THE UNITED STATES EMS COMPACT®

2026

Q4 Commission Meeting Book

Wednesday, December 9, 2026

3:00 PM Eastern Time (two hours reserved) · Virtual only, via Microsoft Teams

Full Commission of the Interstate Commission for EMS Personnel Practice

Version 0.15 Generated November 19, 2026 PLACEHOLDER DRAFT

Interstate Commission for EMS Personnel Practice

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Q4 2026

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How to Use This Book

This Book is a PLACEHOLDER DRAFT of the official pre-meeting record of the Commission for the Q4 2026 meeting. It is prepared for public release. It is not a substitute for the minutes, which remain the record of what the Commission actually did.

How it is organized

The Book runs in four parts. Each part opens with a divider listing what it contains. Within a part, material is filed behind a numbered tab, and the agenda at Tab 1 gives the tab number for every item, so the Chair can direct the room to a location rather than a page count.

Item flags

FLAG	MEANING
ACTION	The Commission will vote on this item at this meeting.
DISCUSSION	Deliberation is expected. No vote is scheduled.
INFORMATION	Provided for awareness. No Commission action is contemplated.
FOR REFERENCE	Standing material carried for reference.

Where the action items are

The action items are, in agenda order: approval of the Q3 2026 minutes at **Tab 11**, adoption of the revised Bylaws at **Tab 12**, adoption of two position papers at **Tab 14**, adoption of the 2027 meeting schedule at **Tab 15**, and the election of the Chairperson, Treasurer and Member-at-Large at **Tab 16**, followed by the motion to enter closed session (Tab 1). **Tab 13** (Administrative Rules) and the National EMS ID paper at **Tab 14** are for information. Each action is introduced by an Action Item Cover Sheet stating the motion, the vote threshold, the fiscal impact, and the consequence of taking no action. The index at **Tab 10** lists them together.

How to request the floor

Commissioners and members of the public use the Teams “raise hand” feature. The Chair recognizes speakers in order. Public comment is limited to two minutes. See Tab 2.

PART I

Meeting Conduct

Everything needed to convene and run the meeting.

Tab 1 Agenda

Tab 2 Meeting Norms and Public Comment Procedure

Tab 3 Commissioner Roll Call and Quorum Worksheet

Tab 4 Member States: The Compact at a Glance, Map, and Roster

TAB 1

Agenda

Meeting	Q4 2026 Full Commission Meeting
Date and time	Wednesday, December 9, 2026, 3:00 PM Eastern Time (two hours reserved)
Location	Virtual only, via Microsoft Teams
Join	Join the meeting (Microsoft Teams)
Meeting ID	Not needed; use the join link above **Passcode:** —
Open meeting	This is a public meeting of a governmental body established in law. Public and stakeholder attendance is encouraged.

	ITEM	PRESENTER	TYPE	BOOK
I.	**Call to Order and Welcome**	*Commissioner Kinney (IN), Chair*		
II.	**Commissioner Roll Call**	*Commissioner Herrera (UT), Secretary*		Tab 3
	a. Declare Quorum Present	*Kinney*		Tab 3
III.	**Introduce New Commissioners Seated Since the Q3 Meeting**	*Kinney*		Tab 3
	a. Todd McDowell (Alaska)	*Kinney*		Tab 3
	b. David D. Graham (Oklahoma), appointment effective November 1, 2026	*Kinney*		Tab 3
	c. Nicole Witt (Arizona), seated November 19, 2026	*Kinney*		Tab 3
IV.	**Adopt Business Agenda**	*Kinney*	ACTION	Tab 1
V.	**Public Comments Regarding Matters Not on the Agenda**	*Kinney*		Tab 2
VI.	**Reports**			
	a. Chair’s Report	*Kinney*	INFORMATION	Tab 5

	ITEM	PRESENTER	TYPE	BOOK
	b. Treasurer's Report	*Commissioner Brad Vande Lune (IA)*	INFORMATION	Tab 6
	c. Executive Director Report	*Woodyard*	INFORMATION	Tab 7
	c.i. Legislative Update: Arizona and Alaska Onboarding; Connecticut Status	*Woodyard*	INFORMATION	Tab 7
	c.ii. USU/NIDHC Memorandum of Understanding (SOM.26.176), executed November 16, 2026	*Woodyard*	INFORMATION	Tab 7
	d. Database Administrator Report	*Terrie Godde, Director of Partner and Advocacy (NREMT)*	INFORMATION	Tab 8
	e. Committee Reports			Tab 9
	e.i. Bylaws and Rules Committee	*Commissioner Joe Schmider (TX)*	INFORMATION	Tab 9
	e.ii. Compliance Committee	*Commissioner Joe House (KS)*	INFORMATION	Tab 9
	e.iii. Stakeholder Advisory Committee	*Commissioner Anthony Martin (PA)*	INFORMATION	Tab 9
VII.	**Old Business**			
	a. Approve the Minutes of the Q3 2026 Full Commission Meeting	*Herrera*	ACTION	Tab 11
VIII.	**New Business**			
	a. Adopt the Proposed Revision of the Commission Bylaws, effective upon adoption	*Schmider and Woodyard*	ACTION	Tab 12
	b. Administrative Rules revision: carried over to the Q1 2027 meeting (no action)	*Schmider*	INFORMATION	Tab 13

	ITEM	PRESENTER	TYPE	BOOK
	c. Administrative rule to implement Compact Section 3.C(4), the alternative to the fingerprint-based background check for federal employees: referred to the Bylaws and Rules Committee (no action)	*Schmider and Woodyard*	INFORMATION	Tab 13
	d. Adopt Position Paper 2026-02, License Expiration Dates and Time Zones	*Woodyard*	ACTION	Tab 14
	e. Adopt the Position Paper, The Commission and NASEMSO: Distinct Roles, Shared Purpose	*Woodyard*	ACTION	Tab 14
	f. Joint position paper on standardized use of the National EMS ID number: engagement with national EMS organizations (no action)	*Woodyard*	INFORMATION	Tab 14
	g. Executive Committee recognitions: National Collegiate EMS Week, November 9–15, 2026, and Ray Mollers' certificate of appreciation (no action)	*Kinney*	INFORMATION	Tab 5
	h. Adopt the 2027 Commission Meeting Schedule	*Kinney and Woodyard*	ACTION	Tab 15
	i. Election of Officers: Chairperson, Treasurer and Member-at-Large	*Kinney and Woodyard*	ACTION	Tab 16
IX.	**Adjourn the Public Meeting and Enter Closed Session**	*Kinney*	ACTION	Tab 1
X.	**Closed Session: Compliance Matters, as certified by legal counsel under Compact Section 10.B.5 (not open to the public and not recorded)**	*Kinney*		Tab 1
XI.	**Adjourn**	*Kinney*		

CLOSED SESSION (ITEMS IX AND X)

After the public business is concluded, the Chair will entertain a motion to adjourn the public meeting and enter a closed, non-public session to discuss compliance matters, as permitted by Compact Section 10.B.5. Legal counsel will certify the closure under Compact Section 10.B.6, citing each exempting provision, before the session begins. The closed session is not open to the public and is not recorded; its minutes are kept under seal. The public meeting ends when the Commission enters the closed session.

All times are approximate. The Chair may modify the agenda during the meeting at their discretion. Under Bylaws Article VI, Section 1, discussion items may be added by majority vote after the final agenda is issued; action items may not.

TAB 2

Meeting Norms and Public Comment Procedure

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.

Commissioners

- Commissioners are requested to join by video when possible.
- Each participating state holds one seat and one vote. Proxy voting is not permitted.
- Commissioners seeking recognition should use the Teams “raise hand” feature; the Chair will recognize speakers in order.

Members of the public

- Public attendance is encouraged. Public attendees are welcome to observe the meeting via the Microsoft Teams link above.
- Please keep your microphone muted until recognized by the Chair.
- Members of the public may request to speak during public comment periods using the Teams “raise hand” feature. The Chair will recognize speakers in order.
- Public attendees should announce their name and organization before speaking.
- Public comments are limited to two minutes or less.
- In the case of disruptive behavior or comments exceeding two minutes, the Chair may ask the speaker to yield or may mute the participant.

Public comment on the agenda

Agenda item V provides for public comment on matters not otherwise on the agenda. The Chair may also open any individual agenda item for public comment.

> **WRITTEN COMMENT**
>
> Written comment may be submitted to the Commission office at info@emscompact.gov and will be provided to Commissioners. Public comment on the proposed Bylaws revision is submitted through the Commission's comment form, forms.cloud.microsoft/g/s3U0MZ55bW, through 5:00 p.m. Eastern Time on Friday, December 4, 2026. All comments are public record.

TAB 3

Commissioner Roll Call and Quorum Worksheet

Bylaws Article VI, Section 2 requires that a quorum, being a majority of Commissioners, be established before any vote is taken. The worksheet below records that determination.

Seated Commissioners	27
Number constituting a majority, and therefore a quorum	14
Number present, by roll call	_____
Quorum declared	☐ Yes ☐ No
Time declared	_____

Seated Commissioners are those of the 27 states in which the Compact is operational. Connecticut has enacted the Compact but is not yet operational and is not counted toward the quorum. As of November 19, 2026. PLACEHOLDER: refresh the roster before the final Book.

Commissioner roll call

STATE	COMMISSIONER	ROLE	PRESENT	ABSENT
Alabama	Jamie Gray		☐ Present	☐ Absent
Alaska	Todd McDowell		☐ Present	☐ Absent
Arizona	Nicole Witt		☐ Present	☐ Absent
Arkansas	Christy Kresse		☐ Present	☐ Absent
Colorado	Michael Bateman		☐ Present	☐ Absent
Delaware	Donna Doyle		☐ Present	☐ Absent
Georgia	Michael Johnson	Member-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

STATE	COMMISSIONER	ROLE	PRESENT	ABSENT
Mississippi	Teresa Windham		☐ Present	☐ Absent
Missouri	Sam Vance		☐ Present	☐ Absent
Nebraska	Tim Wilson		☐ Present	☐ Absent
Nevada	Bobbie Sullivan		☐ Present	☐ Absent
North Dakota	Christopher Price		☐ Present	☐ Absent
Oklahoma	David Graham		☐ 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	Joseph “Jody” Ratliff		☐ Present	☐ Absent
Wyoming	Susan Neugebauer		☐ Present	☐ Absent

Ex officio, staff, counsel, and invited guests

ROLE	NAME	ORGANIZATION	PRESENT	ABSENT
Executive Director	Donnie R. Woodyard, Jr., MAML, NRP, WP-C	Interstate Commission for EMS Personnel Practice	☐ Present	☐ Absent
Commission Counsel	Doug Wolfberg, JD; Christie M. Mellott, JD	Page, Wolfberg & Wirth, LLC	☐ Present	☐ Absent
Coordinated Database Administrator	Ray Mollers	National Registry of Emergency Medical Technicians	☐ Present	☐ Absent

States with EMS Compact Legislation Pending Full Onboarding

Arizona (law effective September 12, 2026) and Alaska (September 20, 2026) are onboarding; Connecticut's law is conditional on a neighboring state. PLACEHOLDER: record each state's Commissioner status here before the final Book. See Tab 7 for the legislative update and Tab 4 for the map.

New Commissioners seated since the Q3 2026 meeting

PLACEHOLDER: to be confirmed as Arizona and Alaska onboarding completes and any state transitions occur.

TAB 4

Member States: The Compact at a Glance, Map, and Roster

The Compact at a glance

28
States that have enacted the EMS Compact
As of June 23, 2026. Source: Commission press release, June 23, 2026.

27
States in force, with a seated Commissioner
As of October 9, 2026. Arizona took effect September 12, 2026 and Alaska went live October 9, 2026. Source: EMSCompact.gov.

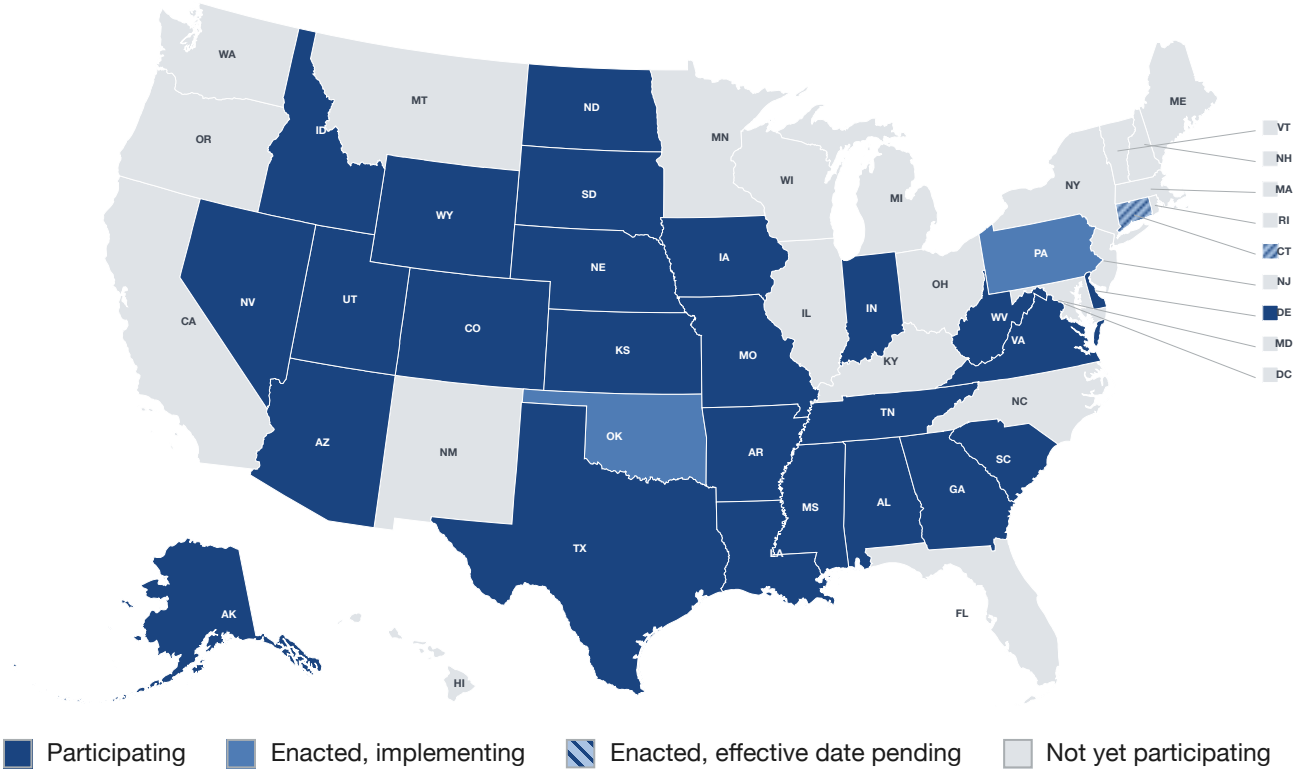
1
State enacted with its effective date pending
Connecticut. As of October 9, 2026.

476,901
Active EMS licenses in the Coordinated Database
24 reporting jurisdictions, as of November 4, 2026. Source: Executive Director's November 2026 NEMSCD Report (Tab 8).

24 of 27
Compact jurisdictions transmitting license data
Alaska and Pennsylvania are testing their connections; Oklahoma has not submitted data. As of November 4, 2026.

1,423
Licenses carrying an adverse action
An adverse action rate of 0.3 percent, as of November 4, 2026.

Member state map



Status as of November 19, 2026. Source: data/states.tsv, the Commission's single source for the map, the state table, and the Privilege to Practice lookup. States that have enacted the Compact but whose effective date has not arrived occupy a different legal position and are shown distinctly.

Operational states, with a seated Commissioner (27)

STATE	COMMISSIONER	SIGNED INTO LAW	CITATION
Alabama	Jamie Gray	May 17, 2017	AL Code § 22-18-50
Alaska	Todd McDowell	June 22, 2026	Alaska Stat. § 18.08.105
Arizona	Nicole Witt	June 19, 2026	A.R.S. § 36-2259
Arkansas	Christy Kresse	March 20, 2025	Ark. Code Ann. § 20-13-1901 et seq.
Colorado	Michael Bateman	May 8, 2015	CO Rev Stat § 24-60-3502
Delaware	Donna Doyle	September 15, 2017	16 DE Code § 98A-100
Georgia	Michael Johnson	May 8, 2017	O.C.G.A. Title 38, Ch. 3, Art. 4
Idaho	Wayne Denny	March 16, 2016	ID Code § 56-1013B
Indiana	Kraig Kinney	March 11, 2020	IN Code § 16-31.5
Iowa	Brad Vande Lune	May 8, 2019	IA Code § 147D.1
Kansas	Joe House	March 31, 2016	KS Stat § 65-6158
Louisiana	Susan Bailey	October 28, 2020	LA Rev Stat § 40:1141
Mississippi	Teresa Windham	March 20, 2017	MS Code § 41-59-101
Missouri	Sam Vance	July 9, 2018	MO Rev Stat § 190.900
Nebraska	Tim Wilson	April 23, 2018	NE Code § 38-3801
Nevada	Bobbie Sullivan	June 12, 2023	Nev. Rev. Stat. § 450B.145
North Dakota	Christopher Price	April 1, 2019	ND Century Code § 23-27.1
Oklahoma	David Graham	May 23, 2023	63 O.S. § 1-2550
Pennsylvania	Anthony Martin	July 7, 2022	Pa. Act 45 of 2022
South Carolina	Jonathan Jones	May 18, 2018	SC Code § 44-61-710
South Dakota	Margaret B. Hansen	March 25, 2021	SD Codified L § 34-11C-1
Tennessee	Brandon Ward	April 19, 2016	TN Code § 68-140-602

STATE	COMMISSIONER	SIGNED INTO LAW	CITATION
Texas	Joseph Schmider	September 1, 2015	TX Health & Safety Code § 778A.001
Utah	Mark Herrera	March 21, 2016	Utah Code § 53-2e-101
Virginia	Maria Beermann-Foat	March 1, 2016	VA Code § 32.1-371
West Virginia	Joseph “Jody” Ratliff	March 5, 2020	WV Code § 16-60-1
Wyoming	Susan Neugebauer	February 21, 2017	WY Stat § 33-36-201

Enacted, effective date pending (1)

STATE	COMMISSIONER	SIGNED INTO LAW	CITATION
Connecticut	—	May 14, 2026	Conn. Pub. Act 26-13, § 28

PRIVILEGE TO PRACTICE

The Privilege to Practice is **not** yet valid in Alaska, Arizona, or Connecticut. Enactment is the first step; each state must also appoint a Commissioner and connect its licensure system to the National EMS Coordinated Database before the Privilege activates.

PART II

Reports

A written counterpart to every report on the agenda.

