2. ***Hawker v. New York (1898)*** – The Court upheld a law denying medical licensure to a convicted felon, holding that a past conviction can demonstrate unfitness for practice when the offense relates to moral character or patient trust.

These rulings remain the foundation for all healthcare licensing. They establish that:

- States have exclusive authority to determine professional qualifications.
- Licensing standards must have a rational connection to public protection.
- Consideration of criminal history is lawful when directly related to the duties of the profession.

Balancing Public Protection and Rehabilitation

Modern administrative law extends these principles by requiring due process—notice of any proposed denial, an opportunity to respond, and a written explanation of the decision. Fairness and transparency ensure that decisions are protective rather than punitive.

The Compact's model framework embodies this balance. It permanently excludes individuals from an automatic multi-state Privilege to Practice whose crimes make them unfit for patient care, while allowing those who demonstrate sustained rehabilitation to re-enter the profession under careful review.

By reaffirming that licensing is a state power, this framework protects state sovereignty and public confidence. The Compact merely provides a lawful mechanism for cooperation among states exercising that power.

Compact Requirements for Criminal Background Checks

Section 3.C.4 of REPLICA mandates that member states require criminal background checks for initial licensure:

"No later than five years after activation of the Compact, [member states must 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..."

The Compact was activated on March 15, 2020. Therefore, all member states must require FBI fingerprint-based background checks for initial licensure by March 15, 2025. This requirement is now incorporated into state licensure law through Compact enactment.

Definitions

For purposes of this policy:

- **"Conviction"** as defined in Section 2.5 of the Commission's Administrative Rules, 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 also includes a finding of guilt for a Serious Offense under the Uniform Code of Military Justice (UCMJ)."
- **"Conviction Requiring Review"** as defined in Section 2.6 of the Administrative Rules, means "any criminal conviction that may impact an individual's fitness to practice as an EMS Clinician and requires evaluation by a State EMS Authority prior to the issuance or recognition of a license. This includes but is not limited to any Felony conviction; any Serious Misdemeanor conviction; or any conviction involving Moral Turpitude."
- **"Felony"** as defined in Section 2.12 of the Administrative Rules, means "a serious criminal offense that is graded, codified or classified as a felony under the laws of the state in which the defendant was convicted."
- **"Serious Misdemeanor"** as defined in Section 2.26 of the Administrative Rules, means "a criminal offense, classified as a misdemeanor under applicable state law, 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."
- **"Moral Turpitude"** as defined in Section 2.16 of the Administrative Rules, 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."
- **"Sentence Completion"** means release from all incarceration, probation, parole, and payment of all restitution and fines.
- **"Clear and Convincing Evidence"** means proof that the fact is highly probable; a standard between "preponderance of evidence" and "beyond reasonable doubt."
- **"Direct Relationship"** means the criminal conduct bears a substantial connection to the duties and responsibilities of EMS practice.
- **"Vulnerable Person"** includes children under 18, adults over 65, individuals with disabilities, and any person receiving medical care.
- **"Privilege to Practice"** as defined in Section 2 of REPLICA, means "an individual's authority to deliver emergency medical services in remote states as authorized under this compact."
- **"Provisional Privilege to Practice"** as defined in Section 2.22 of the Administrative Rules, means "a temporary form of Compact recognition granted to an EMS Clinician who holds a license that meets all but one or more of the criteria for a Qualified License under Rule 4.7(B). Provisional Privilege to Practice is not automatically recognized by Remote States and requires individual state-level review and approval."

3. Findings from Compact State Survey

In 2025, the Commission surveyed all Member States to analyze how each handles criminal convictions in EMS licensure.

Key Disparities Revealed:

- **Mandatory Disqualifiers:** 52% have statutory "shall not license" provisions; 48% have no mandatory disqualifiers
- **Discretionary Review:** 65% use discretionary review with rehabilitation criteria
- **Look-Back Periods:** Range from 5 years to lifetime, with no consensus
- **Interstate Treatment:** 91% treat out-of-state convictions the same as in-state convictions
- **Continuous Monitoring:** Just 35% use Rap-Back³ for ongoing criminal record monitoring
- **Result:** Inconsistent protection across state lines and confusion for interstate practitioners

State Practice Examples:

- **States with Structured Frameworks:** Examples include Louisiana, Virginia, South Carolina, and Indiana, which have established clear statutory disqualifiers, discretionary provisions with rehabilitation criteria, and defined look-back periods (typically 5–7 years).
- **States with Broad Discretion:** Examples include Missouri, Georgia, and Nevada, which have limited or no mandatory disqualifiers and rely primarily on broad discretionary authority without specific criteria.
- **States with Comprehensive Disqualifier Frameworks:** Examples include Texas, Alabama, and Idaho, which maintain comprehensive mandatory disqualifiers and provide limited opportunities for rehabilitation review for certain criminal offenses.

The survey showed a shared commitment to safety but a wide variation in the methods used. The model policy builds on this data to create a clear, balanced framework that respects diverse state approaches while establishing common ground for public protection and compliance with Compact requirements.

³ Rap Back is a continuous criminal history monitoring service operated by the Federal Bureau of Investigation (FBI) through its Next Generation Identification (NGI) System. Once an individual's fingerprints are enrolled, Rap Back automatically notifies authorized agencies if that individual is later arrested, charged, or has new criminal information added to their FBI record. This allows licensing and regulatory bodies to receive timely updates about criminal activity without requiring periodic re-fingerprinting or relying on self-disclosure by the individual.

4. Guiding Principles

The United States EMS Compact Model Policy on Criminal Convictions and Licensure is built on foundational principles that balance public protection, fairness, and state sovereignty. These principles recognize that when the public calls 911, they rely on state governments to ensure that only qualified, trustworthy individuals are authorized to respond.

Each state retains its constitutional authority to license EMS clinicians, yet through the Compact, states agree to uphold shared standards that protect the public and promote transparency across jurisdictions. The following guiding principles articulate the values and legal framework that inform this model policy and ensure that decisions about licensure and interstate practice remain consistent, equitable, and firmly grounded in law.

1. **Public Safety First** – The public's right to safety and trust takes precedence over any individual's interest in licensure.
2. **Fairness and Rehabilitation** – People can change; policies must allow proof of rehabilitation.
3. **Consistency Across States** – Common language and criteria reduce confusion and strengthen the Compact.
4. **State Sovereignty** – Each state retains full authority to issue, deny, or revoke its own licenses. Membership in the Compact is intended to preserve, not limit, this authority. The Compact does not supplant any state's determination of moral character or qualification for licensure but rather provides a framework for mutual recognition once a state has made its own independent determination.
5. **Transparency and Due Process** – Applicants must know the rules, receive notice, and have the opportunity to appeal.
6. **Compact Compliance** – Member states must fulfill obligations under REPLICA and the Commission's Administrative Rules while exercising their independent licensing authority. Transparency in licensure decisions and Compact data sharing ensures accountability while safeguarding each state's sovereign right to determine who may practice within its jurisdiction.

5. Model Framework for State Adoption

This framework organizes criminal convictions into four distinct tiers based on their relationship to patient safety, the seriousness of the offense, and the potential for rehabilitation. Each tier guides how states should evaluate convictions while preserving state sovereignty in final licensing decisions.

The four-tier structure balances two critical objectives: protecting the public from individuals whose criminal conduct demonstrates permanent unfitness for patient care, while recognizing that many people with criminal histories can successfully rehabilitate and serve their communities as trusted EMS professionals.

Tier	Description
1	 Permanent Disqualifiers These are the most serious offenses that demonstrate an irreparable breach of patient trust or permanent risk to public safety. They include sexual crimes (especially against vulnerable persons), abuse of patients, lifetime sex offender registration requirements, and other violent crimes that are generally punishable by life imprisonment or death. Recommended Action: Automatic denial with no rehabilitation review. These convictions warrant permanent exclusion from EMS licensure due to their direct relationship to the core duties and trust inherent in emergency medical care. Compact Status: State licensure is not recommended, but any licenses issued despite Tier 1 convictions automatically trigger Provisional Privilege to Practice, requiring individual remote state approval. Most states should revoke interstate recognition.
2	 Time-Limited Disqualifiers (7-Year Look-Back) These are serious felonies and misdemeanors—including drug trafficking, felony assault, major fraud, and felony domestic violence—that warrant automatic denial during a defined look-back period but <i>may</i> permit rehabilitation review after sufficient time has passed. Recommended Action: Automatic denial if within seven years of sentence completion. After the seven-year period, discretionary review is permitted based on clear and convincing evidence of rehabilitation. Rationale: The seven-year standard is supported by criminological research showing significant decline in recidivism after this period. This evidence-based approach acknowledges that sustained offense-free conduct demonstrates genuine behavioral change while maintaining rigorous protection during the highest-risk period. Compact Status: All Tier 2 convictions trigger Provisional Privilege to Practice status, requiring individual remote state evaluation for interstate practice.