Tab 5 Report of the Chair

Tab 6 Report of the Treasurer

Tab 7 Report of the Executive Director

Tab 8 Coordinated Database Administrator Report

Tab 9 Committee Reports

TAB 5

INFORMATION

Report of the Chair

PLACEHOLDER: CARRIED FORWARD FROM THE Q3 2026 BOOK

This tab carries the Q3 2026 material forward so the draft Book is complete in structure. It will be replaced when the Chair's Q4 report is submitted for the Q4 2026 meeting.

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Commissioner Kraig Kinney (Indiana), Chair
Date	August 12, 2026
Subject	Report of the Chair
Agenda item	VI.a
Action requested	None. Provided for information.

Executive Committee actions in the interim

The Executive Committee met on May 13, July 15, and October 14, 2026. The June, August, and September 2026 meetings were canceled. Actions taken by the Executive Committee between meetings of the full Commission are reported here, consistent with the Committee's authority to act on behalf of the Commission in the interim, except as to rulemaking and amendment of the Compact or the Bylaws.

October 14, 2026

- Approved the summary of the July 15, 2026 meeting.
- Added a provision on the disposition of funds upon dissolution to the proposed Bylaws revision, subject to final review by legal counsel, and placed the Bylaws on the agenda of this meeting (Tab 12). Legal counsel approved the provision on October 15, 2026.
- Forwarded the position paper *The Commission and NASEMSO: Distinct Roles, Shared Purpose* to this meeting for consideration (Tab 14).
- Forwarded Position Paper 2026-02, License Expiration Dates and Time Zones, to this meeting for adoption (Tab 14).
- Authorized the Executive Director to engage national EMS organizations on a joint position paper on standardized use of the National EMS ID number, with any paper to return to the Executive Committee for review (Tab 14).
- Referred the development of an administrative rule implementing Section 3.C(4) of the Compact (federal employees with a suitability determination under 5 CFR §731.202) to the Bylaws and Rules Committee (Tab 13).
- Recognized Ray Mollers with a certificate of appreciation as the Commission’s first Executive Director and as Coordinated Database Administrator, for service from 2021 through 2026.

- Issued the Commission’s recognition of National Collegiate EMS Week, November 9–15, 2026.
- Met in executive session on a contractual matter.

Appointments made since the Q3 2026 meeting

PLACEHOLDER: to be completed when the Q4 chair's report is submitted.

At this meeting

The Commission takes up adoption of the revised Bylaws first, at Tab 12, so that the revision, if adopted, is in effect for the rest of the meeting. Two position papers follow at Tab 14 and the 2027 meeting schedule at Tab 15. This is the election meeting: the Chairperson, Treasurer and Member-at-Large roles are elected last, at Tab 16. The Administrative Rules revision and the Section 3.C(4) rule referral at Tab 13, and the joint National EMS ID paper at Tab 14, are for information. The Executive Committee’s recognitions of National Collegiate EMS Week and of Ray Mollers, listed above, are reported for information as item VIII.g.

INFORMATION

Report of the Treasurer

PLACEHOLDER: INTERIM REPORTS

Until the Treasurer's Q4 report, with the November 2026 account activity, is submitted for the Q4 2026 meeting, this tab carries the October 2026 Report of the Treasurer, presented to the Executive Committee on November 4, 2026.

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Brad Vande Lune, MBA, MS, Paramedic/CCP, Iowa Commissioner and Treasurer
Date	November 4, 2026 (October 2026 Report of the Treasurer, as presented to the Executive Committee)
Subject	Report of the Treasurer
Agenda item	VI.b
Action requested	None. Provided for information.

$84,271.95
Cash position
As of October 31, 2026

$142,500.00
CY2026 inflows to date
January 1 to October 31, 2026

$159,315.77
CY2026 expenditures to date
January 1 to October 31, 2026

Cash position

The Commission's operating account at Mid Penn Bank held **$84,271.95** as of October 31, 2026. From January 1 through that date, deposits totaled **$142,500.00** and expenditures totaled **$159,315.77**.

BALANCE	AMOUNT
Opening balance, January 1, 2026	$101,087.72
Closing balance, January 31, 2026	**$81,812.72**
Closing balance, February 28, 2026	**$111,638.82**
Closing balance, March 31, 2026	**$105,213.82**
Closing balance, April 30, 2026	**$85,374.22**
Closing balance, May 31, 2026	**$117,338.58**

BALANCE	AMOUNT
Closing balance, June 30, 2026	**$96,238.52**
Closing balance, July 31, 2026	**$89,416.47**
Closing balance, August 31, 2026	**$110,968.64**
Closing balance, September 30, 2026	**$104,146.59**
Closing balance, October 31, 2026	**$84,271.95**
Balance as of October 31, 2026	**$84,271.95**

TRANSACTION DETAIL

This report carries opening and closing balances, which is what the public record shows. The itemised transactions behind them, with payees and posting dates, are filed with the monthly Treasurer's reports in the Commissioner Hub.

October 2026

ITEM	AMOUNT
Beginning balance, October 1, 2026	$104,146.59
Total debits	$19,874.64
Total credits	$0.00
Ending balance, October 31, 2026	**$84,271.95**

The October 2026 Report of the Treasurer was signed by Treasurer Vande Lune on November 4, 2026 and presented to the Executive Committee that day. The beginning balance equals the September 30, 2026 closing balance.

Source: Treasurer’s monthly reports, January through October 2026; January through September reconciled to the bank reconciliation reports for the same periods; October from the October 2026 Report of the Treasurer, signed November 4, 2026. November 2026 to be added when issued. The January, March, July, August and September reports are as corrected and signed by the Treasurer on October 15, 2026.

Revenue source

The Commission is funded through a stable, multi-year grant from the National Registry of Emergency Medical Technicians. The Commission has never imposed a state assessment or a fee of any kind, and no fee has ever been imposed on an individual EMS clinician. The Privilege to Practice is provided at no cost to licensed EMS clinicians, and the Commission's services are provided at no cost to participating states.

Annual independent review

The independent review of calendar year 2026 will begin in the first quarter of 2027.

TAB 7

INFORMATION

Report of the Executive Director

PLACEHOLDER: INTERIM REPORTS

Until the Executive Director's Q4 report is submitted for the Q4 2026 meeting, this tab carries the Executive Director's written reports to the Executive Committee of October 14 and November 4, 2026.

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Donnie R. Woodyard, Jr., MAML, NRP, WP-C, Executive Director
Date	October 14 and November 4, 2026 (reports to the Executive Committee)
Subject	Report of the Executive Director
Agenda item	VI.c
Action requested	None. Provided for information.

Legislative update: Arizona, Alaska, and Connecticut — agenda item VI.c.i

STATE	BILL	EFFECTIVE DATE	COMMISSIONER	DATABASE
Connecticut 26th state to enact	HB 5514, Public Act 26-13	Conditional. The Compact takes effect, and the Privilege to Practice becomes valid, one year after a bordering state also enacts REPLICA (Massachusetts, New York, or Rhode Island).	Not yet appointed	Integration not yet begun
Arizona 27th state to enact	SB 1235	September 12, 2026	Nicole Witt, MPH, designated November 13, 2026, seated November 19, 2026 (succeeds Gail H. Bradley, MD, FACEP, FAEMS, seated September 12, 2026, resigned effective November 6, 2026)	Transmitting license data to the NEMSCD (first transmission September 10, 2026, per the October 2026 NEMSCD Administrator Report)

STATE	BILL	EFFECTIVE DATE	COMMISSIONER	DATABASE
Alaska 28th state to enact	HB 110	September 20, 2026 (Compact in force October 9, 2026)	Todd McDowell, NRP, appointed September 15, 2026, seated September 30, 2026	Went live October 9, 2026; testing its Coordinated Database connection with the National Registry's QA team, live data pending (November 2026 NEMSCD Report, November 4, 2026)

Connecticut's law includes a deliberate conditional activation provision: the Compact takes effect, and the Privilege to Practice becomes valid, one year after a bordering state also enacts REPLICA. The Commission views this as a regional strategy designed to accelerate adoption across New England rather than as a delay.

Sources: data/states.tsv; the Commissioner appointment memoranda; the Executive Director's November 2026 NEMSCD Report. As of November 19, 2026.

Agreements: USU/NIDHC Memorandum of Understanding, agenda item VI.c.ii

Memorandum of Understanding executed between the Uniformed Services University of the Health Sciences (USU) and the EMS Compact. The purpose of this MOU is to establish the terms and conditions by which the National Institute for Defense Health Cooperation (NIDHC) can collaborate with the EMS Compact on efforts related to the provision of EMS in the United States (U.S.).

Agreement Number SOM.26.176, executed November 16, 2026. Reported for information; no Commission action is required. Commissioners can read the signed agreement on the Commissioner Hub, under Documents.

Reports to the Executive Committee since the Q3 meeting

The Executive Director's written reports to the Executive Committee of November 4 and October 14, 2026 are reproduced below, most recent first. Both were published with those meetings' Books on the meeting pages at emscompact.gov.

EXECUTIVE DIRECTOR'S REPORT, NOVEMBER 4, 2026

INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

EXECUTIVE DIRECTOR'S REPORT

Executive Committee Meeting | November 4, 2026

Submitted by Donnie R. Woodyard, Jr., MAML, NRP, WP-C, Executive Director. This report covers activity from October 10 through November 4, 2026.

1. SUMMARY OF ACTIVITY SINCE THE OCTOBER 14 MEETING

MEMBERSHIP AND COMMISSIONERS

Twenty-eight states have enacted the Compact, and it is in force in twenty-seven. Oklahoma appointed David D. Graham, NRP, Interim EMS Director of the Oklahoma State Department of Health, as its Commissioner effective November 1, 2026, succeeding Lewis Robinson, whose service to the Commission I acknowledge with thanks. The Commission office announced the appointment on October 30, introduced Commissioner Graham to all Commissioners by email on October 29, and updated the Oklahoma page, the Commissioner Hub and the meeting records. He is recognized at agenda item I.b.

Alaska, in force since October 9, is testing its Coordinated Database connection with the National Registry's QA team; I joined an Alaska EMS Compact setup call on October 23. I held a Compact Director meeting on October 15 and continue to take part in the standing every-other-Tuesday EMS and Government Forum.

MEETINGS AND GOVERNANCE

The Executive Committee held a certified closed session on October 8 and its regular meeting on October 14. The draft summary of the October 14 meeting is before the Committee at agenda item III.a, and the status of the nine action items recorded that day is at item III.b.

The public notice and request for comments on the proposed Bylaws revision, including the Article XIII provision on the disposition of funds upon dissolution that the Committee added on October 14 and counsel approved on October 15, was issued on October 15. The thirty-day written notice and full text went to all Commissioners the same day for the December 9 vote. Written comments are accepted through 5:00 p.m. Eastern Time on December 4, 2026. The number of comments received will be reported at the meeting. The Committee's October 14 referral of an administrative rule to implement Compact Section 3.C(4) is with the Bylaws and Rules Committee.

Nominations for Chair, Treasurer and Member At Large closed on November 1, 2026: two nominations were received for Chair and one each for Treasurer and Member At Large. The nominees' statements will be shared with all Commissioners before the December 9 election. The draft agenda and Meeting Book for the Q4 Full Commission Meeting are at agenda item V.a.

On October 15 the Treasurer signed updated January, March, July, August and September 2026 reports and the Second Quarter 2026 summary, which now close at the bank's month-end balance; the bank balances were correct throughout. The October 2026 Report of the Treasurer, signed November 4, is at agenda item IV.a. I attended the Council of State Governments compact administrators meeting on October 19.

FEDERAL, LEGISLATIVE AND STAKEHOLDER ENGAGEMENT

National EMS ID position paper (agenda item V.c). I met with the National Registry, which as the owner of the National EMS ID supports the ask. IAFF has designated a representative, as has

CAPCE. I am still coordinating with the other partners and on the order of operation with the National Registry.

I traveled to Ohio on October 20 through 22 and addressed the Ohio Emergency Medical, Fire, and Transportation Board on October 21. Today, November 4, I am providing the EMS Compact's public comment at the NEMSAC virtual meeting. The Commission's liaison report to the National Registry Board of Directors, covering key developments from June to November 2026, is prepared for the Board's November meeting and is filed in the Commissioner Hub.

COORDINATED DATABASE AND COMPLIANCE

My written November 2026 NEMSCD Report is at agenda item IV.f with the National Registry's update. As of the morning of November 4, 24 of 27 Compact jurisdictions were submitting license data and every reporting jurisdiction had submitted within the last four days; Alaska and Pennsylvania are testing their connections and Oklahoma has not submitted data. The reporting jurisdictions hold 476,901 active licenses. Nebraska's integration was reset to remove duplicate records and reloaded. Terrie Godde and Aaron Koehler of the National Registry will present the Administrator's update, and the National Registry has added Patrick Boyer to the team supporting the Compact.

COMMUNICATIONS AND THE COMMISSION WEBSITE

My written New Website Report, documenting EMSCompact.gov one month after launch, is at agenda item IV.d. Since October 27 the site has run on the National Registry's Linux host, and every approved update is published through an automated release pipeline with a public review site; the Commission office verified each release. One report was received on October 21 under the site's vulnerability disclosure policy, reviewed and closed with a written reply. The Commission issued three releases in the period: the Proposed Bylaws public notice (October 15), the appointment of Oklahoma Commissioner David Graham (October 30), and the National Collegiate EMS Week recognition with Resolution 2026-05 (November 1). Short meeting links used in Commission email were redirected to the meeting pages on October 30. The public notice for this meeting was distributed by email, and the agenda, the NEMSCD Report and the New Website Report are posted on the meeting page.

2. ENGAGEMENT LOG

Dates are from the Executive Director's calendar for October 10 through November 4, 2026. This log is not an all-inclusive list of the Executive Director's activity.

DATE	ACTIVITY
Every other Tuesday	EMS and Government Forum, routine collaboration with EMS industry leadership (October 13 and 27)
Oct 14	Executive Committee meeting

DATE	ACTIVITY
Oct 15	Compact accounts transition; Compact Director meeting
Oct 16	Webinar: How to Build an Emergency Response Culture That Works
Oct 19	CSG compact administrators meeting
Oct 20-22	Ohio: Ohio Emergency Medical, Fire, and Transportation Board, October 21
Oct 23	Alaska EMS Compact setup call
Oct 29-30	Oklahoma Commissioner transition: notice to Commissioners and press release
Nov 4	NEMSAC virtual meeting, EMS Compact public comment

3. LOOKING AHEAD

I will attend the Colorado EMS Conference November 5 through 8 and the Texas EMS Conference later in November. National Collegiate EMS Week is November 9 through 15, 2026, and the Commission's recognition is published. The Bylaws public comment period closes December 4. The Q4 Full Commission Meeting is Wednesday, December 9, 2026, at 3:00 PM Eastern, with two hours reserved, and will take up the Bylaws revision and the officer elections; the Administrative Rules changes carry over to Q1 2027. I will bring further developments on the National EMS ID position paper and the Coordinated Database to the Committee as they mature.

EXECUTIVE DIRECTOR'S REPORT, OCTOBER 14, 2026

INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

EXECUTIVE DIRECTOR'S REPORT

Executive Committee Meeting | October 14, 2026

Submitted by Donnie R. Woodyard, Jr., MAML, NRP, WP-C, Executive Director. This report covers activity from July 7 through October 9, 2026.

1. SUMMARY OF ACTIVITY SINCE JULY

MEMBERSHIP AND NEW STATE ONBOARDING

Twenty-eight states have enacted the Compact, and it is in force in twenty-seven. Arizona's law took effect on September 12, 2026, and Dr. Gail Bradley was seated as Arizona's Commissioner. The Commission announced a delay in Alaska's implementation on September 21. Alaska then went live on October 9, 2026, with Todd McDowell seated as Commissioner. Connecticut remains enacted, with activation conditioned on a bordering state also enacting the model legislation.

Onboarding work included a full-day Compact onboarding session with Arizona in Phoenix on August 31 and an Arizona question and answer session on October 6. I also held eighteen individual meetings with state and partner Compact contacts during the period.

MEETINGS AND GOVERNANCE

The Executive Committee met July 15 and held an executive session that day. It held further executive sessions on August 27 and October 8. The regular August and September Executive Committee meetings were canceled. The Q3 Full Commission Meeting was held August 19. On September 23 the Commission announced that the Q4 Full Commission Meeting moves from November 18 to December 9, 2026.

The Bylaws and Rules Committee met on July 29 and August 26, and the Compliance Committee met on August 17. The Committee is bringing only the Bylaws revision to the December 9 meeting. The proposed Administrative Rules changes carry over to the Q1 2027 meeting.

FEDERAL, LEGISLATIVE AND STAKEHOLDER ENGAGEMENT

I traveled to Montana July 7 through 10, where I gave in-person testimony to the legislative committee and met with stakeholders. I represented the Commission at the NCSL Legislative Summit July 27 through 29, and met with FEMA and the Department of Homeland Security in Washington, D.C. on July 30. I attended the Council of State Governments compact administrators meeting on August 17.

At the EMS World Expo, September 27 through October 1, I presented to the NAEMT Board of Directors on September 28, held Compact collaboration and introduction sessions on September 29, and met with NASEMSO on September 30 to discuss the relationship between the two organizations. A draft position paper on that relationship is before the Committee at agenda item V.a. I also took part in the Joint National EMS Leadership Forum on July 14 and, in person, on October 1, and attended the California Ambulance Association annual conference in Anaheim on September 23 and 24.

I take part in a standing every-other-Tuesday morning EMS and Government Forum, a routine collaboration with EMS industry leadership.

I met with CAPCE on September 18 about its support for the Compact. The proposed joint position paper on the National EMS ID, which CAPCE would sign with the Commission, NREMT and NASEMSO, is before the Committee at agenda item V.b.

COORDINATED DATABASE AND COMPLIANCE

Arizona began transmitting license data to the Coordinated Database on September 10. The October 2026 Administrator Report shows Oklahoma and Pennsylvania still not transmitting, and Alaska had not yet transmitted as of that report's October 1 date. I attended NEMSCD training for the National Registry certification team on August 21. Terrie Godde of the National Registry is the Commission's new NEMSCD contact, and I met with her on September 17.

I reviewed the data available to the Commission office on clinicians with adverse actions in one participating state and licenses in another. The NEMSCD web portal cannot list adverse actions by state, so a complete answer requires a data export or read access from the National Registry. A written request to NREMT is in preparation, and technical assistance for Commissioners is being drafted.

COMMUNICATIONS AND THE COMMISSION WEBSITE

The redesigned emscompact.gov launched this quarter. The Commission issued announcements on the new Arizona and Alaska Commissioners, on the Professional Code of Conduct as a binding requirement for the Privilege to Practice (September 18), on the Alaska delay, and on the Q4 meeting date. The public notice for this meeting was distributed by email, and the agenda is posted on the website. The newsroom list is at Tab 21 of the Meeting Book.

2. ENGAGEMENT LOG

Dates are from the Executive Director's calendar for July 7 through October 9, 2026. This log is not an all-inclusive list of the Executive Director's activity.

DATE	ACTIVITY
Every other Tuesday	EMS and Government Forum, routine collaboration with EMS industry leadership
Jul 7-10	Montana: in-person testimony to the legislative committee and stakeholder meetings
Jul 14, 15	Joint National EMS Leadership Forum; Executive Committee meeting and executive session
Jul 27-29	NCSL Legislative Summit (exhibit booth)
Jul 29	Bylaws and Rules Committee
Jul 30	Washington, D.C.: FEMA briefing, meeting with DHS
Aug 17	CSG compact administrators meeting; Compliance Committee
Aug 19	Q3 Full Commission Meeting
Aug 21	EMS Compact website working session; NEMSCD certification team training
Aug 25	Personnel Licensure Council meeting
Aug 26	Bylaws and Rules Committee
Aug 27	Executive Committee executive session
Aug 31	Arizona Compact onboarding, Phoenix
Sep 17	Meeting with Terrie Godde, National Registry

DATE	ACTIVITY
Sep 18	CAPCE meeting on support for the Compact
Sep 21	Compact clarification call
Sep 23-24	California Ambulance Association annual conference, Anaheim
Sep 28	NAEMT briefing and presentation to the NAEMT Board of Directors
Sep 29	EMS World Expo: Compact collaboration and introductions
Sep 30	NASEMSO and Compact sync meeting and discussion; podcast filming
Oct 1	Joint National EMS Leadership Forum, in person
Oct 6	Arizona question and answer session
Oct 8	Executive Committee certified closed session

3. LOOKING AHEAD

The Q4 Full Commission Meeting is Wednesday, December 9, 2026, at 3:00 PM Eastern. The 30-day Bylaws notice for the December 9 meeting is due November 9, and the Administrative Rules changes carry over to Q1 2027. Nominations for Chair, Treasurer and Member-at-Large close November 1. National Collegiate EMS Week is November 9 through 15, and a resolution is before the Committee at agenda item V.g. I will bring any further developments on the NREMT data request and the national database's future to the Committee as they mature.

INFORMATION

Coordinated Database Administrator Report

PLACEHOLDER: INTERIM REPORTS

Until the National Registry's Q4 Administrator report is submitted for the Q4 2026 meeting, this tab carries the October 2026 NEMSCD Administrator Report and the Executive Director's November 2026 NEMSCD Report, both presented to the Executive Committee on November 4, 2026.

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	National Registry of Emergency Medical Technicians, NEMSCD Administrator (Terrie Godde, Director of Partner and Advocacy); and the Executive Director
Date	November 4, 2026 (as presented to the Executive Committee)
Subject	Coordinated Database Administrator Report
Agenda item	VI.d
Action requested	None. Provided for information.

October 2026 NEMSCD Administrator Report: states transmitting license data

Report data as of October 1, 2026.

STATE	FIRST TRANSMISSION	LATEST TRANSMISSION
Alabama	February 25, 2021	October 1, 2026
Arizona	September 10, 2026	October 1, 2026
Arkansas	August 13, 2025	October 1, 2026
Colorado	October 26, 2020	October 1, 2026
Delaware	February 28, 2025	September 28, 2026
Georgia	October 5, 2021	October 1, 2026
Idaho	February 7, 2022	October 1, 2026
Indiana	February 13, 2026	October 1, 2026
Iowa	November 1, 2023	October 1, 2026
Kansas	July 30, 2021	October 1, 2026
Louisiana	August 10, 2021	October 1, 2026

STATE	FIRST TRANSMISSION	LATEST TRANSMISSION
Mississippi	April 28, 2022	September 30, 2026
Missouri	October 20, 2021	October 1, 2026
Nebraska	May 12, 2026	September 30, 2026
Nevada	September 28, 2023	October 1, 2026
North Dakota	May 28, 2025	September 30, 2026
South Carolina	March 25, 2021	October 1, 2026
South Dakota	August 27, 2021	October 1, 2026
Tennessee	August 18, 2025	September 21, 2026
Texas	April 2, 2021	October 1, 2026
Utah	September 29, 2021	October 1, 2026
Virginia	April 1, 2020	October 1, 2026
West Virginia	October 20, 2021	October 1, 2026
Wyoming	June 16, 2021	September 29, 2026

No reporting in this report: Alaska, Oklahoma, Pennsylvania.

Executive Director's November 2026 NEMSCD Report

The Executive Director's report to the Executive Committee, dated November 4, 2026, is reproduced below. Data as of November 4, 2026, about 9:10 AM MT. The report is published as a PDF with the November 4, 2026 Executive Committee meeting agenda at emscompact.gov.

1. Summary

- **Jurisdictions.** NEMSCD flags 27 jurisdictions as Compact. 24 have submitted license data. Alaska and Pennsylvania are testing their connections with the QA team; live data is pending. Oklahoma has not submitted data.
- **Active licenses.** 476,901 active licenses across the reporting jurisdictions: 139,426 Paramedic, 49,054 AEMT and 279,462 EMT.
- **Data currency.** Every reporting jurisdiction submitted within the last 4 days. The oldest latest submission is North Dakota (October 31, 2026).
- **Adverse actions.** 1,423 licenses carry an adverse action. Discipline cases created in the last four months: 151. Cases updated in the last four months: 24.

- **No discipline case on record.** 5 reporting jurisdictions show no discipline case in NEMSCD: Alabama, Nebraska, North Dakota, South Dakota, Tennessee.
- **No new discipline case in four months** (but earlier cases on record): Delaware, Kansas, Nevada, South Carolina, Wyoming.

2. Nebraska

Nebraska's integration required a reset to remove duplicate records. Its NEMSCD data was reloaded, and its first submission date now reads November 2, 2026.

3. Follow-up from October

- **Tennessee.** Reported at the October 14 meeting as up to date. Confirmed: latest submission November 4, 2026; 21,334 active licenses (21,323 on October 7).
- **Delaware.** Reported in October as believed back up to date after earlier issues. Confirmed: latest submission November 2, 2026 (September 28 in the October report).
- **Alaska.** Reported in October as testing its integration, expected within about a week. Alaska is still testing its connection with the QA team; live data is pending.
- **October discipline table.** The October Administrator Report showed most recent discipline dates for several states that were earlier than in August, which suggested the table was mis-sorted at the source. This report reads each jurisdiction's record directly, and the dates are consistent with earlier reports: Texas October 29, 2026, Utah November 2, 2026, Virginia August 14, 2026, West Virginia October 8, 2026, Nevada November 12, 2025.

4. Jurisdiction detail

JURISDICTION	TOTAL ACTIVE	PARAMEDIC	AEMT	EMT	ADVERSE ACTIONS	MULTIPLE PTP	LATEST SUBMISSION	DAYS	MOST RECENT DISCIPLINE CASE	CASES, LAST 4 MO
Alabama	19,467	7,078	2,356	9,930	0	1,658	Nov 4, 2026	0	None	0
Alaska	0	0	0	0	0	0	None		None	0
Arizona	25,267	9,510	251	15,506	1	2,196	Nov 4, 2026	0	Oct 22, 2026	1
Arkansas	9,700	3,172	266	6,092	18	1,819	Nov 4, 2026	0	Nov 2, 2026	10
Colorado	26,869	6,535	1,021	19,177	209	1,864	Nov 4, 2026	0	Oct 29, 2026	17
Delaware	4,544	340	0	4,204	1	63	Nov 2, 2026	2	Jun 29, 2026	0
Georgia	36,063	10,052	12,648	12,122	47	2,254	Nov 4, 2026	0	Oct 9, 2026	1
Idaho	6,502	1,420	681	4,110	17	461	Nov 4, 2026	0	Oct 26, 2026	8
Indiana	12,926	2,447	517	9,962	11	411	Nov 2, 2026	2	Oct 20, 2026	5
Iowa	13,686	4,280	530	8,876	33	734	Nov 4, 2026	0	Oct 30, 2026	10
Kansas	13,086	3,307	1,252	8,129	37	1,751	Nov 3, 2026	1	Jun 5, 2026	0

JURISDICTION	TOTAL ACTIVE	PARAMEDIC	AEMT	EMT	ADVERSE ACTIONS	MULTIPLE PTP	LATEST SUBMISSION	DAYS	MOST RECENT DISCIPLINE CASE	CASES, LAST 4 MO
Louisiana	14,072	4,243	664	8,725	488	1,348	Nov 3, 2026	1	Nov 4, 2026	38
Mississippi	7,480	2,748	458	4,184	23	1,220	Nov 4, 2026	0	Oct 26, 2026	6
Missouri	25,505	8,390	301	16,584	4	2,445	Nov 4, 2026	0	Sep 22, 2026	1
Nebraska	4,409	1,213	61	3,029	0	546	Nov 3, 2026	1	None	0
Nevada	8,589	2,981	3,072	2,460	2	433	Nov 3, 2026	1	Nov 12, 2025	0
North Dakota	10,092	2,099	362	7,568	0	198	Oct 31, 2026	4	None	0
Oklahoma	0	0	0	0	0	0	None		None	0
Pennsylvania	0	0	0	0	0	0	None		None	0
South Carolina	19,095	5,017	1,114	12,335	11	1,289	Nov 4, 2026	0	Mar 13, 2026	0
South Dakota	4,431	280	188	3,792	0	215	Nov 4, 2026	0	None	0
Tennessee	21,334	7,530	7,539	6,265	0	2,427	Nov 4, 2026	0	None	0
Texas	111,075	38,835	5,081	64,108	224	3,097	Nov 4, 2026	0	Oct 29, 2026	20
Utah	19,983	3,182	4,821	11,881	239	1,405	Nov 4, 2026	0	Nov 2, 2026	22
Virginia	43,725	9,458	4,255	29,603	16	1,626	Nov 4, 2026	0	Aug 14, 2026	4
West Virginia	13,274	3,657	378	8,014	34	496	Nov 4, 2026	0	Oct 8, 2026	8
Wyoming	5,727	1,652	1,238	2,806	8	1,127	Nov 2, 2026	2	Mar 24, 2026	0
Total	**476,901**	**139,426**	**49,054**	**279,462**	**1,423**	**n/a**				**151**

Shaded rows: no live license data submitted (Alaska and Pennsylvania are in QA testing; Oklahoma has not submitted). “Days” counts from the latest submission to November 4, 2026. “Multiple PTP” is the NEMSCD count of providers with multiple active privileges to practice, shown per jurisdiction; it is not totaled because a provider may be counted in more than one jurisdiction. Where the three license levels do not add to the total, NEMSCD does not show which other levels account for the difference (19 jurisdictions; 8,959 licenses in all, largest Texas 3,051, Georgia 1,241, West Virginia 1,225). **Source:** nemscd.org Statistics panel and Member Board Statistics, retrieved by the Executive Director on November 4, 2026 at about 9:10 AM MT.

Sources: October 2026 NEMSCD Administrator Report, National Registry of EMTs, filed in the Commissioner Hub (its state discipline table is available to Commissioners in the Hub); November 2026 NEMSCD Report (Office of the Executive Director, November 4, 2026), published with the November 4, 2026 Executive Committee meeting agenda at emscompact.gov.

INFORMATION

Committee Reports

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Committee chairs, through the Executive Director
Date	August 12, 2026
Subject	Committee Reports
Agenda item	VI.e
Action requested	None. Provided for information.

COMMITTEE	TYPE	CHAIR	WORK SINCE THE Q3 2026 MEETING	COMING TO THE COMMISSION
Bylaws and Rules	Standing	Commissioner Joe Schmider (TX)	Final text of the proposed Bylaws revision approved August 26, 2026, after legal counsel review, and released for public comment October 15, 2026; Administrative Rules revision with justification. Only the Bylaws revision comes to this meeting for action; the Rules revision carries over to Q1 2027.	Adoption of the Bylaws revision at Tab 12; Rules revision and Section 3.C(4) rule referral at Tab 13 for information.
Compliance	Standing	Commissioner Joe House (KS)	Inaugural meeting held August 18, 2026; education-first engagement with states; Commission directive of August 19, 2026 on national education outreach. PLACEHOLDER: interim activity.	No item before the Commission at this meeting.
Budget-Finance	Standing	Commissioner Brad Vande Lune (IA), Treasurer	Support to the Treasurer in financial reporting. The independent review of calendar year 2026 begins in Q1 2027.	No item before the Commission at this meeting.
Executive Committee	Standing	Commissioner Kraig Kinney (IN), Chair	PLACEHOLDER: interim meetings September through November 2026, including review of the Edisis/Trudeau research data-sharing proposal referred August 19, 2026.	Reported by the Chair at Tab 5.

COMMITTEE	TYPE	CHAIR	WORK SINCE THE Q3 2026 MEETING	COMING TO THE COMMISSION
Criminal History and Fitness to Practice Evaluation	Advisory	Commissioner Jonathan Jones (SC)	Guidance to states on evaluating criminal history and fitness to practice. Position Paper 2026-01 adopted February 11, 2026.	No item before the Commission at this meeting.
Stakeholder Advisory	Advisory	Commissioner Anthony Martin (PA), Chair	Forum for national EMS associations, governmental bodies, and industry. PLACEHOLDER: activity since the August 19, 2026 designation of the new chair.	No item before the Commission at this meeting.

Bylaws and Rules Committee — agenda item VI.e.i

The proposed Bylaws revision was previewed at the Q3 2026 meeting. The Committee met on August 26, 2026, reviewed the edits of the Commission's legal counsel, and approved the final text for public notice. It was released for public comment on October 15, 2026, shown against the current Bylaws as amended November 15, 2023, and comes to the Commission for action at Tab 12. Written notice and the full text were sent to all Commissioners on October 15, 2026 (Bylaws Art. X).

The Committee's revision of the Administrative Rules, with its justification memorandum, are carried over to the Q1 2027 meeting and appear at Tab 13 for information.

PART III

Business

Every item on which the Commission will vote at this meeting.

Tab 10 Action and Discussion Item Index

Tab 11 Approval of the Minutes of the Q3 2026 Meeting

Tab 12 Adoption of the Proposed Revision of the Commission Bylaws

Tab 13 Administrative Rules: July 2026 Revision (Carried Over to Q1 2027) and Section 3.C(4) Rule (Referred to Committee)

Tab 14 Position Papers: License Expiration Dates and Time Zones; The Commission and NASEMSO; National EMS ID (in development)

Tab 15 Adoption of the 2027 Commission Meeting Schedule

Tab 16 Election of Officers: Chairperson, Treasurer and Member-at-Large

TAB 10

Action and Discussion Item Index

Seven action items are before the Commission at this meeting, in agenda order: approval of the Q3 minutes, adoption of the revised Bylaws effective upon adoption, adoption of two position papers (Position Paper 2026-02 and *The Commission and NASEMSO: Distinct Roles, Shared Purpose*), adoption of the 2027 meeting schedule, the election of the Chairperson, Treasurer and Member-at-Large, and the motion to enter closed session. Four items are for information only: the Administrative Rules revision carried over to Q1 2027, the Section 3.C(4) rule referral, the joint National EMS ID paper, and the Executive Committee's recognitions.

AGENDA	TAB	TYPE	ITEM	PRESENTED BY	VOTE THRESHOLD
VII.a	Tab 11	ACTION	Approve the minutes of the Q3 2026 Full Commission Meeting	Commissioner Herrera (UT), Secretary	Majority of a quorum (Bylaws Art. VI, § 2)
VIII.a	Tab 12	ACTION	Adopt the proposed revision of the Commission Bylaws, effective upon adoption	Commissioner Schmider (TX) and Woodyard	Majority vote of Commissioners (Bylaws Art. X). Written notice and the full text were sent to all Commissioners on October 15, 2026.
VIII.b	Tab 13	INFORMATION	Administrative Rules revision: carried over to the Q1 2027 meeting	Commissioner Schmider (TX)	No action at this meeting
VIII.c	Tab 13	INFORMATION	Administrative rule to implement Compact Section 3.C(4): referred to the Bylaws and Rules Committee	Commissioner Schmider (TX) and Woodyard	No action at this meeting
VIII.d	Tab 14	ACTION	Adopt Position Paper 2026-02, License Expiration Dates and Time Zones	Woodyard	Majority of a quorum (Bylaws Art. VI, § 2)

AGENDA	TAB	TYPE	ITEM	PRESENTED BY	VOTE THRESHOLD
VIII.e	Tab 14	ACTION	Adopt the position paper, The Commission and NASEMSO: Distinct Roles, Shared Purpose	Woodyard	Majority of a quorum (Bylaws Art. VI, § 2)
VIII.f	Tab 14	INFORMATION	Joint position paper on standardized use of the National EMS ID number	Woodyard	No action at this meeting
VIII.g	Tab 5	INFORMATION	Executive Committee recognitions: National Collegiate EMS Week; Ray Mollers	Chair	No action at this meeting
VIII.h	Tab 15	ACTION	Adopt the 2027 Commission Meeting Schedule	Chair and the Executive Director	Majority of a quorum (Bylaws Art. VI, § 2)
VIII.i	Tab 16	ACTION	Election of Officers: Chairperson, Treasurer and Member-at-Large	Chair and the Executive Director	Vote of the Commission during the Q4 meeting; ballot per the application process.
IX	Tab 1	ACTION	Adjourn the public meeting and enter closed session on compliance matters	Chair	Majority of a quorum; legal counsel certifies the closure (Compact § 10.B.5)

NO ACTION ITEM MAY BE ADDED AFTER THE FINAL AGENDA

Bylaws Article VI, Section 1 permits discussion items to be added by majority vote during the meeting but bars the addition of action items after the final agenda is issued ten days before the meeting. The final agenda for this meeting will be issued ten days before the meeting. PLACEHOLDER: issue date.

Roll call vote record

A prepared roll call vote form for each anticipated action item follows the item at its tab. The Secretary records the vote of each state on the form, which becomes part of the meeting record.