Tier	Description
3	 Discretionary Review These are lesser felonies and misdemeanors that require individualized assessment based on multiple factors: time since offense, nature and context of the crime, evidence of rehabilitation, and relationship to EMS duties. Recommended Action: Approve, conditionally approve, or deny based on evaluation of specific rehabilitation factors and clear and convincing evidence standard. Written decisions must document findings on each factor considered. Examples: Misdemeanor drug possession (after 5 years), misdemeanor assault (after 5 years), misdemeanor domestic violence (after 7 years), DUI/DWI offenses evaluated case-by-case, and old felonies not listed in Tiers 1 or 2 (after 7 years). Compact Status: Offenses classified as "Serious Misdemeanors" or involving "Moral Turpitude" trigger Provisional Privilege status. Minor offenses that do not meet these definitions may qualify for standard Compact privileges.
4	 Non-Considerable Records These are records that generally should not affect licensure decisions: arrests without conviction, dismissed charges, expunged records, most juvenile adjudications, traffic infractions, and convictions for conduct no longer criminalized. Recommended Action: Do not consider in licensing decisions unless state law specifically requires disclosure or unless pending charges suggest ongoing public safety concerns. !! Exception: If an individual has been arrested and charged with a serious offense that has not yet been adjudicated, the state EMS office may—in accordance with state law—temporarily delay licensure action or suspend an existing license until the criminal matter is resolved. This ensures that licensing decisions are based on verified judicial outcomes rather than pending allegations, maintaining fairness to the applicant while prioritizing public safety and protection. !! Exception: Juvenile offenses in Tier 1 categories may be considered if permitted by state law and directly related to patient safety.

How to Use This Framework

For State Licensing Officials:

Each tier includes detailed guidance on recommended actions, required assessment factors (for discretionary tiers), and specific examples illustrating how the framework applies to real-world scenarios. These examples demonstrate both denials and approvals, showing how rehabilitation evidence is evaluated and when conditional licensure may be appropriate.

For Applicants:

This framework provides transparency about how criminal history will be evaluated. Understanding which tier applies to your conviction helps you know whether you're eligible now, must wait a specific period, or should focus on building rehabilitation evidence for discretionary review.

For the Public:

The tier structure ensures that the most serious offenses—those directly threatening patient safety—result in permanent exclusion, while allowing states to recognize genuine rehabilitation for less serious convictions.

Sovereignty and Flexibility

This framework is *advisory, not mandatory*. States retain full constitutional authority to adopt more restrictive standards, establish different look-back periods, or apply different criteria for rehabilitation assessment. What is compulsory under the Compact is:

- FBI background checks for initial licensure (by March 15, 2025)
- Reporting to the National EMS Coordinated Database
- Recognition of Qualified Licenses from other states
- Individual evaluation of Provisional Privilege applications

The tier classifications and specific timelines recommended here represent best practices based on survey data from Compact states, established legal precedents, and evidence on recidivism and rehabilitation. States are encouraged to adopt this framework to promote consistency and clarity, but the ultimate licensing decision remains with each sovereign state.

Understanding The Four Tiers

● Tier 1 - Permanent Disqualifiers

These are the most serious offenses that demonstrate an irreparable breach of patient trust or permanent risk to public safety. They include sexual crimes (especially against vulnerable persons), abuse of patients, lifetime sex offender registration requirements, and other violent crimes that are generally punishable by life imprisonment or death.

Crimes that show permanent risk to patient safety or an irreparable breach of trust:

Category A: Crimes Against Vulnerable Persons

- Sexual assault, rape, or sexual misconduct (any degree)
- Sexual crimes against children (including exploitation, pornography, enticement)
- Physical abuse of children, the elderly, or vulnerable adults
- Neglect or abandonment of persons entrusted to care
- Financial exploitation of vulnerable persons or patients

Category B: Violent Crimes with Life/Death Sentences

- Murder or capital murder
- Attempted murder
- Voluntary manslaughter
- Kidnapping or aggravated kidnapping
- Crimes punishable by life imprisonment or death

Category C: Crimes Demonstrating Fundamental Unfitness

- Lifetime sex-offender registration requirement in any jurisdiction
- Permanent revocation of a healthcare license by another state EMS office or recognized healthcare licensing body

Recommended Best Practice for State EMS Licensing Officials

● **Action:** *Automatic denial*; no rehabilitation review permitted.

Rationale: These crimes directly relate to the core duties of EMS personnel—patient care, access to vulnerable populations, physical contact, and emergency authority. They demonstrate a fundamental breach of the trust essential to healthcare practice and constitute "Convictions Requiring Review" under Administrative Rule 2.6, warranting permanent disqualification.

Compact Consideration: Under Administrative Rule 4.7(B)(1)(iii), individuals with these convictions would be issued a Provisional Privilege to Practice at best, requiring individual state approval for interstate practice. Given the permanent nature of these disqualifications, most states should deny Provisional Privilege for Tier 1 offenses.

Example Scenario: Tier 1 Permanent Disqualification

Facts: Applicant was convicted in 2018 of felony sexual assault of a patient while working as a nursing assistant. Completed sentence in 2021. Seeking an EMT license in 2025.

Analysis: Crime involves sexual misconduct against a person in care—Tier 1 Category A offense showing irreparable breach of patient trust. This is a Felony conviction involving Moral Turpitude that constitutes a "Conviction Requiring Review" under Administrative Rule 2.6.

Decision: Application **denied**—no rehabilitation review permitted under any circumstances. If the home state were to license this individual, they would hold Provisional Privilege to Practice status requiring approval from each remote state under Administrative Rule 4.7(B), which remote states should deny.

Tier 2 - Time-Limited Disqualifiers (7-Year Look-Back)

These are serious felonies and misdemeanors—including drug trafficking, felony assault, major fraud, and felony domestic violence—that warrant automatic denial during a defined look-back period but *may* permit rehabilitation review after sufficient time has passed.

Examples of serious crimes that *may* permit later review after a defined period:

Disqualifying Offenses (7-Year Period from Sentence Completion):

- Felony drug trafficking, dealing, or manufacturing
- Felony assault or battery
- Felony domestic violence
- Arson
- Robbery
- Major fraud, embezzlement, or identity theft
- Felony DUI causing death or serious injury
- Stalking
- Vehicular manslaughter
- Any felony involving controlled substances

Recommended Best Practice for State EMS Licensing Officials

 **Action:** *Deny* if within seven years of sentence completion (including release from all incarceration, probation, and parole). After seven years, allow *discretionary review* upon clear and convincing evidence of rehabilitation.

Rationale: The seven-year standard is supported by criminological research showing a significant decline in recidivism after this period and represents a middle ground between the five-year periods used by Louisiana, Indiana, Virginia, and South Carolina and the ten-year periods used by West Virginia and Delaware. This evidence-based approach balances rehabilitation research with the serious nature of the offenses involved. Research demonstrates that individuals who remain offense-free for seven years post-sentence rarely reoffend, providing a rational basis for permitting rehabilitation review.

Compact Consideration: Under Administrative Rule 4.7(B)(1)(iii), individuals with Tier 2 convictions hold Provisional Privilege to Practice status. Even if the home state licenses an individual within the look-back period or shortly thereafter, remote states retain discretion under Rule 4.7(B)(3) to require individual approval before recognizing interstate practice authority.

Example Scenario: Tier 2 Within Look-Back Period

Facts: Female applicant, age 28, applying for Paramedic license. Criminal history shows a 2019 conviction for felony drug trafficking (heroin) at age 22. Applicant served 2 years in prison, released in 2021, and completed 2 years supervised probation ending in 2023. Sentence completion date: 2023. Current application: 2025 (2 years post-sentence completion). No subsequent arrests.

Applicant's Argument: Applicant was young at the time of the offense and involved with an abusive partner who coerced participation in drug trafficking. Has completed intensive substance abuse treatment, earned EMT certification while on probation, volunteered with community outreach programs, maintained sobriety for 4 years (verified by probation officer), and received strong letters of support from probation officer, substance abuse counselor, and community service supervisor. Applicant argues that rehabilitation is complete and seeks the opportunity to serve the community as a paramedic.