TAB 11

ACTION

Approval of the Minutes of the Q3 2026 Meeting

Action Item Cover Sheet	
Agenda item	VII.a
Tab	11
Title	Minutes of the Q3 2026 Full Commission Meeting, August 19, 2026
Presented by	Commissioner Mark Herrera (Utah), Secretary
Prepared by	Office of the Executive Director
Action requested	"Move to approve the minutes of the Q3 2026 Full Commission Meeting held August 19, 2026, as presented."
Vote threshold	Majority of a quorum. Bylaws Article VI, Section 2.
Background	The Q3 2026 Full Commission Meeting was held August 19, 2026, virtually via Microsoft Teams. Twenty of twenty-five seated Commissioners participated and a quorum was declared.
Discussion	The draft minutes record the reports received, the referral of an academic research proposal to the Executive Committee, the Commission's education-outreach directive to the Executive Director, the adoption of the Q2 2026 minutes and the CY2025 independent financial review, and the preview of the bylaws revision and draft Position Paper 2026-02. Commissioners may propose corrections from the floor.
Fiscal impact	None.
Legal review	Not required for the approval of minutes.
Effect on member states	None.
If not adopted	The minutes remain in draft and the Commission has no approved record of its August 19, 2026 proceedings. Approval would be carried to the next Full Commission meeting.
Alternatives considered	Approval with corrections noted from the floor.
Attachments	Draft minutes of the Q3 2026 Full Commission Meeting, following.

Roll call vote record

Item: Approve the minutes of the Q3 2026 Full Commission Meeting

MOVED BY	SECONDED BY	YEA	NAY	ABSTAIN	RESULT
					☐ Adopted ☐ Failed

The Secretary records the vote of each state. Bylaws Article VI, Section 2 requires that a quorum be established before any vote is taken; see the quorum worksheet at Tab 3.

ATTACHMENT — DRAFT MINUTES, Q3 2026 FULL COMMISSION MEETING, AUGUST 19, 2026

DRAFT - PENDING COMMISSION APPROVAL

Presented for approval at the November 18, 2026 Full Commission Meeting

Interstate Commission for EMS Personnel Practice

Official Meeting Minutes

Q3 2026 Full Commission Meeting

Date: August 19, 2026

Time: 3:00 PM Eastern

Location: Virtual Meeting via Microsoft Teams

I. Call to Order & Welcome

Chairperson: Commissioner Kraig Kinney (IN)

The Q3 2026 Full Commission Meeting of the Interstate Commission for EMS Personnel Practice was called to order on August 19, 2026, at 3:00 p.m. Eastern Time. The meeting was held virtually via Microsoft Teams, with the public invited to attend. Chairperson Kinney presided over the meeting, welcomed Commissioners and members of the public, thanked all for the strong turnout, and reviewed participation guidelines and meeting protocols: each participating state has one designated Commissioner and one vote, votes may not be proxied, speakers are recognized through the raise-hand feature, and public comments are limited to two minutes.

Roll Call: Secretary Commissioner Mark Herrera (UT)

Secretary Herrera conducted the roll call, and Chairperson Kinney declared a quorum present. Commissioner Kresse (AR) joined shortly after roll call and was recognized as present. Commissioners Vande Lune (IA) and Neugebauer (WY) were excused, having provided advance notice of their absence.

Present (20): Arkansas (Kresse), Colorado (Bateman), Delaware (Doyle), Georgia (Johnson), Idaho (Denny), Indiana (Kinney), Kansas (House), Louisiana (Bailey), Mississippi (Windham), Missouri (Vance), Nebraska (Wilson), North Dakota (Price), Oklahoma (Robinson), Pennsylvania (Martin), South Carolina (Jones), South Dakota (Hansen), Texas (Schmider), Utah (Herrera), Virginia (Beermann-Foat), West Virginia (Ratliff).

Absent (5): Alabama (Gray), Iowa (Vande Lune, excused), Nevada (Sullivan), Tennessee (Ward), Wyoming (Neugebauer, excused).

Introduction of New Commissioners: Chairperson Kinney (IN)

Chairperson Kinney recognized Commissioner Joseph "Jody" Ratliff, newly designated Commissioner for West Virginia. Commissioner Ratliff thanked the body and reported that West Virginia's onboarding and systems work is underway and expected to be completed in the coming weeks.

Adoption of Business Agenda: Chairperson Kinney (IN)

The agenda was emailed to Commissioners and posted on the Commission website in advance of the meeting. Commissioner Anthony Martin (PA) motioned to adopt the business agenda. Commissioner Margaret Hansen (SD) seconded the motion. The agenda was adopted without objection or abstention.

II. Public Comments Regarding Matters Not on the Agenda

Chairperson: Commissioner Kinney (IN)

Dr. Adrienne Edisis, Virginia Tech, addressed the Commission regarding a proposed academic study she is undertaking with Dr. Noah Trudeau, Troy University: "Generating Evidence-Based Measures of the Beneficial Impact of Interstate Occupational Licensure Compacts." The study would examine the EMS Compact, PSYPACT (the Psychology Interjurisdictional Compact), and the Physical Therapy Compact, and would rely on fully de-identified data under a data sharing agreement. A project description, research design summary, and draft data sharing agreement were provided to the Executive Director and shared with Commissioners in advance.

Executive Director Woodyard noted that no peer-reviewed academic study of the EMS Compact currently exists, that the requested data would be fully de-identified, and that his preliminary review found such use permissible under the administrative rules, with data collection logistics still to be analyzed with the Commission's partners and vendors.

Action: Commissioner Schmider (TX) moved to refer the proposal to the Executive Committee, with Dr. Edisis invited to meet with the Executive Committee for further discussion and a proposal to be brought back to the full Commission. Commissioner Beermann-Foat (VA) seconded the motion.

Vote: The motion was approved without opposition or abstention. The Executive Director will schedule Dr. Edisis for an upcoming Executive Committee meeting.

No further public comments were received.

III. Reports

Chairperson's Report: Commissioner Kinney (IN)

Chairperson Kinney thanked Commissioners for their participation at the in-person Q2 meeting in Kansas City, Missouri, which 22 participating states attended. He highlighted the continued growth of the Compact (25 operational states and 28 states with enacted legislation, with momentum in additional states, including the IAFF's position change regarding the Compact); the anticipated onboarding of Alaska, Arizona, and Connecticut; continued NEMSCD integration and utilization improvements; and active committee work across the Executive, Rules & Bylaws, and Compliance Committees, along with the standing work groups. The Compliance Committee held a positive inaugural hearing on August 18, 2026.

Goals for the remainder of 2026 include continued growth, continued pathways to sustainability, and optimized utilization of the Compact and its resources, including NEMSCD reporting accuracy and disciplinary action reporting.

Chairperson Kinney previewed the Q4 meeting: the proposed bylaws amendments will be considered, and elections will be held for the Chairperson and Treasurer roles (even-year cycle). As in the last election cycle, the Executive Director is directed to prepare a self-application process with a participation report for each candidate; nominations will not be taken from the floor. Counsel confirmed the governing requirement is a vote during the Q4 meeting.

Treasurer's Report: Commissioner Brad Vande Lune (IA), presented by Executive Director Woodyard

On behalf of Treasurer Vande Lune, Executive Director Woodyard presented the July 2026 Treasurer's Report as included in the meeting book: an opening balance of $96,238.52, a closing balance of $89,416.47, and a balance at submission of $82,594.42. Operations are on budget and in a cash-positive position. The Chair noted the report as presented and entered it into the record.

The Executive Director further reported that a routine periodic review identified typographical and summation errors on three previously filed Treasurer's Report forms; no actual account balances or running totals were affected. Corrected records, reviewed with the Treasurer, were filed for: December 2025 (a date correction: the final debit was incorrectly dated January 2, 2025, and should read January 2, 2026); January 2026 (an incorrect closing balance had been carried over on the submitted form); and February 2026 (the closing balance was blank on the submitted form). The Chair noted all three corrected reports as accepted modifications entered into the record.

Executive Director's Report: Executive Director Donnie Woodyard

New and Prospective States

Arizona's law takes effect September 12, 2026, positioning it to become the 26th state; the Executive Director will conduct a full-day onboarding session in Arizona beginning the week of

August 31. Alaska's law takes effect September 20, 2026, and the state is well positioned for rapid implementation. Connecticut's law is signed but becomes effective only upon a neighboring state joining the Compact or repeal of that condition. The Executive Director reminded stakeholders that joining the Compact is a multi-step process: enactment of the law, verification that the prerequisites are met, certification under the administrative rules, and an invitation to join, at which point a Commissioner is seated and privileges go live. The original five-year grace period for prerequisites, which ran from activation of the Compact, has expired and has been removed from the model legislation in consultation with counsel.

Website Modernization

The website software agreement with the National Registry of EMTs has been countersigned. The redesigned www.emscompact.gov, built to meet government accessibility requirements, is expected to go live in approximately 7 to 10 days. New features include downloadable PDF verification of a privilege to practice with a state map, a password-protected Commissioner hub, and structure optimized for AI search engines to identify official government information. A new hyperlinked electronic meeting book format was also previewed and is expected to replace the PDF-first format going forward, with a print option retained.

Commissioner Obligations

The Commissioner role is a statutory obligation; attendance at the four scheduled Commission meetings is expected, and the role cannot be delegated or proxied. Commissioners were reminded that the Compact, once enacted, is state law: questions from stakeholders should be answered in terms of the state's own EMS Act rather than as an external requirement.

FBI Background Checks and the SHARE Act

The FBI biometric criminal history check is a state prerequisite for joining the Compact, not a function of the Compact itself; states need their own enabling statute and must coordinate with their state criminal justice point of contact. Electronic fingerprints and Rap Back continuous monitoring are encouraged over paper-based processes. The federal SHARE Act, which would clarify FBI record access for other compacts, is being monitored; it does not affect this Compact's design. Several states continue to work through implementation.

Legislative Outreach

A growing number of states have expressed interest in joining the Compact. Recent outreach included an in-person presentation to a Montana joint legislative committee and a virtual presentation to Ohio stakeholders, with follow-up planned.

Public Protection

Joint investigations with state offices have removed bad actors who were moving from state to state; two cases in the past three weeks involved felony fraud and falsified education credentials.

The Compact's shared data systems and collaborative investigations were credited with making these actions possible.

Education and Awareness

With approximately 450,000 EMS clinicians holding a privilege to practice, an education gap persists in the workforce. Compact-specific conference proposals have a low acceptance rate; Commissioners and stakeholders were asked to invite the Commission to present webinars and sessions at state and national venues.

Transition and Succession

Commissioner attrition runs 20 to 40 percent annually. Commissioners anticipating a transition were asked to coordinate with the Executive Director's office in advance; states are obligated to fill a Commissioner vacancy within 30 days.

In discussion: Commissioner Beermann-Foat (VA) asked about travel costs for conference presentations; the Executive Director noted the Commission accepts travel assistance where offered, never accepts honorariums, and will present virtually or in person in whatever format works for the requesting state. Commissioner Schmider (TX) asked about FBI background check progress; the Executive Director and Chair noted continuing challenges in some states and the need for state-specific statutes. Chris Hale (Arizona) asked how a state remains in compliance while working through implementation; the Chair and Executive Director offered direct technical assistance. Commissioner Robinson (OK) reported Oklahoma has completed contract negotiations with its licensure system vendor and is pursuing statutory authority for background checks this legislative session. Commissioner Martin (PA) reported Pennsylvania has required FBI background checks since January 1 and has a fully executed system integration agreement, with full integration expected by spring 2027. The Executive Director noted for the record that the Commission has no preferred vendor.

Committee Reports

Rules & Bylaws Committee: Commissioner Joseph Schmider (TX)

Commissioner Schmider reported that the committee has worked throughout the year on the proposed bylaws amendments presented at Tab 13 of the meeting book, with continued fine-tuning in progress, and thanked the committee and counsel for their edits. A work session will be scheduled ahead of the Q4 meeting to review the changes and answer questions before the vote.

Compliance Committee: Commissioner Joe House (KS), Chair

Commissioner House reported on the committee's inaugural meeting of August 18, 2026. The committee's emphasis is education and identifying roadblocks, not punitive action; it will build tools and resources to help states comply, and will validate compliance checks in conjunction with the Executive Director and the Executive Committee. States with potential noncompliance will be scheduled to meet with the committee at upcoming meetings.

Action: Commissioner House (KS) moved to direct the Executive Director to actively engage national associations, and specifically to include EMS initial course instructors, to educate on the Compact and its appropriate use. Commissioner Herrera (UT) seconded the motion. Commissioner Schmider (TX) proposed a friendly amendment to include national leadership, which was accepted by the mover and seconder.

Vote: The motion, as amended, was approved without opposition or abstention.

Stakeholder Advisory Committee

The committee's regularly scheduled meeting was double-booked with this meeting; stakeholders were invited to attend the Full Commission meeting instead. Commissioner Martin (PA) has been designated to lead the committee going forward.

Database Administrator Report: Ray Mollers (NREMT)

Mr. Mollers reported on the status of the National EMS Coordinated Database. Tennessee continues work to restore its data submission and is actively testing in the QA database. Nebraska's data errors will be resolved by wiping and resending its data. Oklahoma and Pennsylvania remain pending system capability upgrades. Arizona has been issued test database credentials, and its vendor is beginning setup. A small number of states whose API transmissions have paused in the past month will be contacted. Mr. Mollers noted this is expected to be his final Full Commission meeting before his retirement at the end of October; database duties will transition to Terrie Godde, supported by former Commissioner Erin Keller [name to be confirmed], who joins next week. The Chair thanked Mr. Mollers for his service to EMS and the Compact.

IV. Old Business

Action: Approval of Q2 2026 Meeting Minutes

The draft minutes of the Q2 2026 Full Commission Meeting (April 28, 2026, Kansas City, Missouri) were included in the meeting packet. No corrections were offered. Commissioner Schmider (TX) moved to adopt the Q2 2026 meeting minutes. Commissioner Robinson (OK) seconded the motion.

Vote: The Q2 2026 meeting minutes were adopted without opposition or abstention and will be posted as a final document.

V. New Business

Action: Independent CPA Review of Financial Activity, CY2025

The Executive Director, on behalf of Treasurer Vande Lune, presented the independent CPA review previously overviewed at the Q2 meeting, where action was tabled so Commissioners could read the full review. The review was distributed to Commissioners after the Q2 meeting and summarized in the meeting book. Commissioner Johnson (GA) moved to adopt the Independent Review of Financial Activity for the Interstate Commission for EMS Personnel Practice for the period of

January 1, 2025 through December 31, 2025, prepared by Charlotte Sevilla, CPA, dated April 27, 2026, and to direct that it be included in the Commission's annual report. Commissioner Jones (SC) seconded the motion.

Vote: The motion was approved without opposition or abstention.

Discussion: Proposed Bylaws Amendments (Preview)

The Chair noted the proposed bylaws changes received high-level coverage during the Rules & Bylaws Committee report and include both cleanup and substantive items. Commissioners were asked to study the proposed amendments and attend the information sessions ahead of the vote at the November Full Commission meeting.

Discussion: Draft Position Paper 2026-02 - License Expiration Dates and Time Zones

Executive Director Woodyard presented draft Position Paper 2026-02, distributed in the meeting book. The paper addresses when a license expires across time zones as the Compact expands: a license expires at 11:59:59 p.m. on the expiration date in the time zone of the capital city of the issuing state, and the issuing state's data system is always the primary source of record. No action was taken; the paper will be considered in more detail at the Q4 meeting.

VI. NGO / Stakeholder Partner Updates

With the Stakeholder Advisory Committee meeting double-scheduled against this meeting, stakeholder organizations were invited to provide updates, comments, or questions. No additional comments were offered.

Executive Director Woodyard announced that the EMS ID has been officially included in NEMSIS: the next version of NEMSIS will carry the EMS ID number, the result of collaborative work with NASEMSO and NREMT spanning several years.

VII. Adjournment

Chairperson Kinney reminded Commissioners that the next Full Commission meeting is November 18, 2026, and will include the bylaws vote, consideration of draft Position Paper 2026-02, and elections for the Chairperson and Treasurer roles. Commissioner Hansen (SD) moved to adjourn. Commissioner Martin (PA) seconded the motion.

Vote: The motion was approved without opposition or abstention.

Public Meeting Adjournment: Approximately 4:24 p.m. Eastern.

Commissioner Roll Call - August 19, 2026

STATE	COMMISSIONER	ELECTED ROLE	PRESENT	ABSENT
Alabama	Jamie Gray		Present	☑ Absent

STATE	COMMISSIONER	ELECTED ROLE	PRESENT	ABSENT
Arkansas	Christy Kresse		☑ Present	Absent
Colorado	Michael Bateman		☑ Present	Absent
Delaware	Donna Doyle		☑ Present	Absent
Georgia	Michael Johnson	Commissioner-At-Large	☑ Present	Absent
Idaho	Wayne Denny	Vice Chairperson	☑ Present	Absent
Indiana	Kraig Kinney	Chairperson	☑ Present	Absent
Iowa	Brad Vande Lune	Treasurer	Present	☑ Excused
Kansas	Joe House		☑ Present	Absent
Louisiana	Susan Bailey		☑ Present	Absent
Mississippi	Teresa Windham		☑ Present	Absent
Missouri	Sam Vance		☑ 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	Joseph “Jody” Ratliff *NEW*		☑ Present	Absent
Wyoming	Susan Neugebauer		Present	☑ Excused

Ex-Officio & Staff

ROLE	NAME	PRESENT	ABSENT
Executive Director	Donnie R. Woodyard, Jr., MAML, NRP, WP-C	☑ Present	Absent
Counsel	Doug Wolfberg, JD / Christie Mellott, JD - Page, Wolfberg & Wirth	☑ Present	Absent
Database Administrator	Ray Mollers - National Registry of EMTs	☑ Present	Absent

CHAIR	VICE CHAIR	SECRETARY	TREASURER	MEMBER-AT-LARGE	IMMEDIATE PAST CHAIR
Kraig Kinney *Indiana*	Wayne Denny *Idaho*	Mark Herrera *Utah*	Brad Vande Lune *Iowa*	Michael Johnson *Georgia*	Joe Schmider *Texas*

TAB 12

ACTION

Adoption of the Proposed Revision of the Commission Bylaws

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Bylaws and Rules Committee
Date	PLACEHOLDER: date of the final Book
Subject	Adoption of the proposed revision of the Commission Bylaws
Agenda item	VIII.a
Action requested	"Move to adopt the proposed revision of the Bylaws of the Interstate Commission for EMS Personnel Practice, as approved by the Bylaws and Rules Committee on August 26, 2026, amended by the Executive Committee on October 14, 2026, released for public comment on October 15, 2026, and presented at this meeting, to take effect immediately upon adoption."

Roll call vote record

Item: Adopt the proposed revision of the Commission Bylaws

MOVED BY	SECONDED BY	YEA	NAY	ABSTAIN	RESULT
_____	_____	_____	_____	_____	☐ Adopted ☐ Failed

The Secretary records the vote of each state. Bylaws Article VI, Section 2 requires that a quorum be established before any vote is taken; see the quorum worksheet at Tab 3.

What is before the Commission

The Bylaws and Rules Committee approved the final text of the proposed revision on August 26, 2026, after review by the Commission's legal counsel, and advanced it for public notice. The Commission released it for public comment on October 15, 2026, with comments accepted through 5:00 p.m. Eastern Time on Friday, December 4, 2026. The text attached to this tab is that released text, shown as a redline against the current Bylaws as amended November 15, 2023.

On October 14, 2026 the Executive Committee added one provision before release: Article XIII, Section 2 now provides that, after the Commission's obligations are paid, unexpended grant or restricted funds are returned to the grantor only where the grant or agreement requires it, and all remaining surplus is distributed to the

Member States in good standing. Legal counsel (Wolfberg and Mellott, PWW) reviewed and approved the provision on October 15, 2026.

The revision is before the Commission for adoption at this meeting. Under Bylaws Article X, a bylaw may be adopted, amended or repealed by a majority vote of Commissioners when written notice and the full text of the proposed action have been provided to all Commissioners at least thirty days before the meeting. Written notice and the full text were sent to all Commissioners on October 15, 2026 (Bylaws Art. X).

Effective upon adoption

Neither the current Bylaws nor the proposed revision states when an amendment takes effect. The motion therefore provides that the revision takes effect immediately upon adoption, and the item is taken first under New Business so that the remaining business of the meeting, including the election of officers at Tab 16, is conducted under the revised Bylaws. Article XII of the revision requires the Executive Director, within thirty days of adoption, to publish the Bylaws on the Commission's website and file them with each Member State (Compact Section 10.C.8); those steps follow adoption and do not delay the effective date.

The Committee's approach

The Committee examined the current Bylaws article by article against the Recognition of EMS Personnel Licensure Interstate Compact, the model legislation enacted into law by each participating state, and against the Commission's Administrative Rules and governance practice at established interstate compact commissions. The Committee's guiding principle was fidelity to the statute. Section 10.C of the enacted legislation directs the Commission to prescribe bylaws addressing specific subjects, and several of those statutory requirements are not fully implemented in the current Bylaws. The proposal closes those gaps and conforms existing language to the enacted text. The article structure of the current Bylaws is kept; two new articles are added.

Summary of the proposed changes

CHANGE	EFFECT	STATUTORY BASIS
Governmental status and interpretive hierarchy	States that the Commission is a governmental entity and instrumentality of its Member States, provides that Sections 10 through 12 of the Compact and the Administrative Rules control in any conflict with the Bylaws, and incorporates their definitions by reference (Art. I).	REPLICA § 10.A.1
Commission composition and vacancies	Ties appointment of delegates to Section 10.B of the Compact; Member States are to use best efforts to fill a vacancy within thirty days; sets a process for confirming a Commissioner's appointment when their state role changes (Art. II).	REPLICA § 10.B.1

CHANGE	EFFECT	STATUTORY BASIS
Officer nominations and removal	A written nomination process with an informational Executive Director report on each nominee (state compliance and meeting attendance). An officer or Executive Committee member may be removed for cause by a two-thirds vote of the Commission, with proceedings initiated by the Executive Committee or by a Commissioner's motion. Adds an order of priority for simultaneous vacancies and an alternate filing point for resignations (Art. III).	REPLICA § 10.C.4
Executive Director role and personnel policies	Defines the Executive Director's role, duties, accountability, and limits, and adds a personnel policies section under which the Bylaws exclusively govern Commission personnel policies (Art. IV).	REPLICA § 10.C.5
Qualified immunity, defense, and indemnification	Conforms the covered persons to the enacted text: members, officers, executive director, employees and representatives (Art. V).	REPLICA § 10.F.1–10.F.3
Meetings	Thirty-day notice of regular meetings; special meetings on twenty-four hours' notice for stated circumstances; roll-call quorum and recorded votes at electronic meetings; closed sessions under § 10.B.5 with counsel certification and sealed minutes; quorum counted on seated Commissioners; questions decided by a majority of Commissioners present and voting; Robert's Rules of Order as a guide (Art. VI).	REPLICA §§ 10.B.3–10.B.6, 10.C.3
Executive Committee	Reserved powers; ratification of emergency actions within ninety days; immediate past chairperson becomes a voting member; term limit for the Commissioner-At-Large; vacancy rules; a quorum of three; notice requirements for regular and special meetings (Art. VII, § 1).	REPLICA § 10.C.2
Standing committees	Establishes four standing committees: Rules/Bylaws, Finance/Audit (chaired by the Treasurer), Compliance/Investigations, and Elections/Nominating (Art. VII, § 2).	REPLICA §§ 10.C.2, 10.D.11

CHANGE	EFFECT	STATUTORY BASIS
Finance and reporting	Adds an annual report that includes the independent audit or financial review, filed with each Member State and published within ninety days of fiscal year end; states the Compact's prohibition on incurring obligations before funds are secured or pledging state credit (Art. VIII).	REPLICA §§ 10.E.4, 10.E.5
Ethics and whistleblower protections	New Article IX: a Code of Ethics with annual conflict-of-interest disclosures and recusals, and whistleblower protections.	REPLICA § 10.C.6
Records, transparency, and data access	New Article X: records and data managed under Section 11 of the Compact and Commission Rules, with public access to non-exempt records.	REPLICA § 11
Withdrawal, default, and termination	Adds citations to the Compact's withdrawal and default provisions (Art. XI).	REPLICA §§ 14.C, 13.B
Publication and filing	Upon adoption or amendment, the Executive Director publishes the Bylaws and files them with each Member State within thirty days (Art. XII).	REPLICA § 10.C.8
Dissolution and wind-up	The Compact dissolves when membership falls below two Member States, or by unanimous vote of all Commissioners after sixty days' notice to each State EMS Authority and Governor; adds detailed wind-up procedures (Art. XIII).	REPLICA § 10.C.7
Disposition of funds on dissolution (added by the Executive Committee, October 14, 2026)	After the Commission's obligations are paid, unexpended grant or restricted funds are returned to the grantor only where the grant or agreement requires it, and all remaining surplus is distributed to the Member States in good standing: by last paid assessment if assessments have been levied, otherwise in equal shares (Art. XIII, Sections 2 and 3). Approved by legal counsel October 15, 2026.	REPLICA § 10.C.7

Source: the proposed revision as approved by the Bylaws and Rules Committee on August 26, 2026 and released for public comment on October 15, 2026. The summary is for convenience; the text governs.

Requirements that the current Bylaws do not implement

Three provisions of the enacted legislation are express directions to the Commission that the current Bylaws do not carry out. The Committee draws them to the Commission's attention specifically:

- **A code of ethics.** REPLICA Section 10.C.6 requires the Commission to promulgate a code of ethics addressing the permissible and prohibited activities of Commission members and employees. The current Bylaws contain none. Proposed Article IX.
- **A wind-up mechanism.** REPLICA Section 10.C.7 directs that the Bylaws provide a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds after payment or reserving of all debts and obligations. The current Bylaws contain no such mechanism. Proposed Article XIII, Section 3.
- **Personnel policies.** REPLICA Section 10.C.5 provides that the Bylaws exclusively govern the Commission's personnel policies and programs, notwithstanding any civil service or similar laws of any member state. Proposed Article IV, Section 2.

Notice and comment history

DATE	STEP
July 30, 2026	Committee transmittal and redline of an earlier draft.
August 19, 2026	Preview and discussion at the Q3 2026 meeting.
August 2026	Review by the Commission’s legal counsel; counsel’s edits incorporated.
August 26, 2026	Bylaws and Rules Committee approves the final text and advances it for public notice.
October 15, 2026	Released for public comment: press release, redline and clean PDFs, and an online redline at EMSCompact.gov.
October 15, 2026	Written notice and the full text (clean and redline) sent to all Commissioners for the December 9 vote (Bylaws Art. X).
November 4, 2026	Executive Committee meeting. PLACEHOLDER: outcome.
December 4, 2026, 5:00 p.m. ET	Public comment closes. PLACEHOLDER: summarize the comments received.
December 9, 2026	This meeting. Consideration and action.

> **THE CURRENT BYLAWS REMAIN IN FORCE**
>
> The Bylaws as amended November 15, 2023 remain in force until the Commission adopts this revision. They are published at EMSCompact.gov.

Reading the redline

~~Struck text~~ is proposed for deletion.

Underlined text is proposed for addition.

Unmarked text is unchanged from the Bylaws as amended November 15, 2023.

Articles IX (Ethics and Conflict of Interest) and X (Records, Transparency, and Data Access) are new; current Articles IX through XI become XI through XIII.

ATTACHMENT — PROPOSED BYLAWS REVISION, REDLINE AGAINST THE BYLAWS AS AMENDED NOVEMBER 15, 2023, AS RELEASED FOR PUBLIC COMMENT OCTOBER 15, 2026

Article I. Commission Purpose, Function and Bylaws

Section 1. Purpose

Pursuant to the terms of the Recognition of Emergency Medical Services (EMS) Personnel Licensure Interstate Compact (the "Compact"), The Interstate Commission for EMS Personnel Practice (the "Commission") is established as a body politic and an instrumentality of the compact states to fulfill the objectives of the Compact through a means of joint cooperative action among the Member States: to develop a comprehensive process that complements the existing licensing and regulatory authority of the State EMS Authority and extends to EMS personnel a Privilege to Practice across state boundaries in Member States, thereby providing immediate legal recognition to EMS personnel and ensuring the safety of patients.

> A. Governmental Status. The Commission is a governmental entity and instrumentality of its Member States, established under the authority of the Compact Clause of the United States Constitution (Article I, Section 10, Clause 3), and exercising delegated sovereign authority pursuant to state statutes enacted under the Compact.

Section 2. Functions.

In pursuit of the fundamental objectives set forth in the Compact legislative mandate, the Commission shall, as necessary or required, exercise all of the powers and fulfill all of the duties as provided by the Compact. The Commission's activities shall include, but are not limited to, the following: the promulgation of binding rules and operating procedures; equitable distribution of the costs, benefits and obligations of the Compact among the Member States; enforcement of Commission Rules, Operating Procedures and Bylaws; provision of dispute resolution; sharing of licensure history of Member State EMS personnel and coordination of significant investigatory information; and the collection and dissemination of information concerning the activities of the Compact, as provided by the Compact, or as determined by the Commission to be warranted by, and consistent with, the objectives and provisions of the Compact. The provisions of the Compact shall be reasonably and liberally construed to accomplish the purposes and policies of the Compact.

Section 3. Bylaws.

> ~~As required by the Compact, these Bylaws shall govern the management and operations of the Commission. As adopted and subsequently amended, these Bylaws shall remain at all times~~

~~subject to, and limited by, the terms of the Compact.~~

These Bylaws govern the Commission's management and operations subject to, and limited by, the Recognition of EMS Personnel Licensure Interstate Compact ("REPLICA" or the "Compact") legislation and the Commission's Administrative Rules. Sections 10 through 12 of the Compact and duly adopted Administrative Rules of the Commission control in any conflict. The Bylaws are the Commission's operating governance framework and shall be interpreted consistently with those authorities.

Section 4. Definitions and Incorporation by Reference

A. Primary Sources. For purposes of these Bylaws, all terms used herein have the meanings assigned to them in REPLICA (the Compact) and in the Commission's Administrative Rules. To the extent a term is defined in both sources, the meaning shall be harmonized and applied consistently with the interpretive hierarchy stated in Article I, Section 3.

B. Incorporation by Reference. The Compact and Administrative Rules are incorporated by reference into these Bylaws. Amendments to the Compact or Administrative Rules automatically update the incorporated definitions and procedures without further bylaw amendment, except where these Bylaws impose additional, non-conflicting requirements.

Article II. ~~Membership~~Commission Composition

The Commission ~~Membership~~ shall be comprised ~~as provided by~~of delegates appointed by the Governor or the Governor's designee, in accordance with Section 10.B of the Compact. Each Member State shall have and be limited to one appointed voting ~~representative~~delegate. The appointees shall be the Commissioners of the Member States. Each Member State shall forward the names of its Commissioners to the Commission chairperson. The Commission chairperson or their designee shall promptly advise the State EMS Authority of the Member State of the need to appoint a new Commissioner whenever a vacancy occurs.

Section 1. Vacancies

Member States should consider immediately appointing a Commissioner to fill any vacancy and, in any event, shall use their best efforts to fill any Commissioner vacancy within thirty (30) calendar days of the vacancy occurring.

Section 2. Member State Delegate Status

Member States are to establish procedures for addressing Commissioner appointments when a Commissioner is no longer the responsible official of the state EMS authority for licensing EMS personnel.

A. When the Executive Director becomes aware of such a change that has not otherwise been communicated to the Commission, the Executive Director shall first seek to resolve the matter by contacting the Commissioner and the state EMS authority responsible for licensing EMS

personnel to confirm the Commissioner's continued appointment or to obtain appointment of a replacement.

B. If the gap remains unresolved, the Executive Committee may direct the Executive Director to notify the original appointing authority and/or relevant state authorities to request confirmation of the Commissioner's continued appointment or appointment of a replacement within thirty (30) calendar days.

Article III. Officers

Section 1. Election and Succession.

The officers of the Commission shall include a chairperson, vice chairperson, secretary, and treasurer. The officers shall be duly appointed Commissioners. ~~Officers~~The Commission shall ~~be elected by the Commission~~elect officers at the full Commission meeting held in the last quarter of each year or any special meeting as provided by the bylaws. The chairperson and treasurer shall be elected in even-~~-~~numbered calendar years, and the vice-chairperson and secretary shall be elected in odd-~~-~~numbered calendar years. All terms shall be two years. Officers shall take office immediately following the close of the meeting at which they are elected. No commissioner shall serve more than two (2) full consecutive terms in a single elected office. Fulfilling an incomplete term is not considered part of the term limit. ~~At the end of their term, officers are eligible for re-election.~~ The elected officers shall serve without compensation or remuneration, except as provided by the Compact.

A. Officer Nomination Process. The following process shall govern nominations to elected positions on the Executive Committee. This process is intended to ensure the Commission is fully informed when electing officers and does not operate to disqualify any Commissioner from nomination or election.

(1) The Nominating Committee shall solicit self-nominations from interested Commissioners for any open Executive Committee position.

(2) Each interested Commissioner shall submit a written application in the form prescribed by the Commission. The application shall include, at a minimum, the nominee's name, Member State, the position(s) sought, and a written statement of commitment and qualifications.

(3) To support an informed election, the Executive Director shall prepare and present to the Commission, no less than seven (7) days in advance of the vote, a report on each nominee. The report is informational only and shall not disqualify any nominee. At a minimum, the report shall set forth: (i) the compliance status of the nominee's Member State with the requirements of the Compact, these Bylaws, and the Administrative Rules; and (ii) the nominee's engagement, including attendance at all mandatory meetings over the preceding forty-eight (48) months. For purposes of this Section, "mandatory meetings" means all duly noticed full Commission meetings, and, for any period during which the

nominee served on the Executive Committee, all duly noticed Executive Committee meetings during that period.

Section 2. Removal of Officers.

~~Any officer may be removed from office by a majority vote of the Commission.~~

A. Removal from Executive Committee. An officer or member of the Executive Committee may be removed for cause. Proceedings for removal may be initiated by

(1) a majority vote of the Executive Committee, or

(2) a motion made by any Commissioner at a duly convened meeting of the Commission and adopted by majority vote of the Commissioners present.

Upon initiation, the officer or member may be provided written notice of the grounds for removal or the opportunity to respond.

Removal shall require a two-thirds vote of the Commission. Causes may include, but are not limited to, failure to perform duties, violation of Commission rules or bylaws, conviction of a felony, or conduct that brings discredit upon the Commission.

B. Loss of Commissioner Status. Should an officer cease to be a Commissioner from their Member State, they shall immediately forfeit their officer position, creating a vacancy to be filled pursuant to Section 5 of this Article. Non-officer Executive Committee member forfeitures due to loss of Commissioner status are governed by Article VII, Section 1.

Section 3. Duties

The officers shall perform all duties of their respective offices as provided by the Compact and these Bylaws. Such duties shall include, but are not limited to, the following:

A. Chairperson. The chairperson shall call and preside at all meetings of the Commission and, in conjunction with the Executive Committee~~, the chairperson shall~~ and Executive Director, prepare agendas for such meetings. The chairperson shall make appointments to all committees of the Commission, and, in accordance with the Commission's directions, or subject to ratification by the Commission, shall act on the Commission's behalf during the interims between Commission meetings as delegated by the Commission.

B. Vice Chairperson. The vice chairperson shall, in the absence or at the direction of the chairperson, perform any or all of the duties of the chairperson. In the event of a vacancy in the office of chairperson, the vice chairperson shall serve as acting chairperson until the Commission elects a new chairperson ~~is elected by the Commission~~.

C. Secretary. The secretary shall keep minutes of all Commission meetings and shall act as the custodian of all documents and records pertaining to the status of the Compact and the business of the Commission.

D. Treasurer. The treasurer shall act as custodian of all Commission funds and shall be responsible for monitoring the administration of all fiscal policies and procedures set forth in the Compact or adopted by the Commission. Pursuant to the Compact, the treasurer shall execute such bond as may be required by the Commission covering all officers, Commissioners and Commission personnel, as determined by the Commission, who may be responsible for the receipt, disbursement, or management of Commission funds.

Section 4. Costs and Expense Reimbursement.

Subject to the availability of budgeted funds, the officers shall be reimbursed for any actual and necessary costs and expenses incurred by the officers in the performance of their duties and responsibilities as officers of the Commission.

Section 5. Officer Vacancies

Upon the resignation, removal, or death of an officer of the Commission before the next annual meeting of the Commission, a majority of the Executive Committee shall appoint a successor to hold office either (1) for the unexpired portion of the term of the officer whose position shall so become vacant if there is under a year left in the term or (2) until the next regular or special meeting of the Commission at which the vacancy is filled by majority vote of the Commission should greater than a year remain on the original term with said election being for the unexpired portion of the term of the vacant position.

> A. Simultaneous Vacancies. In the event of simultaneous vacancies in multiple officer positions, the Executive Committee shall fill vacancies in the following order of priority: (1) Chairperson, (2) Treasurer, (3) Vice Chairperson, (4) Secretary. If the Executive Committee lacks a quorum to fill officer vacancies, the Commission shall be convened in special session within fifteen (15) days to elect replacement officers.

> Note: Vacancies in Executive Committee positions (Commissioner-At-Large and Immediate Past Chairperson) are addressed in Article VII, Section 1.

Section 6. Resignation

An officer may resign at any time by filing a written resignation with the chairperson or, if the chairperson position is vacant, with the vice chairperson or secretary.

Article IV. Commission Offices and Personnel

Section 1. Commission Staff and Offices.