Analysis: Felony drug trafficking falls under Tier 2 time-limited disqualifiers and constitutes a "Conviction Requiring Review" as a Felony under Administrative Rule 2.6. The seven-year look-back period runs from the date of sentence completion (2023), making the applicant eligible for discretionary review in 2030. The current application in 2025 is only 2 years post-sentence completion, well within the mandatory exclusion period.

While the applicant presents compelling evidence of rehabilitation efforts, Tier 2 offenses require a minimum of 7 years of demonstrated stability before discretionary review is available. This time period is evidence-based and necessary to ensure sustained behavioral change. Two years, while positive, is insufficient to establish long-term rehabilitation for felony drug trafficking.

Decision: Application **denied** under Tier 2 time-limited disqualifier. Applicant may reapply after 2030 (seven years post-sentence completion) with evidence of sustained rehabilitation. Applicant is encouraged to maintain sobriety, continue community involvement, and consider working as an EMT in states where a prior conviction does not bar licensure, as this experience will strengthen future applications.

Compact Implications: If the applicant's home state were to license despite the conviction within the look-back period, the license would trigger Provisional Privilege to Practice status under Administrative Rule 4.7(B)(1)(iii). Remote states would not be required to recognize interstate practice authority and would evaluate the application individually under Rule 4.7(B)(3).

Advisory: If the applicant maintains a clean record and continues rehabilitation efforts, discretionary review after 2030 will give substantial weight to the extended period of stability and professional experience gained.

Example Scenario: Tier 2 Beyond Look-Back with Strong Rehabilitation

Facts: Applicant, age 37, applying for Paramedic license in 2025. Criminal history shows a 2010 conviction for felony drug trafficking (cocaine) at age 22. Applicant served 3 years in prison, released in 2013, and completed 2 years of probation ending in 2015. Sentence completion: 2015. Current application: 2025 (10 years post-sentence completion). No subsequent arrests or criminal activity.

Rehabilitation Evidence:

- Completed court-ordered substance abuse treatment (2013-2014)
- Continued voluntary counseling through 2018
- Earned an associate degree in emergency medical services (2016-2018)
- Obtained EMT license in neighboring non-Compact state (2018)
- Employed as an EMT for 7 years (2018-2025) with exemplary performance reviews
- Promoted to shift supervisor (2022)
- Completed additional certifications (ACLS, PALS, critical care transport)
- Letters from the medical director, the fire chief, and three senior paramedics describing the applicant as "outstanding provider," "completely trustworthy," and "mentor to newer staff"
- Active volunteer work with youth drug prevention programs (5 years)
- Married, homeowner, stable family life
- No disciplinary actions, patient complaints, or workplace issues
- Random drug tests throughout employment (all negative)

Analysis: Sentence completion occurred in 2015; ten years have elapsed (exceeding the 7-year look-back). This is a Felony "Conviction Requiring Review" under Administrative Rule 2.6. The applicant is eligible for a discretionary Tier 2 review and must demonstrate rehabilitation by clear and convincing evidence.

Assessment of Rehabilitation Factors:

Time Factors: Ten years post-sentence with no reoffense or legal issues. This extended period significantly exceeds the seven-year threshold and demonstrates sustained behavioral change.

Nature and Context: Offense occurred at age 22 during active addiction. While serious, drug trafficking at a young age during addiction differs from predatory or violent crime. The applicant has aged out of the highest-risk period for recidivism.

Evidence of Rehabilitation: Exceptionally strong. The applicant has not only completed the required treatment but also voluntarily continued counseling. Educational achievement (associate's degree in EMS), seven years of successful EMT practice with progressive responsibility, professional certifications, and outstanding employer references demonstrate commitment to the profession and public service. Volunteer work in drug prevention shows insight into past conduct and a desire to prevent others from following a similar path.

Risk Assessment: Risk of reoffense appears very low. An extended period without incident, stable employment in the healthcare field (with access to controlled substances without any diversion issues), strong family support, ongoing accountability through random drug testing, and demonstrated professional competence all indicate minimal current risk. The medical director's strong endorsement is particularly significant given the applicant's access to medications in the current role.

Concerns: Felony drug trafficking remains a serious offense with relevance to paramedic practice (access to controlled substances, judgment, trustworthiness). However, ten years of exemplary conduct, including seven years of successful EMT work with medication access and zero diversion or integrity issues, provides clear and convincing evidence that the applicant has fundamentally changed.

Decision: State Paramedic License approved with provisional status for 2 years, Compact Privilege to Practice is Provisional, indefinitely.

Conditions:

1. Quarterly compliance reports from the medical director
2. Random drug/alcohol testing (minimum quarterly, may be more frequent at discretion)
3. Enhanced medical director oversight with monthly check-ins in the first year
4. Immediate reporting requirement for any legal issues or disciplinary matters
5. Annual review of provisional status
6. The applicant bears all testing and reporting costs

After successful completion of a 2-year provisional period with no violations or concerns, the license will convert to a full unrestricted status.

Compact Implications: Upon initial licensure with this Felony conviction, the applicant's license would trigger Provisional Privilege to Practice status under Administrative Rule 4.7(B)(1)(iii). Remote states would not be required to recognize interstate practice authority and would evaluate the application individually under Rule 4.7(B)(3).

Rationale: The strength of rehabilitation evidence meets a clear and convincing standard, but provisional conditions provide additional public safety safeguards given the serious nature of the original offense and paramedic-level access to controlled substances. This approach balances recognition of demonstrated rehabilitation with prudent ongoing monitoring.

Tier 3 - Discretionary Review

These are lesser felonies and misdemeanors that require individualized assessment based on multiple factors: time since offense, nature and context of the crime, evidence of rehabilitation, and relationship to EMS duties.

Examples of Tier 3 crimes and convictions.

Offenses Subject to Discretionary Review:

- Misdemeanor drug possession (after 5 years from sentence completion)
- Misdemeanor assault/battery (after 5 years)
- Misdemeanor domestic violence (after 7 years)
- Property crimes – misdemeanor level (after 5 years)
- DUI/DWI offenses (case-by-case, considering patterns and circumstances)
- Misdemeanor fraud or deception
- Other felonies not listed in Tiers 1-2 (after 7 years from sentence completion)

Required Assessment Factors:

Time Factors:

- Time elapsed since offense and sentence completion
- Time elapsed since release from all custody/supervision
- Pattern of conduct (single incident vs. repeated offenses)
- Compliance with probation, parole, and all court orders

Nature and Context:

- Seriousness of the offense
- Direct relationship to EMS duties and responsibilities
- Age and maturity level at time of offense
- Circumstances and context (aggravating/mitigating factors)
- Whether violence, deception, or breach of trust was involved

Evidence of Rehabilitation:

- Completion of court-ordered programs (substance abuse treatment, anger management, etc.)
- Voluntary rehabilitation efforts beyond court requirements
- Educational achievements since the offense
- Employment history and stability, particularly in healthcare or public service
- Community involvement and service
- Letters of recommendation from employers, educators, supervisors, or community leaders
- Successful completion of probation/parole without violations
- Demonstrated changed behavior and life circumstances
- Testimonials regarding character and fitness

Risk Assessment:

- Likelihood of reoffense based on established risk factors

- Current risk to public safety
- Ability to perform EMS duties responsibly and safely
- Evidence of sustained behavioral change

Recommended Best Practice for State EMS Licensing Officials

 **Action:** Approve, conditionally approve, or deny based on clear and convincing evidence. A written decision must explain the specific findings for each factor considered.

Compact Consideration: Tier 3 offenses that meet the definition of "Serious Misdemeanor" under Administrative Rule 2.26 or involve Moral Turpitude constitute "Convictions Requiring Review" under Rule 2.6. If the home state licenses an individual with such convictions, the license triggers Provisional Privilege to Practice status under Administrative Rule 4.7(B)(1)(iii), requiring remote state approval for interstate practice under Rule 4.7(B)(3).

If the offense does *not* meet these definitions, the individual may be licensed and granted an unrestricted Privilege to Practice under the Compact.

Example Scenario: Tier 3 Discretionary Denial - Pattern of Conduct

Facts: Male applicant, age 31, applying for EMT license. Criminal history shows:

- 2019: Misdemeanor DUI (age 25)
- 2021: Misdemeanor DUI (age 27)
- 2023: Misdemeanor DUI (age 29), most recent 24 months ago
- 2024: Arrested for DUI (age 30), charges currently pending

All offenses occurred alone (no passengers) with a BAC of 0.10-0.14. No accidents or injuries. Currently on probation for a 2023 conviction.

Applicant's Argument: Each DUI was an isolated incident occurring during a personal crisis (job loss, relationship breakup, family death). The applicant has attended AA meetings and completed court-ordered alcohol education after each conviction. Charges are misdemeanors, not felonies. Applicant needs an EMT license for employment opportunity as an industrial plant medic (non-driving role). Argues that mistakes should not prevent career opportunities, especially for a position that does not involve operating vehicles.

Analysis: While individual DUI offenses may fall under Tier 3 discretionary review, the pattern reveals an ongoing alcohol problem and poor judgment despite repeated intervention. Multiple DUI convictions could be classified as "Serious Misdemeanors" under Administrative Rule 2.26 as "conduct of a serious nature" that "could reasonably be considered to pose a threat to public safety."

Assessment Factors:

Pattern of Conduct: Three convictions over 4 years, plus a fourth pending charge, demonstrate a persistent problem rather than an isolated mistake. Each sentence was followed by the required programming that failed to prevent the subsequent offense. The pattern shows escalation (increasing frequency) rather than resolution.

Relationship to EMS Duties: Even in a non-transport role, EMTs make critical medical decisions, administer medications, assess patient stability, and determine the need for emergency transport. Alcohol dependence raises serious questions about judgment, reliability, and ability to respond to emergencies. EMTs often work alone or with minimal supervision; impairment could be undetected until patient harm occurs.

Time Factors: Most recent conviction only 24 months ago, with pending charges. No sustained period of sobriety or stability demonstrated. Still on probation, indicating sentence not yet complete.

Evidence of Rehabilitation: Minimal. Court-ordered programming was completed after each conviction, but it repeatedly failed to prevent reoffense. AA attendance appears compliance-based rather than committed recovery—no voluntary treatment beyond court requirements. No sobriety support system is evident. Pending charges suggest the problem continues.

Risk Assessment: High risk of continued alcohol-related issues. The pattern suggests untreated alcohol use disorder. Applicant minimizes seriousness (blames external circumstances rather than accepting accountability). The industrial plant medic role still requires sound judgment, medication administration, and emergency decision-making—all compromised by an active alcohol problem.

Decision: Application **denied** under Tier 3 discretionary review.

Path to Future Eligibility: Applicant may reapply after demonstrating:

1. Resolution of pending charges
2. Successful completion of current probation
3. Completion of an intensive substance abuse treatment program (not just alcohol education)
4. Participation in recovery support (AA/SMART Recovery) for a minimum of 2 years
5. Minimum 3 years with a completely clean record post-probation
6. Evidence of stable employment and lifestyle changes
7. Letters from the treatment provider and recovery sponsor
8. Evaluation from a substance abuse professional documenting sustained recovery

Timeline: Realistically, 4-5 years before eligibility for reconsideration, given the current probation status and pending charges.

Compact Implications: Given the pattern of Serious Misdemeanors under Administrative Rule 2.26, if any Home State were to license this individual, the license would trigger Provisional Privilege to Practice status under Administrative Rule 4.7(B)(1)(iii). Remote states evaluating the application under Rule 4.7(B)(3) would likely deny, given the ongoing pattern, pending charges, and lack of rehabilitation evidence.

Rationale: Public safety requires assurance that EMS providers have sound judgment and reliability, particularly regarding substance use. Pattern of repeated DUI convictions despite interventions indicates an untreated disorder that poses unacceptable risk to patients. Denial protects the public while providing a clear pathway for the applicant to demonstrate genuine recovery and rehabilitation.

Example Scenario: Tier 3 Discretionary Approval - Isolated Incident

Facts: Female applicant, age 26, applying for AEMT license. Criminal history shows a single misdemeanor drug possession (marijuana, small amount) from 2017 when the applicant was age 19 (college sophomore)—completed court-ordered community service and drug education program—no other arrests or legal issues.

Current Circumstances: Applicant graduated with a bachelor's degree in business management (2020), has worked as an EMT for 4 years with excellent performance reviews, completed an AEMT education program, holds current certifications, and received letters from the medical director and operations supervisor describing the applicant as "reliable, compassionate, and highly skilled provider." The applicant is also a member of a volunteer fire department and a youth mentor.

Analysis: Single misdemeanor drug possession at age 19, now 9 years past, falls under Tier 3 discretionary review. While this is technically a "Conviction Requiring Review" under Administrative Rule 2.6, simple possession of a small amount of marijuana at a college age represents a common youthful mistake rather than serious criminal behavior or pattern. This offense likely does not meet the definition of "Serious Misdemeanor" under Rule 2.26.

Assessment Factors:

Time Factors: Nine years since offense with no subsequent legal issues. The applicant was a teenager at the time; now a mature adult with an established career.

Nature and Context: Minor offense (small amount, personal use). Many jurisdictions have since decriminalized marijuana possession. Offense does not involve violence, deception, theft, or vulnerable persons.

Evidence of Rehabilitation: Exceptional. Applicant completed court requirements, earned a degree, established a successful EMS career spanning 4 years, advanced education to AEMT level, and actively contributes to the community through volunteer fire service and youth mentoring. The applicant has presented strong professional references from supervisors with direct knowledge of the applicant's work performance and character.

Relationship to EMS Duties: Limited direct relationship. Simple marijuana possession at age 19 does not predict medication diversion, impaired judgment in emergency care, or untrustworthiness with controlled substances. Four years of EMT practice with no medication-handling issues, disciplinary matters, or patient complaints demonstrate fitness for practice.

Risk Assessment: Minimal risk. Single youthful offense followed by nearly a decade of responsible conduct, professional achievement, and community service. No indicators of substance abuse or concerning behavior patterns.

Decision: License **approved** without conditions.

Compact Implications: This isolated, minor misdemeanor conviction from 9 years ago likely *does not* trigger Provisional Privilege to Practice status, as it does not constitute a "Serious Misdemeanor" under Administrative Rule 2.26 and may not be considered a "Conviction Requiring Review" given its age, minor nature, and subsequent exemplary record. A home state license should qualify for standard Privilege to Practice under Administrative Rule 4.7(A) and be automatically recognized by remote states under Rule 4.0.

Rationale: Clear and convincing evidence demonstrates that a single minor drug offense at age 19 does not indicate

current unfitness for AEMT practice. An extended time period, professional track record, educational achievement, and strong employer endorsements establish that the applicant is qualified, competent, and trustworthy. Imposing conditions or denial would be disproportionate to the offense and would fail to recognize obvious rehabilitation and professional development.

This case illustrates the framework's flexibility in distinguishing between youthful mistakes followed by responsible conduct and patterns of serious criminal behavior, consistent with the Compact's purpose of protecting public safety while facilitating workforce mobility.

● Tier 4 - Non-Considerable Records

These are records that *generally* should not affect licensure decisions: arrests without conviction, dismissed charges, expunged records, most juvenile adjudications, traffic infractions, and convictions for conduct no longer criminalized.

The following should generally not affect licensure decisions unless state law requires explicit disclosure:

- Arrests without conviction
- Charges dismissed or acquitted
- Expunged or sealed records (unless conviction occurred after sealing and state law requires disclosure)
- Juvenile adjudications (generally, unless exceptionally serious and recent)
- Traffic violations (non-criminal infractions)
- Convictions for conduct no longer criminalized in the applicant's jurisdiction.

!! Exception: If an individual has been arrested and charged with a serious offense that has not yet been adjudicated, the state EMS office may—in accordance with state law—temporarily delay licensure action or suspend an existing license until the criminal matter is resolved. This ensures that licensing decisions are based on verified judicial outcomes rather than pending allegations, maintaining fairness to the applicant while prioritizing public safety and protection.

In cases where the arrest involves an alleged Tier 1 offense, the general interest of public safety and protection should guide decision-making. New licenses should not be granted until the case has been fully adjudicated. For existing license holders, states should consider summary suspension or temporary restriction of practice, if permitted under their local statutes or administrative procedures, until the criminal matter is resolved.

Arrests may also be considered if criminal charges are currently pending or if a pattern suggests ongoing investigation into serious criminal activity. Juvenile offenses that fall within the Tier 1 category should be considered if permitted under state law, particularly when the conduct demonstrates behavior directly related to patient safety or moral fitness for EMS practice.

Compact Compliance Note: Administrative Rule 11.3(H) requires member states to report "acts of misconduct or criminal convictions that a Member State becomes aware of, from sources other than the FBI background check that may result in action against an EMS Clinician's License or Privilege to Practice." This reporting obligation to the Coordinated Database does not require states to consider non-convictions in initial licensing decisions, but ensures transparency when such information suggests ongoing public safety concerns.