Contractual arrangements may be made with a professional management firm or individual to act or serve as an authorized agent on behalf of the Commission. The Commission must approve the management firm ~~must be approved by the Commission and serves~~and such firm shall serve under a contract that is legal and binding under law. The Commission may contract for administrative and management functions and tasks that further the purposes and objectives of the Compact but that do not replace the powers of the Commission as delineated by these bylaws. The management

firm designates one professional employee as executive director. The executive director ~~an ex-officio~~serves as the Commission's chief administrative officer and attends all Commission meetings to present reports and provide administrative support. The executive director is a designee of the Commission and is not a member of the Commission ~~without~~. The executive director has no voting rights.

A. Operations: The Executive Committee oversees management firm operations and, from time to time, receives reports on the administration of the organization.

B. Obligation: The management firm must be bonded if the person or firm performs any fiduciary or financial functions on behalf of the Commission.

C. Meeting Attendance: The executive director is required to attend the Commission meetings and present reports of activities carried out on behalf of the Commission.

> D. Executive Director Role. The Executive Director serves at the pleasure of the Commission, subject to any contract between the parties, as chief administrative officer and is accountable to the Executive Committee. The Executive Director shall: recommend policies and program initiatives; prepare draft annual budgets and monitor expenditures; execute contracts and receive service of process as authorized; manage offices, staff, and contractors; prepare required reports and notices; coordinate with legal counsel; and assist officers and standing committees. The Executive Committee will conduct an annual performance evaluation and may establish reasonable signing and procurement thresholds. The Executive Director shall not obligate the Commission beyond the approved budget or specific authorization.

Section 2. Personnel Policies and Programs

Pursuant to §10.C.5 of the Compact, the Bylaws shall exclusively govern the personnel policies and programs of the Commission, notwithstanding any civil service or other similar laws of any Member State. The Commission, acting through the Executive Committee, shall be responsible for hiring, supervising, evaluating, and, when appropriate, terminating the Executive Director, pursuant to law and/or any contract in place between the parties. Commission staff and contractors are engaged through the management firm under contract with the Commission. The Executive Committee shall establish and maintain written personnel policies addressing, at a minimum: classification of personnel (employees, contractors, and management-firm-supplied personnel); compensation, benefits, and reasonable signing and procurement thresholds; performance evaluation procedures; standards of conduct consistent with the Code of Ethics established under Article IX; equal employment opportunity and non-discrimination; whistleblower protections consistent with Article IX; grievance and dispute resolution procedures; and confidentiality of personnel records. The Executive Director shall implement and administer these policies subject to oversight by the Executive Committee.

Article V. Qualified Immunity, Defense and Indemnification

Section 1. The members, officers ~~and authorized agents such as an~~, executive director, ~~other personnel acting on behalf~~employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

Section 2. The Commission shall defend any member, officer ~~and other authorized agent~~, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

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

Article VI. Meetings of the Commission

Section 1. Meetings and Notice.

The Commission shall meet at least once each calendar year at a time and place to be determined by the Commission. Commissioners may participate in meetings by telephone or other ~~means of~~ virtual ~~participation~~means. Additional meetings may be scheduled at the discretion of the chairperson and must be called upon the request of a majority of Commissioners, as provided by the Compact. All Commissioners shall be given written notice of regular Commission meetings at least thirty (30) days prior ~~rules will be considered and voted on by~~to the ~~Commission~~scheduled date. Final agendas for regular Commission meetings shall be provided to all Commissioners no later than ten (10) days prior to ~~any~~each Commission meeting ~~of the Commission~~. Thereafter, additional agenda items requiring Commission action at regular Commission meetings may not be added to the final agenda. Discussion items not requiring action may be added to the agenda at any time upon a majority vote of the Commissioners. All Commission meetings shall be open to the

public except as set forth in the Compact Section 10, B, 5. Public notice will be made to announce the meeting at least 30 days ~~prior to~~before any meeting. ~~A meeting~~Electronic meetings shall verify quorum via roll call at the outset. Votes on actionable items shall be recorded such that each Commissioner's vote is captured in the minutes, whether by roll call, electronic ballot, voice vote, vote by acclamation, or other method that produces a recorded vote, unless otherwise provided by law or rule. The Commission may enter closed, non-public session ~~if~~to discuss matters enumerated in §10.B.5 of the Compact; legal counsel shall certify the basis for closure and the Commission ~~determines by a majority vote of the Commissioners present that there exists at least one of the conditions for closing a meeting, as provided by the Compact or authorized Rules~~shall maintain sealed minutes as required by statute.

> A. Special Meetings. Special meetings may be called with at least twenty-four (24) hours' notice to Commissioners and simultaneous public notice, provided the chairperson or acting chairperson determines that circumstances require expedited action to meet an imminent threat to public health, safety, or welfare; prevent loss of funds; secure funding; meet a federal deadline; or protect public health and safety, or to discuss any of the matters for which a meeting may be closed under § 10.B.5 of the Compact. Public notice is not required for closed special Commission meetings.

Section 2. Quorum.

A majority of Commissioners shall constitute a quorum for the transaction of business, except as otherwise required in these bylaws. ~~The presence of a~~A quorum must be established before any vote of the Commission can be taken. For purposes of calculating quorum, vacant Commissioner seats shall not be counted; a quorum is a majority of seated Commissioners.

Section 3. Voting.

Each Commissioner is entitled to one vote. A Commissioner shall vote on such member's own behalf and shall not delegate such vote to another Commissioner. Except as otherwise required by the Compact or these Bylaws, any question submitted to a vote of the Commission shall be determined by a simple majority of the Commissioners present and voting, provided a quorum is present.

Section 4. Procedure.

> ~~Matters of parliamentary procedure not covered by these bylaws shall be determined by the chairperson.~~

> All questions of parliamentary procedure or practice for the conduct of all meetings of the Compact Commission or of any committee, shall be guided by the latest edition of Robert's Rules of Order, except as otherwise specifically provided by law, by Commission rule, or by these Bylaws.

Section 5. Public Participation in Meetings.

With the exception as written under Section 12 of the Compact, upon prior written request to the Commission, any person who desires to present a statement on a matter that is on the agenda shall be afforded an opportunity to present an oral statement to the Commission at a time designated on the meeting's agenda.

Commission meetings will have a designated time for public comment on items not on the agenda. The chairperson may limit the time and manner of any such statements.

The chairperson may, depending on the circumstances, afford any person who desires to present a statement on a matter that is on the agenda an opportunity to be heard absent a prior written request to the Commission. The chairperson may limit the time and manner of any such statements at any open meeting and at the beginning of the meeting.

Article VII. Committees

Section 1. Executive Committee.

The Commission establishes an Executive Committee which shall be empowered to act on behalf of the Commission during the interim between Commission meetings, except for the following reserved powers:

(1) promulgation, amendment, or repeal of rules; and

(2) amendment of the Compact or these bylaws.

Emergency actions taken by the Executive Committee requiring full Commission approval shall be presented to the Commission for ratification within ninety (90) days of the action. If the Commission does not ratify the emergency action, the action shall have prospective effect only from the date of Commission rejection; actions taken in good faith reliance on the Executive Committee's decision during the interim period shall remain valid.

~~The Commission may establish an Executive Committee which shall be empowered to act on behalf of the Commission during the interim between Commission meetings, except for rulemaking or amendment of the Compact or these bylaws~~A. Composition. The Executive Committee shall be composed of all officers of the Commission, the immediate past chairperson, and one member At-Large. A Commissioner-At-Large will be elected by the membership of the Commission as a whole to an initial two-~~-~~year term. The At-Large position will be elected concurrent with the chairperson and Treasurer. The Commissioner-At-Large may serve a maximum of two (2) consecutive full terms in that position. Fulfilling an incomplete term is not considered part of the term limit.

B. Immediate Past Chairperson Status. The immediate past chairperson shall be a voting member of the Executive Committee, provided they continue to serve as their Member State's appointed Commissioner. The position is intended to provide institutional knowledge and continuity. Should the immediate past chairperson cease to serve as a Commissioner, the position shall be deemed vacant and filled as provided in this Section.

C. Vacancy (Immediate Past Chairperson). If the immediate past chairperson position is vacant, one Additional Commissioner-At-Large shall be elected by majority vote of the Commission to serve until a qualified immediate past chairperson becomes available and willing to serve, at which time the term of the Additional At-Large member shall terminate immediately and the immediate past chairperson shall assume the position.

D. Vacancy (Commissioner-At-Large). Should the Commissioner-At-Large position become vacant through resignation, removal, or loss of Commissioner status, the Executive Committee shall appoint a replacement by majority vote to serve the remainder of the unexpired term.

E. Loss of Commissioner Status. Should any voting member of the Executive Committee cease to be a Commissioner from their Member State, they shall immediately forfeit their position on the Executive Committee, and the vacancy shall be filled as provided in this Section.

F. Quorum. Three (3) voting members of the Executive Committee shall constitute a quorum for the transaction of business.

~~The immediate past chairperson is a non-voting member of the Executive Committee.~~ The procedures, duties, budget, and tenure of ~~such an~~the Executive Committee shall be determined by the Commission. The power of ~~such an~~the Executive Committee to act on behalf of the Commission shall be subject to any limitations imposed by the Compact. Public notice of all regular Executive Committee meetings must be made at least three (3) days prior to the meeting date, and the meeting agenda for regular Executive Committee meetings must be made public 24 hours prior to the meeting date. Notice to all Commissioners of regular Executive Committee meetings shall be provided at least five (5) days prior to Executive Committee meetings. The Executive Committee may meet in special closed meetings to discuss any matter set forth in § 10.B.5 of the Compact upon 24 hours' advance notice to the Executive Committee members. Public notice is not required for special closed Executive Committee meetings. Special meetings of the Executive Committee that are not closed shall require 24 hours' advance notice to the public and the members of the Executive Committee.

Section 2. Committees.

The chairperson appoints committee members and chairs (except where otherwise specified). Each committee shall establish operating procedures including quorum requirements, keep minutes, and report actions and recommendations to the Commission. Committees may meet electronically.

A. Standing Committees. The Commission establishes the following standing committees:

(1) Rules/Bylaws Committee;

(2) Finance/Audit Committee (chaired by the Treasurer);

(3) Compliance/Investigations Committee; and

(4) Elections/Nominating Committee.

~~The Commission~~B. Additional Committees. The chairperson may establish such ~~Committees as it~~additional ad hoc or advisory committees as the chairperson deems necessary to advise ~~it concerning the fulfillment of~~the Commission and fulfill its ~~objectives, which may include but not be limited to a Budget-Finance Committee, Technology Committee, Bylaws and Rules Committee and Communications and Education and Training Committee~~obligations. The composition, procedures, duties, budget, and tenure of such committees shall be determined by the ~~Commission~~chairperson. The Commission may dissolve any committee it determines is no longer needed.

Article VIII. Finance

Section 1. Fiscal Year.

The Commission's fiscal year shall begin on July 1 and end on June 30.

Section 2. Budget.

The Commission shall operate on an annual budget cycle and shall, in any given year, adopt budgets for the following fiscal year or years as provided by the Compact.

Section 3. Accounting and Audit.

The Commission will arrange for an independent audit or financial review at least once a year or as required by the Compact. The results of the audit or financial review are presented as part of the Treasurer's report during the annual meeting of the Commission.

The Commission's internal accounts, any documents related to any internal audit, and any documents related to the independent audit shall be confidential; provided, that such materials shall be made available:

~~i)~~ (1) in compliance with the order of any court of competent jurisdiction;

~~ii)~~ (2) pursuant to such reasonable rules as the Commission shall promulgate; and

~~iii)~~ (3) to any Commissioner of a Member State, or their duly authorized representatives.

Section 4. Annual Report

The Commission shall prepare and publish an annual report for each fiscal year. Consistent with §10.E.5 of the Compact, the annual report shall include the results of the independent audit or financial review. The annual report shall also include a summary of Commission activities, financial position, rulemaking actions taken or pending, Member State compliance status, and such other information as the Commission determines appropriate. The annual report shall be filed with the State EMS Authority of each Member State and published on the Commission's website within ninety (90) days following the close of the fiscal year.

Section ~~4~~5. Debt Limitations.

The Commission shall monitor its own and its committees' affairs for compliance with all provisions of the Compact, its rules, and these bylaws governing the incursion of debt and the pledging of credit. Pursuant to §10.E.4 of the Compact, the Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Member States, except by and with the authority of the Member State.

Section ~~5~~6. Travel Reimbursements.

Subject to the availability of budgeted funds and unless otherwise provided by the Commission, Commissioners shall be reimbursed for any actual and necessary expenses incurred pursuant to their attendance at all duly convened meetings of the Commission or its committees as provided by the Compact.

Article IX. Ethics and Conflict of Interest

Section 1. Code of Ethics. Pursuant to §10.C.6 of the Compact, the Commission adopts a Code of Ethics applicable to Commissioners, officers, staff, and contractors. The Code addresses conflicts of interest, confidentiality, use of position for private gain, compliance with law, and expected standards of conduct. Annual conflict-of-interest disclosures and recusals are required as directed by Commission policy. Violations may result in censure, removal from office, or other discipline by majority vote after notice and an opportunity to be heard.

Section 2. Whistleblower and Complaint Protections. The Commission shall maintain confidential channels for reporting alleged violations of law, rule, these Bylaws, or the Code of Ethics. Retaliation against any person who, in good faith, reports or participates in an inquiry is prohibited. Procedures for intake, review, and resolution shall be published in the Commission's Administrative Rules or policy manual.

Article X. Records, Transparency, and Data Access

Commission records and data shall be managed in accordance with §11 of the Compact and Commission Rules governing data disclosure, inspection, exempt records, protection of personally identifiable information, security, and the generation of public reports that exclude PII and other sensitive or exempt information. The Commission shall maintain records in accordance with applicable federal and state laws and shall provide reasonable public access to non-exempt records as required by law.

Article ~~IX~~XI. Withdrawal, Default and Termination

Member States may withdraw from the Compact only as provided by §14.C of the Compact. The Commission may terminate a Member State as provided by §13.B of the Compact.

Article ~~X~~XII. Adoption and Amendment of Bylaws

Any bylaw may be adopted, amended or repealed by a majority vote of Commissioners, provided that written notice and the full text of the proposed action is provided to all Commissioners at least thirty (30) days prior to the meeting at which the action is to be considered. Failing the required notice, a two-third (2/3rds) majority vote of Commissioners shall be required for such action. Pursuant to §10.C.8 of the Compact, upon adoption or amendment of these Bylaws, the Executive Director shall, within thirty (30) days, (i) publish the Bylaws on the Commission's website and (ii) file a copy of the Bylaws and any amendments with the State EMS Authority or other appropriate agency or officer of each Member State.

Article ~~XI~~XIII. Dissolution of the Compact

> ~~The Compact shall dissolve effective upon the date of the withdrawal or the termination by default of a Member State which reduces Membership in the Compact to one Member State as provided by the Compact.~~

> Section 1. The Compact shall dissolve upon the earlier of: (a) the date on which membership in the Compact is reduced to fewer than two (2) Member States; or (b) the unanimous affirmative vote of all Commissioners then serving to dissolve the Compact, taken at a duly noticed meeting at which dissolution is identified as an action item on the agenda, provided that written notice of the proposed dissolution vote has been provided to the State EMS Authority and to the Governor of each Member State at least sixty (60) days prior to the meeting.

Section 2. Upon dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Commission shall be concluded in an orderly manner and according to applicable law. After payment of, or provision for, all debts and obligations of the Commission: (a) any unexpended and unobligated grant funds or other restricted funds shall be returned to the grantor or funding source to the extent required by the terms of the applicable grant, contract, or agreement; and (b) all remaining surplus funds shall be distributed to the Member States in good standing at the time of the Compact's dissolution. If any annual assessment has been levied, each~~Each~~ Member State in good standing at the time of the Compact's dissolution shall receive a pro rata distribution ~~of surplus funds~~ based upon a ratio, the numerator of which shall be the amount of its last paid annual assessment, and the denominator of which shall be the sum of the last paid annual assessments of all Member States in good standing at the time of the Compact's dissolution; otherwise, the remaining surplus funds shall be distributed in equal shares. A Member State is in good standing if it has timely paid any~~its~~ assessments levied against it~~timely~~.

> Section 3. Wind-Up Procedures. Pursuant to §10.C.7 of the Compact, upon dissolution of the Compact the Executive Committee, acting under the supervision of the Commission and with the assistance of the Executive Director and legal counsel, shall manage the wind-up of Commission operations. Wind-up shall proceed in the following order: (1) notice of dissolution to each Member State, federal partners, and any contractual counterparties; (2) cessation of new obligations and

> orderly completion or assignment of existing contracts; (3) collection of any assessments or other amounts owed to the Commission; (4) payment in full of all debts and obligations of the Commission, including any reserved amounts for known or anticipated liabilities; (5) a final independent audit of Commission accounts covering the period through the date operations conclude; (6) transfer or disposition of Commission records consistent with applicable law and any records retention requirements, with originals or certified copies of essential governance records preserved as the Commission directs; and (7) return of restricted funds and distribution of surplus funds as provided in Section 2. The Executive Director shall report periodically to the Commission on the status of wind-up activities. Wind-up shall be deemed complete upon Commission acceptance of the final audit and a written report of wind-up actions.

TAB 13

INFORMATION

Administrative Rules: July 2026 Revision (Carried Over to Q1 2027) and Section 3.C(4) Rule (Referred to Committee)

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Bylaws and Rules Committee
Subject	Proposed revision of the Commission Administrative Rules: carried over to the Q1 2027 meeting
Agenda item	VIII.b
Action requested	None. The Bylaws and Rules Committee is bringing only the Bylaws revision to this meeting. The Administrative Rules changes carry over to the Q1 2027 Commission meeting.

CARRIED OVER TO Q1 2027

The proposed Administrative Rules revision and its justification memorandum are reproduced below for information and for Commissioner comment ahead of the Q1 2027 meeting. The Compact Section 12 rulemaking notice and comment record will be set for that meeting.

Why the rules are being revised

The Bylaws and Rules Committee prepared a revision of the Administrative Rules in July 2026, accompanied by a justification memorandum reproduced below. The revision is carried over to the Q1 2027 Commission meeting. Only the revised Bylaws (Tab 12) come to this meeting for action.

JUSTIFICATION MEMORANDUM — JULY 2026 RULES REVISION, AS PREPARED BY THE BYLAWS AND RULES COMMITTEE

INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

PROPOSED AMENDMENT TO THE COMMISSION ADMINISTRATIVE RULES

Global Privilege to Practice Determination and Relinquishment During an Unresolved Investigation

Proposed Rules 4.8 and 4.9, Eleven New Definitions with Section 2 Renumbered, and Conforming Amendments

Base text: Commission Administrative Rules adopted November 5, 2025, effective December 1, 2025

REASON FOR THE PROPOSED RULE

Required by Rule 12.2 and Section 12.E(2) of the Compact. This statement is published with the text of the proposed Rule.

1. The gap in the Rules as adopted

Under the Rules as adopted, an EMS Clinician who is the subject of an open investigation may allow a License to expire or may relinquish it, terminating the Home State's disciplinary jurisdiction before any finding is entered. No Adverse Action is reported, because none is imposed. The Coordinated Database contains no indicator that a matter bearing on public protection was left unresolved, and it continues to display the individual as eligible to practice across the Member States. The individual may then seek licensure in another Member State, and the receiving State sees a clean record.

2. Federal law already treats this conduct as a reportable disciplinary event

This is not a novel judgment by the Commission. Congress addressed it in 1987 in Section 1921 of the Social Security Act, which extended national reporting to sanctions imposed by State licensing authorities against health care practitioners generally rather than physicians and dentists alone, and again in the Omnibus Budget Reconciliation Act of 1990, which added reporting of any negative action or finding. The implementing regulations at 45 C.F.R. Part 60 were published in January 2010 and took effect in the National Practitioner Data Bank in March 2010.

Under 45 C.F.R. §60.9(a)(2), a State licensing authority must report the dismissal or closure of a formal proceeding by reason of the practitioner surrendering the license or leaving the State or jurisdiction. Federal guidance draws the line in both directions, and draws it in the same place these Rules draw it. A surrender made while under investigation, made in return for the authority declining to investigate, or made in lieu of disciplinary action, is reportable. A relinquishment for personal reasons such as retirement or illness, where no action or investigation is in progress, is not reportable.

The federal test is objective. It asks whether an investigation was pending when the license was surrendered. It does not ask why the individual acted, does not require the licensing authority to establish an intent to evade discipline, and does not turn on how the individual characterizes the decision. Federal guidance further provides that an investigation remains ongoing until the authority's decision-making body takes final action or formally closes the matter, and that the term is not controlled by how an individual authority may define it.

3. The Rule mirrors the federal standard rather than creating a new one

Rule 4.8 adopts the federal test rather than composing a Compact-specific one. The definitions of Relinquishment While Under Investigation and Unresolved Investigation are drawn to correspond to 45 C.F.R. §60.9, including the federal treatment of when an investigation is ongoing and the exclusion of routine review.

The practical consequence is that a Member State performs one analysis and satisfies two obligations. A State that has determined a surrender is reportable to the National Practitioner Data Bank has, in making that determination, identified a Relinquishment While Under Investigation under these Rules. The Rule imposes no separate investigative burden, creates no second definition for States to reconcile, and asks State officials to apply a standard they are already required to apply.

It also brings the Compact record into agreement with the national disciplinary record. Without this Rule, a Member State may be federally obligated to report a surrender to the National Practitioner Data Bank while the Coordinated Database simultaneously displays the same individual as eligible to practice in every Member State on the strength of the surrendered License. The Commission should not maintain a record that contradicts, on the same facts, a report federal law required the State to file.

4. The Privilege to Practice is the Commission's instrument and its responsibility

The Privilege to Practice is created by the Compact. Section 2.K defines it as an individual's authority to deliver emergency medical services in Remote States as authorized under the Compact. No State issues it, no State licensure record establishes it, and it has no existence outside the Compact. Rule 11.0(B)(3) identifies Privilege to Practice status and history as Compact data owned by the Commission. Section 11.B(5) of the Compact requires the coordinated database to carry an indicator that an individual's Privilege to Practice is restricted, and Section 11.B(8) extends the uniform data set to other information the Commission determines will facilitate administration of the Compact. Section 10.D(1) authorizes the Commission to promulgate uniform rules having the force of law in all Member States.

Determining the status of the Privilege to Practice is therefore the Commission administering its own instrument, and doing so is the Commission's responsibility rather than an intrusion on State authority. Rule 4.8 does not restrict, suspend, or revoke a License issued by any State. It does not direct a State EMS Authority to open, continue, or resolve an investigation. It does not displace the Home State's exclusive power over its own License under Section 8.A of the Compact, which Rule 4.9(I) preserves expressly. The Rule determines the status of the interstate authorization the Commission is responsible for, on facts the Home State reports, under a standard federal law already requires the Home State to apply.

5. The restriction takes effect on determination

Rule 4.8(B)(2) provides that where the Commission determines from data in the Coordinated Database that a License subject to an Unresolved Investigation has expired or been relinquished, the Global Privilege to Practice Status is set to Restricted effective upon that determination, and does not await the Home State's report.

A sequence in which the Commission detected the condition, notified the Home State, and then waited two business days for confirmation would leave the individual displayed as eligible to practice in every Member State during precisely the interval this Rule exists to close. The detection-to-confirmation window would be the gap, not the remedy.

The Home State's report then confirms the restriction or, where the State determines the conditions were not satisfied, corrects it under Rule 4.8(C), upon which the Commission redetermines the status and issues a corrected Speed Memo. Correction is prompt and fully available. Continued display of eligibility during the interval is not recoverable once an individual has practiced in reliance on it.

6. Notice is directed to the States positioned to act on it

A notice is effective when it reaches the officials positioned to act on it. A Speed Memo concerning an EMS Clinician carries operational significance for the Member States in which the individual is Licensed, holds or has sought recognition, or is known to be practicing, and for any Member State that has submitted Significant Investigatory Information concerning the individual. For every other Member State the same memo carries no action item, and a distribution model delivering every memo to every State asks state officials to separate the notices concerning their jurisdiction from the many that do not. Directed distribution preserves the signal value of each memo: when a Member State receives a Speed Memo, it concerns an individual who is, or intends to be, operational in that State.

Rule 4.8(D)(1) therefore directs the Speed Memo to the Member States positioned to act on it: those in which the EMS Clinician holds a License, holds or has sought recognition, or is known to be practicing, and those that have submitted Significant Investigatory Information concerning the individual.

This changes who receives an alert. It does not change who is bound. Submission of the restriction to the Coordinated Database constitutes notice to every Member State under Rule 2.18, the restriction is effective in every Member State under Rule 4.8(B)(4), and the status is visible to every Member State on query. Directing the memo makes the alert meaningful to the States that will act on it without narrowing the legal effect of the restriction.

7. Rule 4.9 states determination logic the Commission already applies

Rule 4.9 states the logic by which the Commission derives a single, clinician-level Privilege to Practice status from the statuses reported by Member States. Rule 4.1 and Rule 11.3(E) require the inputs, and Rule 4.0(G) conditions Remote State recognition on the resulting status, but no Rule states how the Commission moves from one to the other. That logic determines whether an individual may lawfully practice across the Member States and should appear in the Rules rather than in specification alone.

Rule 4.9 also resolves an inconsistency in the adopted text, under which Rule 4.1(A), Rule 4.0(G), and Rule 4.7(B) each use a different vocabulary for the same field. It establishes the values a Member State reports, the values the Commission publishes, and the relationship between them.

8. The affirmative-evidence standard reaches only the Licenses the criteria govern

Rule 4.9(D)(3) provides that where a required record is absent or unreported, a License is classified as Provisional rather than Qualified. That standard is necessary, because a criterion satisfied by a record that was never submitted cannot be presumed satisfied. Stated without a scope limit, however, it would do substantial damage.

Section 3.C(1) of the Compact conditions membership on a State requiring the National Registry of EMTs examination for initial licensure going forward, and Rule 4.7(A)(3) recognizes as Qualified any License issued on or before the date the issuing State joined the Compact, regardless of certification status. A substantial share of the licensed EMS workforce in every Member State holds a License of that kind. For those clinicians no record of National Registry certification at initial application exists, and none could exist. An affirmative-evidence standard applied without limit would therefore classify that entire population as Provisional, reversing by operation of a determination rule the grandfathering the Compact and the Rules expressly provide.

Rule 4.9(D)(3) accordingly states the scope of each criterion on its face, and the two criteria do not share a trigger. The National Registry requirement reaches only an initial License issued after the issuing Member State’s Member State Compact Date. The biometric criminal history requirement reaches only an initial License issued after March 15, 2025, which is a fixed date applying uniformly and is not determined by any State’s date of membership. Where a criterion does not reach a License, the absence of a record is not a deficiency and does not classify the License as Provisional.

The definition at Rule 2.17 supplies the single operative date the grandfather test requires, and conforming amendments 3, 4, and 6 replace the phrase “joined the Compact” in Rule 4.7 with that defined term. Conforming amendment 10 adds the date of initial licensure to the Uniform Data Set, without which the Commission cannot determine from reported data whether a License precedes the Member State Compact Date. Where that date has not yet been reported, Rule 4.9(D)(3)(c) treats the License as issued on or before the Member State Compact Date until it is reported. The presumption operates only within the qualification analysis and never within the

restriction analysis, so no restriction is weakened by a reporting gap, and no clinician loses status because a State has not yet reported a date.

9. Two governing principles, and the distinction between Inactive and Restricted

Two principles govern the determination and are stated expressly. A matter bearing on public protection attaches to the individual and restricts that individual in every Member State, consistent with Sections 4.E, 4.F, and 8.B of the Compact. A License that fails to qualify affects only itself and never reduces a status supported by another License.

The Rule states plainly that Inactive and Restricted are distinct. The absence of a qualifying License ends the Privilege to Practice as a status change and is not a sanction, carries no restriction indicator, alert, or Speed Memo, and is not reportable to the National Practitioner Data Bank. It is equally not to be read as permitting practice to continue. The clinician who retires and the clinician who surrenders a License under investigation must not produce the same record.

SECTION 2. DEFINITIONS

Section 2 is renumbered in strict alphabetical order. Eleven definitions are added at their alphabetical positions, two adopted definitions are relocated to their correct alphabetical positions, and the remaining adopted definitions are renumbered without change to their text. The final order of Section 2 follows.

2.0 Adverse Action *(unchanged)*

2.1 Commission *(unchanged)*

2.2 Commissioner *(unchanged)*

2.3 Compact *(unchanged)*

2.4 Compact Data Participation Agreement *(unchanged)*

2.5 Conditions of Practice *(moved from 2.7)*

2.6 Conviction *(renumbered from 2.5)*

2.7 Conviction Requiring Review *(renumbered from 2.6)*

2.8 Coordinated Database *(unchanged)*

2.9 Coordinated Database Administrator *(unchanged)*

2.10 EMS Agency *(unchanged)*

2.11 EMS Clinician *(unchanged)*

2.12 Felony *(unchanged)*

2.13 Global Privilege to Practice Status *(new)*

2.14 License *(renumbered from 2.13)*

2.15 License Endorsement *(renumbered from 2.14)*

2.16 Member State *(renumbered from 2.15)*

2.17 Member State Compact Date *(new)*

2.18 Moral Turpitude *(renumbered from 2.16)*

2.19 National EMS ID number *(renumbered from 2.17)*

2.20 Non-Disciplinary Relinquishment *(new)*

2.21 Non-Member State *(moved from 2.19)*

2.22 Notify the Commission *(renumbered from 2.18)*

2.23 Personally Identifiable Information (PII) *(renumbered from 2.20)*

2.24 Privilege to Practice *(renumbered from 2.21)*

2.25 Provisional Privilege to Practice *(renumbered from 2.22)*

2.26 Recognition Set *(new)*

2.27 Relinquishment *(new)*

2.28 Relinquishment While Under Investigation *(new)*

2.29 Remote State Appropriate Authority *(renumbered from 2.23)*

2.30 Reprimand-Class Adverse Action *(new)*

2.31 Restriction-Class Adverse Action *(new)*

2.32 Rule *(renumbered from 2.24)*

2.33 Scope of Practice *(renumbered from 2.25)*

2.34 Serious Misdemeanor *(renumbered from 2.26)*

2.35 Speed Memo *(new)*

2.36 State *(renumbered from 2.27)*

2.37 State EMS Authority *(renumbered from 2.28)*

2.38 State Privilege to Practice Status *(new)*

2.39 Subject *(renumbered from 2.29)*

2.40 Uniform Data Set *(renumbered from 2.30)*

2.41 Unresolved Investigation *(new)*

The text of the eleven new definitions:

2.13 "Global Privilege to Practice Status"means: the single, clinician-level Privilege to Practice status determined by the Commission under Rule 4.9 from all State Privilege to Practice Statuses, License data, and Adverse Action data reported for an EMS Clinician. Global Privilege to Practice Status is Compact data under Rule 11.0(B)(3) and is the status referenced in Rule 4.0(G).

2.17 "Member State Compact Date"means: with respect to a Member State, the date on which that Member State's enacted Compact law took effect and the Member State was admitted to the Compact under Rule 10.2(A)(2). For a Member State admitted before the effective date of this Rule, the Member State Compact Date is the date recorded by the Commission as that Member State's date of Compact membership. The Commission shall publish the Member State Compact Date for each Member State.

2.20 "Non-Disciplinary Relinquishment"means: a Relinquishment occurring at a time when no investigation is pending against the EMS Clinician in the relinquishing State and no Significant Investigatory Information regarding the EMS Clinician has been submitted to the Coordinated Database by that State. A Non-Disciplinary Relinquishment includes a Relinquishment for personal reasons, including retirement, career change, illness, or relocation, where no investigation is in progress. A Non-Disciplinary Relinquishment is not an Adverse Action and is not reportable under Rule 8.1.

2.26 "Recognition Set"means: the Member States that have granted recognition to an EMS Clinician holding a Provisional Global Privilege to Practice Status, under Rule 4.2 or through manual verification under Rule 4.3(A).

2.27 "Relinquishment"means: the voluntary surrender, withdrawal, cancellation, non-renewal, or other voluntary termination of a License by an EMS Clinician, whether or not the State EMS Authority is required to accept or act upon it.

2.28 "Relinquishment While Under Investigation"means: a Relinquishment that occurs while an Unresolved Investigation is pending against the EMS Clinician, or that is accepted by a State EMS Authority in exchange for the State EMS Authority declining to open or continue an investigation. Intent to avoid Adverse Action is not an element and need not be established, consistent with the standard applied under Section 1921 of the Social Security Act and 45 C.F.R. §60.9 for reporting to the National Practitioner Data Bank.

2.30 "Reprimand-Class Adverse Action"means: an Adverse Action that does not limit or remove authority to practice, including a letter of reprimand, a letter of admonition, a censure, and a fine not predicated on a finding bearing on public protection.

2.31 “Restriction-Class Adverse Action”means: an Adverse Action that limits or removes authority to practice, including revocation, suspension, restriction, probation, and any other limitation or encumbrance on an EMS Clinician’s practice, imposed against a License or against a Privilege to Practice.

2.35 “Speed Memo”means: an expedited written notice issued by the Commission communicating a change in an EMS Clinician’s Global Privilege to Practice Status that requires immediate awareness. A Speed Memo is directed to the Member States identified in Rule 4.8(D)(1). Issuance of a Speed Memo is in addition to, and does not limit, the notice to all Member States effected by submission to the Coordinated Database under Rule 2.22.

2.38 “State Privilege to Practice Status”means: the Privilege to Practice status reported by a Member State for an EMS Clinician Licensed by that Member State, submitted to the Coordinated Database under Rules 4.1 and 11.3(E). State Privilege to Practice Status is Member State data under Rule 11.0(B)(1).

2.41 “Unresolved Investigation”means: an investigation by a State EMS Authority that is focused on a specific EMS Clinician and that has not been resolved. An investigation is unresolved until the State EMS Authority’s decision-making authority takes final action or formally closes the investigation. A routine or periodic review that is not focused on a specific EMS Clinician is not an investigation for purposes of these Rules. A matter for which Significant Investigatory Information has been submitted to the Coordinated Database and for which no final disposition has been reported is an Unresolved Investigation. The term as used in these Rules is consistent with the standard applied under 45 C.F.R. §60.9 and is not controlled by the manner in which a State EMS Authority may otherwise define it.

SECTION 4. PRIVILEGE TO PRACTICE — NEW RULE 4.8

4.8 License Expiration or Relinquishment During an Unresolved Investigation

(A) Applicability.

(1) This Rule applies when either of the following occurs while an Unresolved Investigation by the Home State is pending against the EMS Clinician:

(a) the EMS Clinician’s Home State License expires, lapses, or becomes inactive; or

(b) the EMS Clinician submits, or the Home State accepts, a Relinquishment.

(2) Non-Disciplinary Relinquishment. This Rule does not apply to a Non-Disciplinary Relinquishment.

(a) Upon a Non-Disciplinary Relinquishment, the Home State shall report the License status for the relinquished License as inactive under Rule 11.3(B)(6) within ten (10) business days. The change is recorded against the individual License record only.

(b) No Speed Memo shall issue, no alert shall be generated, and no indicator of restriction shall appear in the Coordinated Database.

(c) The EMS Clinician's Global Privilege to Practice Status shall be determined under Rule 4.9. Where the EMS Clinician holds a current unrestricted Qualified License issued by any other Member State, the Global Privilege to Practice Status remains Active. Where the relinquished License was the EMS Clinician's only Qualified License, the Global Privilege to Practice Status is Inactive under Rule 4.9(E)(4).

(3) The determination under this Rule is made by reference to the status of any investigation at the time the License expired or the Relinquishment was submitted. The EMS Clinician's stated reason for the Relinquishment is not determinative.

(B) Restriction of the Privilege to Practice.

(1) The investigating Home State shall report a State Privilege to Practice Status of Restricted under Rules 4.1 and 11.3(E) as soon as possible, but no later than two (2) business days after the expiration, lapse, or Relinquishment. The Commission shall determine the Global Privilege to Practice Status as Restricted under Rule 4.9(C)(1)(c).

(2) Where the Commission determines from data submitted to the Coordinated Database that the conditions of subsection (A)(1) are satisfied and no State Privilege to Practice Status of Restricted has been reported, the Commission shall set the Global Privilege to Practice Status to Restricted under Rule 4.9(C)(1)(c), effective upon that determination. The restriction does not await the Home State's report. The Commission shall notify the Home State, and the Home State shall report the State Privilege to Practice Status within two (2) business days, confirming the restriction or, where the Home State determines the conditions of subsection (A)(1) are not satisfied, correcting the record under subsection (C).

(3) The restriction under this Rule is a status determination reflecting that the EMS Clinician no longer satisfies Section 4.B(2) of the Compact and Rule 4.0(C) while a matter bearing on public protection remains unresolved. It is not an Adverse Action imposed by the Commission and does not limit the authority of any Member State under Section 8 of the Compact.

(4) Scope. The restriction applies to the EMS Clinician's Global Privilege to Practice Status in every Member State, consistent with Rule 4.0(D) and Sections 4.E and 4.F of the Compact. A restriction under this Rule is not limited to the Member State in which the License expired or was relinquished, and is not lifted by the EMS Clinician's continued licensure in any other Member State. An unresolved matter bearing on public protection attaches to the EMS Clinician and not to a single License.