6. Procedural Safeguards and Applicant Rights

Background Checks

All Member States must comply with REPLICA Section 3.C.4, which requires:

- **FBI fingerprint-based criminal history check** (mandatory for all initial applications as of March 15, 2025)
- State criminal record repository search (mandatory)
- **National EMS Coordinated Database (NEMSCD) verification** (mandatory to check discipline history in all states per Section 11 of REPLICA)
- **Interstate Compact database check** (mandatory for privilege applicants per Administrative Rule 4.0)
- **Rap-Back continuous monitoring enrollment** (strongly recommended for all licensed personnel)

Notice and Appeal Rights

Every applicant has the right to:

- **Clear Notice:** Written explanation of specific conviction(s) under consideration, the applicable tier classification, and potential grounds for denial
- **Opportunity to Respond:** Minimum 30 days to submit evidence of rehabilitation, mitigating circumstances, documentary proof, or factual corrections
- **Hearing:** Upon request, opportunity to appear before the review board, hearing officer, or licensing authority to present evidence and testimony
- **Representation:** Right to be represented by counsel or an advocate during proceedings
- **Written Decision:** Detailed findings explaining approval, denial, or conditions imposed, including specific factors considered and weight given to each
- **Appeal:** Right to appeal an adverse decision to an independent body with authority to overturn or modify the licensing agency's determination
- **Timeline Protection:** Final decision issued within 60-90 days of complete application submission

Burden of Proof

The burden of proof varies by tier:

- **For Tier 1 offenses:** State must prove conviction occurred and falls within Tier 1 categories; no rehabilitation review permitted
- **For Tier 2 offenses within the look-back period:** State demonstrates conviction; automatic denial applies; no rehabilitation review until the look-back period expires.
- **For Tier 2 offenses beyond the look-back period,** the applicant must demonstrate rehabilitation by clear and convincing evidence; the state must show a direct relationship to EMS duties.
- **For Tier 3 offenses:** State must demonstrate conviction has a direct relationship to EMS duties; applicant must demonstrate rehabilitation by clear and convincing evidence.

Conditional Licensure Options

States may grant conditional or provisional licensure when rehabilitation is demonstrated, but additional safeguards are warranted:

Possible Conditions:

- Required supervision by a designated medical director or senior provider
- Random drug/alcohol testing at the applicant's expense
- Regular reporting requirements (monthly or quarterly)
- Prohibition from specific practice settings (e.g., solo response, home health, critical care transport)
- Mandatory counseling or continuing treatment
- Limited initial license term (1-2 years), with successful completion required for full licensure
- Geographic or agency restrictions
- Enhanced medical director oversight with written protocols

Duration: Typically, 1-2 years with demonstration of compliance and stability required before conditions are lifted or full licensure granted.

Modification or Revocation: Conditions may be modified based on compliance; serious violations may result in immediate license suspension or revocation.

7. Balancing Public Safety and Rehabilitation

Research shows that individuals who remain offense-free for seven years after completing their sentence rarely reoffend.⁴ Adopting this evidence-based period acknowledges the potential for rehabilitation while safeguarding patients. Permanent exclusions apply only to crimes demonstrating irreversible unfitness for patient contact or public trust.

The Evidence Base

Studies of criminal recidivism consistently demonstrate that the risk of reoffense decreases significantly over time, particularly after 7-10 years of remaining offense-free. The seven-year standard:

- Reflects mainstream criminological research
- Balances rehabilitation potential with public safety
- Provides sufficient time to observe sustained behavioral change
- Aligns with the look-back periods used by multiple Compact states
- Exceeds the 5-year standard some states use for less serious offenses
- Remains shorter than the lifetime consideration some states apply

Rehabilitation Indicators

Effective rehabilitation is evidenced by:

- **Time:** Extended period without reoffense
- **Treatment:** Completion of substance abuse, mental health, or behavioral programs
- **Stability:** Consistent employment, housing, and family relationships
- **Accountability:** Full compliance with all sentence requirements
- **Growth:** Educational advancement and professional development
- **Service:** Community involvement and contributions
- **Support:** Strong references from employers and community leaders
- **Insight:** Demonstrated understanding of past conduct and its impact

Public Safety Considerations

Even with strong rehabilitation evidence, public safety requires:

- **Direct Nexus:** Conviction must be evaluated for relationship to EMS duties consistent with *Hawker v. New York*
- **Pattern Analysis:** Single incident vs. repeated behavior matters
- **Risk Assessment:** Ongoing evaluation of risk factors
- **Monitoring:** Enhanced oversight during provisional or conditional periods

⁴ National Institute of Justice. (2016). *Violent offending among juveniles: A 7-year longitudinal study of recidivism*. U.S. Department of Justice. <https://nij.ojp.gov/library/publications/violent-offending-among-juveniles-7-year-longitudinal-study-recidivism>
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- **Transparency:** Public access to licensing information through NEMSCD per Rule 11.2(C)
- **Accountability:** Swift action for any subsequent violations

Compact Framework Integration

The Provisional Privilege mechanism in Administrative Rules 4.7(B) and 4.2 operationalizes this balance:

- **Respects Rehabilitation:** Allows home states to license individuals who demonstrate rehabilitation
- **Ensures Safety:** Requires remote state review before interstate practice
- **Promotes Transparency:** NEMSCD reporting per Rule 11.3 ensures all states have complete information
- **Facilitates Improvement:** Time-limited provisional status with pathway to full privilege
- **Maintains Flexibility:** Remote states retain authority to deny or impose conditions per Section 4.D of REPLICA

8. Public Accountability and Reporting

Transparency reinforces trust. Transparency in how states evaluate and license individuals with criminal convictions ensures that this trust is earned and maintained. When licensing authorities clearly communicate their standards, decision-making processes, and outcomes—while protecting individual privacy—they demonstrate that public safety is the guiding priority. Openness also discourages arbitrary or inconsistent decision-making, strengthens accountability, and allows the public to see that rehabilitation is recognized only when it aligns with clear evidence of changed behavior and low risk to patients.

By publishing aggregate data and adhering to transparent reporting standards, states affirm their integrity and consistency. Transparency protects not only patients, but also the reputation of the EMS profession, ensuring that every clinician who wears the uniform has met standards that are both fair and worthy of public confidence.

Each state should publish annual, de-identified statistics on:

- Applications received by license level
- Applications denied due to criminal history, by tier category
- Conditional or provisional licenses granted and their conditions
- Conditional license completion rates (successful vs. revoked)
- Average processing time for applications with a criminal history
- Appeal outcomes (upheld vs. overturned)
- Recidivism rates for license holders with criminal histories
- Disciplinary actions taken against license holders for subsequent criminal conduct
- Provisional Privilege applications received, approved, denied, and conditions imposed

Benefits of Public Reporting

- **Accountability:** Demonstrates responsible stewardship of licensing authority
- **Transparency:** Builds public confidence in the licensing process
- **Data-Driven Policy:** Enables evidence-based refinement of the framework
- **Interstate Learning:** Allows states to learn from each other's experiences
- **Continuous Improvement:** Identifies areas needing adjustment or additional resources

Commission Coordination

Per Administrative Rule 11.4(E), the Interstate Commission should:

- Establish standard reporting metrics for consistency across states
- Compile aggregate data from NEMSCD annually
- Publish Commission-wide statistics on framework implementation
- Facilitate information sharing through Commissioner forums
- Conduct periodic framework review based on outcomes data
- Adjust recommendations as evidence and experience warrant

Administrative Rule 11.2(C) provides public access to the Coordinated Database, displaying:

- Legal name
- National EMS ID Number
- Privilege to Practice Status
- State Licensure Status
- License levels and expiration dates
- Jurisdiction(s) issuing licenses

This public portal enhances transparency while protecting sensitive information in accordance with Rule 11.4(A) and (C).

Shared reporting allows evidence-based improvements and public confidence in the system's fairness and rigor.

9. Frequently Asked Questions

Q: Does this policy require states to change their laws?

A: No. This is a model policy for *voluntary* adoption regarding evaluation criteria and tier classifications. States may adopt it through legislation, administrative rules, or policy guidance, depending on their legal structure and existing authority.

However, all member states must comply with mandatory REPLICA requirements:

- FBI fingerprint-based background checks for initial licensure (Section 3.C.4 - by March 15, 2025)
- NEMSCD Uniform Data Set submission (Section 11 of REPLICA and Rule 11.3)
- Adverse action reporting within two business days (Rule 8.1)
- Provisional Privilege evaluation for license holders with Convictions Requiring Review (Rule 4.7(B))

Q: What if my state has more restrictive standards than this framework?

A: States retain full authority to maintain higher standards for public protection under their police powers. However, states should consider how more restrictive approaches interact with the Provisional Privilege mechanism in Administrative Rules.

If a state denies licensure for offenses that other states approve, those individuals won't hold licenses, and the Compact privilege question doesn't arise. If a state licenses individuals with serious convictions that would be disqualified elsewhere, those licenses trigger Provisional Privilege status under Rule 4.7(B), and remote states evaluate individually under Rule 4.2.

Q: Can someone with a criminal record ever get full Compact privileges?

A: In most cases, no for Tier 1 or Tier 2 convictions. An individual with a Tier 1 or Tier 2 conviction will not be eligible for full, automatically recognized Compact Privilege. If licensed by a home state, that license will carry Provisional Privilege to Practice that requires each remote state's approval and does not convert to full Privilege later.

!! Exception: *In rare circumstances where the Tier 1 or Tier 2 conviction is pardoned or expunged under applicable law, and the home state subsequently issues or reissues a license that meets all Qualified License criteria, the individual may be eligible for full Privilege. States retain discretion to evaluate the legal effect of a pardon or expungement.*

For Tier 3 (and Tier 4) matters, outcomes are discretionary. Some Tier 3 convictions (e.g., those meeting the definitions of Serious Misdemeanor or Moral Turpitude) will trigger Provisional status. Other Tier 3 or Tier 4 situations may not trigger Provisional status at all, allowing a Qualified License and full, automatic Privilege if all other criteria are met.

Q: How does this affect current license holders?

A:

- Compact reporting obligations apply to all licensees per Rule 11.3.
- New criminal convictions trigger reporting and potential discipline per Rule 8.1.
- Renewal applications may be subject to each state's policies and administrative rules.
- The FBI background check requirement (Section 3.C.4) applies to initial licenses issued after March 15, 2025.
- Upon discovery by a state EMS office that a current licensee has a Tier 1 or Tier 2 conviction, whether newly identified or previously undisclosed, the individual's Compact Privilege to Practice (PTP) should be converted to Provisional status in accordance with Administrative Rule 4.7(B)(1)(iii), pending review and remote state approval for continued interstate practice under Rule 4.7(B)(3).

Q: What about marijuana convictions in states where it's now legal?

A: States should consider the current legal status and the time since the offense. The framework's tier system allows flexibility:

Simple possession misdemeanor from years ago: May not constitute "Serious Misdemeanor" under Rule 2.26 or "Conviction Requiring Review" under Rule 2.6, especially if jurisdiction has decriminalized or legalized marijuana. Would not trigger Provisional Privilege.

Recent possession or trafficking convictions: May still warrant consideration under Tier 2 or 3 depending on circumstances, even if conduct now legal in some jurisdictions. Felony trafficking convictions trigger Provisional Privilege per Rule 4.7(B)(1)(iii) regardless of current legal status.

States should document their approach to evolving marijuana laws to ensure consistency.

Q: How long does provisional Compact privilege status last?

A: In most situations, a Provisional status is permanent once triggered under Administrative Rule 4.7(B). It does not expire or convert to full Privilege at a later date. *A Provisional Privilege to Practice designation may be triggered for multiple reasons and is not limited to criminal convictions.*

The individual may continue to practice under their home state license, but interstate practice remains subject to remote state approval as required by Rule 4.7(B)(3). This permanent designation ensures transparency across all Compact member states and preserves each state's sovereign authority to decide who may practice within its jurisdiction.

!! Exception: In limited circumstances, Provisional status may later be removed. For example, if a state has not yet implemented an FBI fingerprint-based criminal history check as required by Section 3.C.4 of the Compact, all licenses issued by that state are designated as Provisional until compliance is achieved. Once the state implements the FBI background check requirement *and* the individual is subsequently licensed under that compliant process, the reason for the Provisional status is removed, and the license may then be recognized with full Compact Privilege.

Q: Can a state refuse to recognize another state's license, and the individual's Privilege to Practice, due to criminal history?

A: It depends on the type of license and privilege:

Qualified Licenses (Rule 4.7(A)): Remote states must recognize per Section 4.A of REPLICA: "Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3."

Provisional Privilege (Rule 4.7(B)): Per Rule 4.7(B)(3), these are "not automatically recognized by Remote States" and require "individual state-level review and approval." Remote states may deny based on criminal history evaluation.

Post-Recognition: Even after recognition, Section 4.D of REPLICA provides: "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."

Q: What happens if someone is arrested, or convicted of a crime, while holding Compact privileges?

A: Multiple reporting obligations trigger:

1. **Individual's Duty:** Must report arrest to home state per state law
2. **Home State Duty:** Per Rule 11.3(H), must report to NEMSCD within 2 business days: "acts of misconduct or criminal convictions...that may result in action against an EMS Clinician's License or Privilege to Practice"
3. **Home State Investigation:** Investigates and determines appropriate action
4. **If Adverse Action Taken:** Per Rule 8.1(B), home state reports to Commission within 2 business days and notifies individual that Remote State Privileges are revoked
5. **Automatic Suspension:** Per Section 8.B of REPLICA, all Compact privileges become inactive
6. **Remote State Options:** May independently investigate and take action per Section 8.E of REPLICA

Q: Who decides what constitutes "clear and convincing evidence" of rehabilitation?

A: The state licensing authority makes this determination based on the totality of evidence presented, applying the legal standard that the evidence shows the fact is highly probable—more than "preponderance of evidence" (more likely than not) but less than "beyond reasonable doubt" (criminal standard).

Factors to consider are enumerated in Tier 3 of this framework. Applicants may appeal adverse determinations through state administrative procedures and ultimately to courts of competent jurisdiction per state law.

Interstate consistency: NEMSCD reporting per Rule 11.3 ensures all states can review the same evidence and home state determination when evaluating Provisional Privilege applications.

Q: What if my state hasn't implemented FBI background checks by the March 15, 2025 deadline?

A: This creates a serious compliance issue. Section 3.C.4 of REPLICA is mandatory: "No later than five years after activation of the Compact, [states must 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..."

Consequences of non-compliance:

Per Administrative Rule 4.7(A)(5), licenses issued after March 15, 2025 without FBI background check review **do not qualify** as Qualified Licenses. They trigger Provisional Privilege status per Rule 4.7(B)(1)(ii).

Per Section 13 of REPLICA and Rule 13.1, failure to comply constitutes grounds for default, which may result in:

- Remedial education and technical assistance
- Suspension of membership
- Suspension of Privilege to Practice for all licensees from that state per Rule 13.1(F)(4)
- Termination of membership

States must:

1. Enact separate statutory authority for FBI checks (REPLICA doesn't grant this authority)
2. Establish operational processes for conducting checks
3. Train staff on procedures
4. Budget for costs
5. Integrate with NEMSCD reporting

Contact the Commission immediately if implementation challenges exist. The Commission provides technical assistance but cannot extend the statutory deadline.

Q: How do I access the NEMSCD to check someone's privilege status?

A: Access depends on your role:

Public Access (Rule 11.2(C)): Visit the Commission's public portal at www.emscompact.gov and search by National EMS ID number. Public can view:

- Name and ID number
- Privilege to Practice status
- State licensure status and expiration
- License levels
- Issuing jurisdictions

Employer Access (Rule 11.2(D)): **[FUTURE FUNCTIONALITY]** Registered employers can conduct individual or bulk searches with validated user account.

Government/Member State Access (Rule 11.2(A) and (B)): [FUTURE FUNCTIONALITY] Commissioners and authorized delegates can access full database including:

- Complete conviction and discipline history
- Basis for Provisional Privilege status
- Conditions and restrictions
- Adverse actions across all states
- Significant investigatory information

Contact the Commission to establish authorized user accounts for government access.

State Implementation and Compact Compliance

This document provides model guidance for state evaluation of criminal convictions in EMS licensure decisions. Member states retain full sovereignty over licensure decisions and may adopt, adapt, or decline these recommendations based on their constitutional structure, statutory framework, and policy priorities.

However, all member states must comply with mandatory requirements under the *Recognition of Emergency Medical Services Personnel Licensure Interstate Compact* (REPLICA) and the Commission's Administrative Rules, including FBI background checks, NEMSCD reporting, and privilege recognition procedures. Failure to comply with these mandatory requirements may result in default proceedings under Section 13 of REPLICA.



For Reference

2026 Commission Meeting Schedule

2026 Commission Meetings

Executive Committee	Stakeholder Advisory Committee	Bylaws & Rules Committee	Full Commission
January 14, 2026			
	February 18, 2026	TBD	February 11, 2026
March 11, 2026			
April 8, 2026	April 15, 2026		April 29, 2026 (Kansas City, MO)
May 13, 2026			
June 10, 2026	June 17, 2026		
July 8, 2026			
August 12, 2026	August 18, 2026		August 19, 2026
September 9, 2026			
October 14, 2026	October 21, 2026		
November 4, 2026			November 18, 2026 (Elections)
December 9, 2026	December 16, 2026		

Timeline & Key Dates

2013

January & March National Advisory Panel Meetings
June, August & October Drafting Team

2014

Model Legislation

2017

May 8 Georgia - as the 10th state - enacted REPLICA legislation, triggering the EFFECTIVE date of EMS Compact.

October 7 Inaugural meeting of the Interstate Commission for EMS Personnel Practice.

2020

March 15 EMS Compact fully ACTIVATED including the Privilege to Practice. This activation date triggered the five (5) year compliance clock on biometric background checks.

2025

March 15 All Members States shall be in compliance with FBI biometric background checks as a prerequisite for the issuance of initial state EMS licenses for EMT, Paramedic and levels between EMT & Paramedic.

States enacting the REPLICA legislation after this date are required to have biometric background checks implemented prior to acceptance into the EMS Compact.



RECENT PRESS RELEASES & Letters



United States EMS Compact

The Interstate Commission for EMS Personnel Practice

5010 E. Trindle Road, Suite 202

Mechanicsburg, PA 17050

(707) 888-4142

PRESS RELEASE

Interstate Commission for EMS Personnel Practice Appoints Commissioner Michael Johnson (GA) to Executive Committee

14 JAN 2026 Washington, DC — The Interstate Commission for EMS Personnel Practice, the governmental commission responsible for the implementation and operation of the United States EMS Compact, announced the appointment of Michael Johnson, MS, NRP, Commissioner for the State of Georgia, to the Commission's Executive Committee.



Commissioner Michael Johnson

Commissioner Johnson was appointed to fill the Executive Committee position recently vacated by Aaron Koehler of Wyoming. The appointment fills the remainder of the current term in accordance with the Compact's governing bylaws and ensures continuity of leadership for the Commission's day-to-day operations.

Michael Johnson serves as Director of the Georgia Office of EMS and Trauma at the Georgia Department of Public Health. He is an active member of the National Association of State EMS Officials and has served as Georgia's appointed Commissioner to the Interstate Commission for EMS Personnel Practice. Previously, Commissioner Johnson served as Deputy Director for Systems of Care and Director of the Office of Cardiac Care, where he led the designation of Georgia's first 41 Emergency Cardiac Care Centers and helped establish a sustainable statewide cardiac care system.

Prior to his service with the Georgia Department of Public Health, Commissioner Johnson taught EMS and emergency management at the university and college levels and served as Program Director for EMS education programs in both Alabama and Georgia. He also spent seven years as a CBRNE subject matter expert consultant supporting FEMA and the Department of Homeland Security. Beginning his EMS career in 1995, he has maintained a longstanding commitment to improving EMS system performance and expanding access to care in rural and underserved communities.

The Executive Committee is responsible for managing the Interstate Commission's affairs between full Commission meetings, providing operational oversight, strategic direction, and continuity of governance. Under the Compact statute, each member state's governor appoints a commissioner to represent the state on the Interstate Commission.

Commission Chair Kraig Kinney of Indiana stated, "Commissioner Johnson brings deep operational, regulatory, and systems-of-care experience to the Executive Committee. His background in statewide system development and emergency preparedness will strengthen the Commission's ability to support a safe, mobile, and resilient EMS workforce."

Executive Director Donnie Woodyard, MAML, NRP, added, "Leadership continuity matters for a national regulatory body operating across state lines. Commissioner Johnson's appointment ensures experienced oversight during a critical period of growth for the United States EMS Compact and reinforces our commitment to public protection, accountability, and interstate collaboration."

Today, 25 states participate in the United States EMS Compact, enabling more than 450,000 EMS clinicians to practice across Compact member states using their active, unrestricted home-state license. This interstate licensure model strengthens emergency preparedness, supports workforce mobility, and enhances patient access to timely emergency medical care nationwide.

For more information about the Interstate Commission for EMS Personnel Practice and the United States EMS Compact, visit the Commission's official website.

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About the Interstate Commission for EMS Personnel Practice

The Interstate Commission for EMS Personnel Practice is the lead governmental authority in the United States responsible for regulating and overseeing the interstate practice of Emergency Medical Services (EMS). Established by the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA), the Commission is composed of appointed Commissioners from each Compact Member State and is vested with the authority to enforce compliance, administer national operations, resolve multistate regulatory and disciplinary issues, operate the National EMS Coordinated Database, and facilitate immediate license recognition and the Privilege to Practice across state lines. Operational 24/7, the EMS Compact enables more than 400,000 EMS clinicians in 25 member states to deliver care wherever and whenever needed—supporting routine operations, surge staffing, disaster response, recruitment and retention, and the demands of a modern, mobile workforce. The Commission safeguards public protection, enhances national preparedness, and stands as the definitive model for multistate licensure in healthcare.

The EMS Compact is law in the following states:

Alabama • Arkansas • Colorado • Delaware • Georgia • Idaho • Indiana • Iowa • Kansas • Louisiana • Mississippi • Missouri • Nebraska • Nevada • North Dakota • Oklahoma • Pennsylvania • South Carolina • South Dakota • Tennessee • Texas • Utah • Virginia • West Virginia • Wyoming



United States EMS Compact

The Interstate Commission for EMS Personnel Practice

5010 E. Trindle Road, Suite 202

Mechanicsburg, PA 17050

(202) 888-4142

PRESS RELEASE

Wyoming and Missouri Appoint New Commissioners to the Interstate Commission for EMS Personnel Practice

6 FEB 2026 Washington, DC — The Interstate Commission for EMS Personnel Practice today announced the appointments of Susan Neugebauer as Wyoming's Commissioner and Sam Vance as Missouri's Commissioner to the United States EMS Compact.

Commissioner Neugebauer was also recently appointed as Wyoming's EMS Unit Manager and State EMS Director, bringing more than 25 years of experience in emergency medical services. Her career spans clinical practice as a paramedic, field training, and leadership of a paramedic education program, with a sustained focus on clinical quality, workforce development, and EMS system improvement.

In addition to her EMS leadership, Commissioner Neugebauer holds a Master of Education degree and brings extensive experience in general and early childhood special education, having supported children from birth through age five. This distinctive combination of clinical and educational expertise positions her to strengthen pediatric emergency care initiatives and EMS education across Wyoming and the Compact.



*Commissioner
Susan Neugebauer
Wyoming*



*Commissioner
Sam Vance
Missouri*

Missouri's newly appointed Commissioner, Sam Vance, brings a strong background in EMS system leadership and healthcare administration, with a focus on operational excellence, regulatory integrity, and workforce sustainability. He holds a Master of Healthcare Administration from A.T. Still University, equipping him with advanced expertise in healthcare systems management, policy implementation, and organizational performance. His combined clinical and administrative experience positions him to support Missouri's continued leadership within the EMS Compact, particularly in advancing interstate practice, system modernization, and resilient workforce development.

"We are pleased to welcome both Commissioner Neugebauer and Commissioner Vance to the United States EMS Compact Commission," said Kraig Kinney, JD, NRP, Chair of the Interstate Commission for EMS Personnel Practice. "Their combined experience in clinical care, education, system leadership, and regulation strengthens the Compact's mission to protect the public while enabling a modern, mobile EMS workforce nationwide."

Both Commissioners emphasized the importance of strong regulatory frameworks that support patient safety while expanding workforce mobility through interstate collaboration.

Wyoming joined the EMS Compact in 2016 through enactment of the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) law, authorizing interstate EMS practice and Privilege to Practice across Compact member states.

In Missouri, the REPLICA legislation was signed into law on July 9, 2018, making Missouri the sixteenth state to enact the EMS Compact and further strengthening national workforce mobility, disaster response coordination, and multistate regulatory collaboration.

For more information about the EMS Compact, member states, or to validate an EMS clinician's Privilege to Practice, please visit www.emscompact.gov.

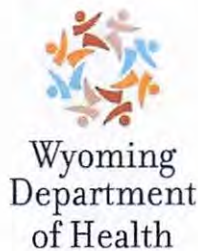
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About the Interstate Commission for EMS Personnel Practice

The Interstate Commission for EMS Personnel Practice is the lead governmental authority in the United States responsible for regulating and overseeing the interstate practice of Emergency Medical Services (EMS). Established by the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA), the Commission is composed of appointed Commissioners from each Compact Member State and is vested with the authority to enforce compliance, administer national operations, resolve multistate regulatory and disciplinary issues, operate the National EMS Coordinated Database, and facilitate immediate license recognition and the Privilege to Practice across state lines. Operational 24/7, the EMS Compact enables more than 400,000 EMS clinicians in 25 member states to deliver care wherever and whenever needed—supporting routine operations, surge staffing, disaster response, recruitment and retention, and the demands of a modern, mobile workforce. The Commission safeguards public protection, enhances national preparedness, and stands as the definitive model for multistate licensure in healthcare.

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2300 Capitol Avenue
Hathaway Building, Fourth Floor
Cheyenne, WY 82002
Phone (307) 777-7656 • 1-866-571-0944
Fax (307) 777-7439 • www.health.wyo.gov



Stefan Johansson
Director

Mark Gordon
Governor

January 29, 2026

Ref: J-2026-121

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

Dear Director Woodyard:

Commissioner Appointment

In accordance with Section 10.B.1 of the Recognition of EMS Personnel Interstate Compact (REPLICA) model legislation, as enacted in Wyo. Stat. § 33-36-201, the State of Wyoming hereby designates Susan Neugebauer as the delegate (Commissioner) to the Interstate Commission of EMS Personnel Practice. This appointment is effective February 02, 2026. Please update your records accordingly to reflect this designation.

If you need additional information regarding this appointment, please contact Cassandra Walkama, Health Readiness and Response Section Chief, at 307-777-5778 or Cassandra.walkama2@wyo.gov. We appreciate your attention to this matter and look forward to Commissioner Neugebauer's active participation in the Interstate Commission for EMS Personnel Practice.

Sincerely,

Stefan Johansson, Director
Wyoming Department of Health

SJ/cw

cc: Stephanie Sandoval, MHSA, MBA, Senior Administrator, Public Health Division
Cassandra Walkama, MPH, RDH, CHES, CPM, Section Chief, Health Readiness and Response Section



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 | Phone: 573-751-6400 | FAX: 573-751-6010
Relay Missouri: Dial 711 to access services for those with hearing or speech impairments



Sarah Willson
Director

Mike Kehoe
Governor

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

FROM: Sarah Willson, Director 
Missouri Department of Health and Senior Services

Subject: Notification of Commissioner Appointment Memo

In accordance with Section 10.B.1 of the Recognition of EMS Personnel Interstate Compact ("REPLICA") model legislation, as enacted in Missouri Revised Statutes § 190.900, the State of Missouri hereby designates **Sam Vance** as the delegate ("Commissioner") to the Interstate Commission of EMS Personnel Practice.

MRS Stat § 190.900 outlines the guidelines for the appointment of the delegate as follows:

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

Commissioner Duties and Responsibilities

The role of the Commissioner is recognized as a vital part of the state employee's official duties and responsibilities. Commissioners play a critical role in the governance and operations of the Interstate Commission.

Key responsibilities include:

- **Mandatory Attendance:** Commissioners are required to attend all Commission meetings, which typically include three virtual meetings and one in-person meeting annually.
- **Non-Delegable Vote:** The Commissioner's vote is a unique and critical function that cannot be delegated in their absence.

PROMOTING HEALTH AND SAFETY

Our vision is optimal health and safety for all Missourians, in all communities, for life.

- **Compliance Oversight:** The Commissioner shall ensure that Missouri remains in compliance with the requirements of the EMS Compact, as defined in MRS Stat § 190.900, and actively engage in actions necessary to uphold this compliance.

This level of engagement ensures Missouri's active participation and representation in matters that influence interstate EMS personnel practice.

Appointment Effective Date

This appointment is effective January 16, 2026. Please update your records accordingly to reflect this designation.

If you need additional information regarding this appointment, please contact Melinda Laughlin, Director, Division of Regulation and Licensure at 573-751-8535 or mindy.laughlin@health.mo.gov.

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



Commissioner Appointment Memo Template

*** TEMPLATE ***

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

FROM: <<Governor, Cabinet Secretary or Governor Delegate>>

Subject: Notification of Commissioner Appointment Memo

In accordance with Section 10.B.1 of the Recognition of EMS Personnel Interstate Compact ("REPLICA") model legislation, as enacted in [STATE] Code § [XXX], the State of [STATE] hereby designates [NAME] as the delegate ("Commissioner") to the Interstate Commission of EMS Personnel Practice.

[STATE] Code § [XXXXX] outlines the guidelines for the appointment of the delegate as follows:

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

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- **Mandatory Attendance:** Commissioners are required to attend all Commission meetings, which typically include three virtual meetings and one in-person meeting annually.
- **Non-Delegable Vote:** The Commissioner's vote is a unique and critical function that cannot be delegated in their absence.
- **Compliance Oversight:** The Commissioner shall ensure that [STATE] remains in compliance with the requirements of the EMS Compact, as defined in [STATE] Code § [XXXXX], and actively engage in actions necessary to uphold this compliance.

This level of engagement ensures [STATE]'s active participation and representation in matters that influence interstate EMS personnel practice.

Appointment Effective Date

This appointment is effective [Effective Date]. Please update your records accordingly to reflect this designation.

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

We appreciate your attention to this matter and look forward to Commissioner [NAME]'s active participation in the Interstate Commission for EMS Personnel Practice.



Executive Committee Service Dates

Chairperson

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

Vice Chairperson

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

Treasurer

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

Secretary

Mark Herrera	Utah	November 2025 - Present
Joseph House	Kansas	April 3, 2020- November 2025
Andy Gienapp	Wyoming	Oct 7, 2017 - April 2020

Commissioner-At-Large

Michael Johnson	Georgia	January 2026-Present
Aaron Koehler	Wyoming	June 2023 - January 2026
Aaron Rhone	Pennsylvania	Dec 12, 2022 - June 2023
Gary Brown	Virginia	Sept 23, 2021- Dec 2022
Justin Romanello	New Hampshire	June 16, 2020 - Sept 2021
Donna G. Tidwell	Tennessee	Oct 7, 2017 - June 2020

REPLICA®

Recognition of EMS Personnel Licensure Interstate CompAct

Model Legislation

As Enacted In:

State	Reference	Effective Date
Alabama	AL Code § 22-18-50 (2022)	May 17, 2017
Arkansas	Ark. Code Ann. § 20-13-1901 et seq.	March 20, 2025
Colorado	CO Rev Stat § 24-60-3502 (2017)	May 8, 2015
Delaware	16 DE Code § 98A-100 (2017)	September 15, 2017
Georgia	O.C.G.A. Title 38, Ch. 3, Art. 4	May 8, 2017
Idaho	ID Code § 56-1013B (2018)	March 16, 2016
Indiana	IN Code § 16-31.5 (2021)	March 11, 2020
Iowa	IA Code § 147D.1 (2020)	March 11, 2020
Kansas	KS Stat § 65-6158 (2021)	March 31, 2016
Louisiana	LA Rev Stat § 40:1141 (2020)	July 1, 2021
Mississippi	MS Code § 41-59-101 (2018)	March 20, 2017
Missouri	MO Rev Stat § 190.900 (2019)	July 9, 2018
Nebraska	NE Code § 38-3801 (2018)	March 20, 2017
Nevada	Nev. Rev. Stat. § 450B	October 1, 2023
North Dakota	ND Century Code § 23-27.1 (2018)	April 1, 2019
Oklahoma	OK Title 63 Section 1-2205	November 1, 2023
Pennsylvania	Pa. Act 35 of 2022	July 7, 2022
South Carolina	SC Code § 44-61-710 (2018)	May 18, 2018
South Dakota	SD Codified L § 34-11C-1 (2022)	March 25, 2021
Tennessee	TN Code § 68-140-602 (2019)	April 19, 2016
Texas	TX Health & Safety Code § 778A.001 (2021)	September 1, 2015
Utah	Utah Code § 53-2e-101 (2017, rev. 2024)	March 21, 2016
Virginia	VA Code § 32.1-371 (2020)	March 1, 2016
West Virginia	WV Code § 16-60-1 (2020)	March 5, 2020
Wyoming	WY Stat § 33-36-201 (2022)	March 21, 2016