(5) National Practitioner Data Bank. A Relinquishment While Under Investigation is reportable by the Home State to the National Practitioner Data Bank under Section

1921 of the Social Security Act and 45 C.F.R. §60.9(a)(2). Nothing in these Rules creates, modifies, or limits that obligation, and nothing in these Rules is a substitute for it. The Home State shall report the fact of submission to the Coordinated Database under Rule 11.3(D).

(C) Home State Correction. If the Home State determines that a Relinquishment reported under this Rule was in fact a Non-Disciplinary Relinquishment, the Home State shall correct the record under Rule 11.1(E). Upon correction, the Commission shall redetermine the Global Privilege to Practice Status under Rule 4.9 and issue a corrected Speed Memo to all Member States.

(D) Notification.

(1) The Commission shall issue a Speed Memo no later than one (1) business day after the Global Privilege to Practice Status is set to Restricted under this Rule. The Speed Memo shall be directed to each Member State in which the EMS Clinician holds a License, holds or has sought recognition under Rule 4.2 or Rule 4.3(A), or is known to the Commission to be practicing; to each Member State that has submitted Significant Investigatory Information concerning the EMS Clinician; and to the Commission. Submission of the restriction to the Coordinated Database constitutes notice to all Member States under Rule 2.22, and the restriction is effective in every Member State without regard to the Member States to which the Speed Memo is directed.

(2) The Commission shall generate an alert to the Home State Commissioner and authorized delegate users identifying the EMS Clinician, the effective date of the restriction, and the basis for the restriction.

(3) The Home State shall notify the EMS Clinician in writing that the individual's Remote State Privilege to Practice is restricted.

(E) Home State Reclassification to Provisional.

(1) The investigating Home State may reclassify its State Privilege to Practice Status so that the Global Privilege to Practice Status is determined as Provisional under Rule 4.9(E)(1). The Home State shall not report a status that would result in a Global Privilege to Practice Status of Active while the Unresolved Investigation remains pending.

(2) Reclassification under this subsection requires written justification submitted to the Commission by the responsible official of the Home State EMS Authority or that official's designee. The written justification shall include:

(a) identification of the EMS Clinician and the matter under investigation; and

(b) a statement of the current status of the investigation; and

(c) the Home State's basis for determining that reclassification is consistent with public protection; and

(d) any conditions or limitations the Home State places on the Provisional Privilege to Practice.

(3) The written justification shall be submitted through and retained in the Coordinated Database, recorded on the EMS Clinician's record and in the case history for the matter. It shall be treated as non-public investigatory material and is exempt from public inspection or disclosure under Rule 11.4(A)(1)(c) and (d) and Rule 11.4(A)(2)(g).

(4) A Provisional Global Privilege to Practice Status resulting from reclassification under this subsection is not automatically recognized by any Remote State. The EMS Clinician must obtain recognition from each Remote State under Rule 4.2 and Rule 4.7(B)(3), and the status is effective only in the Recognition Set under Rule 4.9(F).

(5) Reclassification under this subsection is not conditioned on the EMS Clinician holding a current License issued by a Member State. Where the EMS Clinician holds no such License, the reclassification shall be recorded, and the Global Privilege to Practice Status shall be Provisional with an empty Recognition Set under Rules 4.9(E)(1) and 4.9(F)(4). No Member State shall grant recognition under Rule 4.2 until the EMS Clinician holds a current License issued by a Member State. Upon such licensure, the reclassification is operative without further action by the Home State.

(F) Closure of the Investigation.

(1) If the Unresolved Investigation concludes with imposition of an Adverse Action, Rules 8.1 and 4.1(B) govern.

(2) If the Unresolved Investigation concludes without imposition of an Adverse Action, the Home State shall report the final disposition to the Coordinated Database as soon as possible, but no later than two (2) business days after disposition, and the Global Privilege to Practice Status shall be redetermined under Rule 4.9.

(3) Closure of the investigation does not, standing alone, restore the Privilege to Practice. An EMS Clinician who holds no current Qualified License issued by a Member State is ineligible for the Privilege to Practice under Rule 4.7(D)(3).

(G) Multiple Home States.

(1) Where an EMS Clinician is Licensed in more than one Member State, the Member State conducting the investigation identified under Rule 8.0(B) is the Home State for purposes of this Rule.

(2) Only that Member State may reclassify the status under subsection (E).

(3) A Member State other than the investigating Home State shall not modify or remove a restriction imposed under this Rule, and shall not report a State Privilege to Practice Status inconsistent with that restriction, notwithstanding that the EMS Clinician holds a current License issued by that Member State.

(4) The investigating Home State shall notify each other Member State in which the EMS Clinician is Licensed at the time the restriction is imposed. Notification through the Coordinated Database satisfies this paragraph under Rule 2.22.

SECTION 4. PRIVILEGE TO PRACTICE — NEW RULE 4.9

4.9 Determination of Global Privilege to Practice Status

(A) Commission Determination and Ownership. The Commission shall determine the Global Privilege to Practice Status for each EMS Clinician from the State Privilege to Practice Statuses, License data, and Adverse Action data reported by Member States, and from determinations made by the Commission under Rule 4.8. The Global Privilege to Practice Status is Compact data owned by the Commission under Rule 11.0(B)(3). The Commission shall not modify a State Privilege to Practice Status or any other Member State data, consistent with Rule 11.1(E).

(B) Governing Principles. The determination shall be made by applying the following principles in the order stated:

(1) Restriction of the individual. An unresolved matter bearing on public protection restricts the EMS Clinician in every Member State, without regard to the Member State that acted, the License or privilege against which it acted, or any other License held by the EMS Clinician. This paragraph gives effect to Sections 4.E, 4.F, and 8.B of the Compact. No fact other than a matter bearing on public protection shall be evaluated under subsection (C), without regard to whether that fact applies to the EMS Clinician generally rather than to a single License.

(2) Qualification of the License. Each License is evaluated independently. The failure of a License to qualify shall not reduce the Global Privilege to Practice Status otherwise supported by any other License. An EMS Clinician’s status rests on the most favorable qualifying basis available.

(3) Restriction analysis under subsection (C) shall be completed before qualification analysis under subsection (D).

(C) Restriction Analysis.

(1) The Global Privilege to Practice Status shall be Restricted where any of the following is in force as of the evaluation date:

(a) a Restriction-Class Adverse Action against any License or any Privilege to Practice, imposed by a Home State or a Remote State, without regard to the Member State that

imposed it or the License or privilege against which it was imposed;

(b) a License issued by any Member State carrying a reported License status of restricted or suspended, whether or not an Adverse Action record accompanies it, until the issuing Member State restores the License; or

(c) a restriction imposed under Rule 4.8.

(2) Reprimand-Class Adverse Actions. A Reprimand-Class Adverse Action shall be recorded and reported as required by Rule 8.1 and shall not restrict the Global Privilege to Practice Status.

(3) Stays. An Adverse Action that has been stayed shall have no effect under this subsection while the stay is in force. The filing or pendency of an appeal does not stay an Adverse Action.

(4) Single-jurisdiction authorization. A recognition granted by a Member State under Rule 4.2 during a restriction is effective in that Member State only, does not alter the Global Privilege to Practice Status, and is effective only while the EMS Clinician holds at least one current unrestricted License issued by a Member State.

(5) Non-Member State and Third-Party Data. Data reported by a Non-Member State, and Third-Party Data under Rule 11.0(B)(4), shall not restrict the Global Privilege to Practice Status.

(D) Qualification Analysis. Where no restriction is in force under subsection (C), each License held by the EMS Clinician shall be classified as Qualified, Provisional, or Non-Qualified under Rule 4.7. The following apply:

(1) Compact eligibility requirements. A License supports the Privilege to Practice only where the requirements of Section 4.B of the Compact are satisfied.

(a) Age. The EMS Clinician must be at least 18 years of age as of the evaluation date. A License issued by a Member State to an individual under 18 years of age remains valid under the law of the issuing Member State and is not affected by this Rule. Such a License is not a qualifying basis for the Privilege to Practice until the individual's eighteenth birthday.

(b) Effect and automatic commencement. Where the only bar to qualification is age, the Global Privilege to Practice Status shall be Inactive. The status shall not be Restricted, and no Adverse Action, restriction indicator, alert, or Speed Memo shall be recorded or issued. Eligibility commences automatically on the individual's eighteenth birthday. No action, notice, or resubmission by the issuing Member State or the EMS Clinician is required.

(c) License level. The License must be issued at the level of Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic, or at a level

recognized and Licensed by the issuing Member State with a scope of practice and authority between Emergency Medical Technician and Paramedic. A License at a level between Emergency Medical Technician and Paramedic qualifies according to the Member State's declaration filed under Rule 11.1(F).

(d) A License failing subparagraph (a) or (c) is Non-Qualified and is not eligible for Provisional classification under Rule 4.7(B).

(2) Currency. A License that is expired, lapsed, inactive, surrendered, relinquished, or denied is Non-Qualified and is not eligible for Provisional classification.

(3) Affirmative evidence standard. Subparagraphs (a) and (b) apply only within the scope stated in each. Where a criterion does not apply to a License, the absence of a record relating to that criterion shall not classify the License as Provisional.

(a) National Registry of EMTs certification. This subparagraph applies only to an initial License issued by a Member State after that Member State's Member State Compact Date. For such a License, the absence of an affirmative record of valid National Registry of EMTs certification at the time of initial License application shall classify the License as Provisional under Rule 4.7(B)(1)(i), and an unknown or unreported value is treated as absent. A License issued on or before the Member State Compact Date of the issuing Member State is Qualified under Rule 4.7(A)(3) without regard to National Registry of EMTs certification status, and the absence of a certification record shall not classify it as Provisional.

(b) Biometric criminal history check. This subparagraph applies only to an initial License issued after March 15, 2025, which is a fixed date and is not determined by the Member State Compact Date of any Member State. For such a License, the absence of an affirmative record of a reviewed biometric criminal history check compliant with the requirements of the Federal Bureau of Investigation shall classify the License as Provisional under Rule 4.7(B)(1)(ii), and an unknown or unreported value is treated as absent. The exception for federal employees holding a suitability determination applies as provided in Rule 4.7(A)(5).

(c) Transition. Where the date of initial licensure for a License has not been reported under Rule 11.3(B)(7), the License shall be treated as issued on or before the Member State Compact Date of the issuing Member State until the date of initial licensure is reported. This subparagraph does not affect the restriction analysis under subsection (C).

(4) Positive finding standard. For the criterion at Rule 4.7(B)(1)(iii), only a reported Conviction Requiring Review shall classify the License as Provisional. The absence of a record shall not.

(5) Commission directives. A directive issued under Rule 13.1(F)(4) operates at the License level as a Non-Qualified or Provisional classification of Licenses issued by the affected Member State. A directive shall not restrict the Global Privilege to Practice Status of an EMS Clinician whose status is supported by a Qualified License issued by another Member State.

(E) Composition. Where no restriction is in force under subsection (C), the Global Privilege to Practice Status shall be determined as follows:

(1) Provisional following a lifted restriction. Where a restriction previously in force has been lifted, the Global Privilege to Practice Status shall be Provisional until the EMS Clinician has obtained recognition from each Remote State under Rule 4.2(B)(2). Restoration of the Privilege to Practice is not automatic upon the lifting of a restriction.

(2) Active. Where paragraph (1) does not apply and the EMS Clinician holds at least one Qualified License, the Global Privilege to Practice Status shall be Active.

(3) Provisional. Where paragraphs (1) and (2) do not apply and the most favorable classification available to the EMS Clinician is Provisional, the Global Privilege to Practice Status shall be Provisional.

(4) Inactive. Where the EMS Clinician holds no Qualified License and no Provisional License, the Global Privilege to Practice Status shall be Inactive. Inactive reflects the absence of a qualifying basis. It is not an Adverse Action, a restriction, or a sanction, and no Speed Memo, alert, or restriction indicator shall be recorded or issued.

(F) Recognition Set.

(1) A Provisional Global Privilege to Practice Status is effective only in those Member States constituting the Recognition Set.

(2) A Member State granting or withdrawing recognition shall report the grant or withdrawal to the Coordinated Database under Rule 11.3(E) as soon as possible, but no later than two (2) business days.

(3) The Commission shall display the Recognition Set with any Provisional Global Privilege to Practice Status.

(4) A Provisional Global Privilege to Practice Status with an empty Recognition Set confers no authority to practice in any Remote State.

(5) A Member State shall not grant recognition under Rule 4.2 or Rule 4.3(A) to an EMS Clinician who does not hold a current License issued by a Member State.

(G) Evaluation Date and Rule Version. All time-dependent facts, including age, License currency, the validity of a recognition, and the effect of a Commission directive, shall be resolved as of the evaluation date. A determination made for a past date shall apply the Rules in force on that date.

(H) Redetermination. The Commission shall redetermine the Global Privilege to Practice Status upon any change to the data on which the determination rests, including the removal of information required to be expunged under Section 11.E of the Compact.

(I) Effect on Home State Licensure. The Global Privilege to Practice Status governs recognition in Remote States only. It does not restrict, suspend, revoke, or otherwise affect an EMS Clinician's authority to practice in a Member State in which the EMS Clinician holds a current unrestricted License, which remains governed exclusively by the law of that Member State and by Section 8.A of the Compact.

> The Global Privilege to Practice Status reflects the requirements of Sections 4.B(1) and 4.B(2) of the Compact and the conditions stated in these Rules. It does not evidence satisfaction of Section 4.B(3) of the Compact or of Rule 4.0(B), which are conditions of practice verified by the EMS Agency and the Remote State at the time of practice.

(J) Correction. An EMS Clinician who disputes a State Privilege to Practice Status, License status, or Adverse Action record shall be directed to the reporting Member State under Rule 11.1(E). An EMS Clinician who disputes the Commission's application of this Rule to correctly reported inputs may submit the dispute to the Commission.

CONFORMING AMENDMENTS

1. Amend Rule 4.1(A)

Adds the expired and relinquished values and identifies the report as the State Privilege to Practice Status input to Rule 4.9.

> (A) Home States shall notify the Commission of the Privilege to Practice status for each EMS Clinician Licensed by the Home State to the Commission as described in Section 11.3 of these Rules as unrestricted, restricted, suspended, revoked, denied, expired, or relinquished. A status reported under this subsection is the State Privilege to Practice Status and is an input to the Commission's determination of the Global Privilege to Practice Status under Rule 4.9.

2. New Rule 4.1(C)

Creates the reporting trigger that makes Rule 4.8 operable.

> (C) A Home State shall report the expiration, lapse, or Relinquishment of a License subject to an Unresolved Investigation as soon as possible, but no later than two (2) business days after the expiration, lapse, or Relinquishment.

3. Amend Rule 4.7(A)(3)

Replaces the undefined phrase "the date their state joined the Compact" with the defined Member State Compact Date, so the grandfather test has one operative date.

(3) For individuals licensed on or before the Member State Compact Date of the issuing Member State, the license is recognized as qualified, regardless of prior National Registry of EMTs certification status.

4. Amend Rule 4.7(A)(4)

Same substitution, stated for the affirmative requirement.

(4) For initial licenses issued after the Member State Compact Date of the issuing Member State, the EMS Clinician shall have a valid National Registry of EMTs certification at the time of initial license application.

5. Amend Rule 4.7(A)(5)

Corrects the citation to the federal suitability regulation. The adopted text cites US CFR §731.202 without a title number; the correct citation is 5 C.F.R. §731.202. The same defect appears in Model Legislation Section 3.C.4 and is flagged to counsel for the pending Section 3.C(4) revision.

(5) For initial licenses issued after March 15, 2025, the State EMS Authority shall require a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with 5 C.F.R. §731.202.

6. Amend Rule 4.7(B)(1)(i)

States the temporal scope of the Provisional trigger directly rather than by reference to a Member State that had "already joined," which does not identify a date.

(i) The EMS Clinician did not have a valid National Registry of EMTs certification at the time of initial license application, and the initial license was issued after the Member State Compact Date of the issuing Member State;

7. New Rule 4.7(B)(1)(iv)

Adds the Rule 4.8 reclassification as a Provisional trigger.

(iv) The EMS Clinician's Privilege to Practice was restricted under Rule 4.8 and the investigating Home State has reclassified the status under Rule 4.8(E).

8. New Rule 11.1(F)

Supplies the License level mapping that Rule 4.9(D)(1)(c) applies. Filed once by the State rather than repeated on every clinician record.

(F) State Licensure Structure Declaration. Each Member State shall file with the Commission a declaration of its EMS licensure structure, identifying each License level the Member State issues and, for any level other than Emergency Medical Technician,

Advanced Emergency Medical Technician, or Paramedic, whether that level carries a scope of practice and authority between Emergency Medical Technician and Paramedic for purposes of Section 4.B(2) of the Compact. A new Member State shall file the declaration with its implementation plan under Rule 10.3. A Member State shall file an amended declaration within thirty (30) calendar days of any change to its License levels. The Commission shall apply the declaration in classifying Licenses under Rules 4.7 and 4.9.

9. Amend Rule 11.3(B)(2)

Ties the per-clinician License level to the State declaration.

(2) License level, reported consistently with the Member State's declaration under Rule 11.1(F); and

10. New Rule 11.3(B)(7)

Rule 11.3(B) as adopted carries the effective date of the current License but not the date of initial licensure. For a clinician licensed before the Member State Compact Date and renewed since, the current effective date cannot establish grandfather status. Without this element the Commission cannot apply Rule 4.7(A)(3) from reported data.

(7) date of initial licensure by the Member State, as applied under Rules 4.7(A)(3), 4.7(A)(4), and 4.9(D)(3)(a).

11. New Rule 11.3(C)(3)

Carries the unresolved-matter fact into Significant Investigatory Information.

(3) declaration that the subject's License has expired, lapsed, or been relinquished while the investigation remains unresolved.

12. Amend Rule 11.3(E)

Broadens the element beyond States that License the clinician so a Remote State's recognition grant is reportable, and establishes the Recognition Set as a data element.

(E) Privilege to practice status and recognition. The information described in Section 4.1 of these Rules for each EMS Clinician Licensed by the Member State must be reported within one (1) month of the effective date of the Privilege to Practice status. Any changes to the State Privilege to Practice Status must be reported as soon as possible, but no later than two (2) business days of the change being processed by the Member State. A Member State that grants or withdraws recognition of an EMS Clinician holding a Provisional Global Privilege to Practice Status, under Rule 4.2 or through manual verification under Rule 4.3(A), shall report the grant or withdrawal as soon as possible, but no later than two (2) business days, whether or not that Member

State Licenses the EMS Clinician. Reports of recognition under this subsection constitute the Recognition Set published under Rule 4.9(F).

13. Amend Rule 13.1(F)(4)

Conforms the sanction to the qualification-level mechanism the determination applies. As written, suspension is a Restriction-Class action under Rule 4.9(C) and would restrict a clinician nationally for a State's non-compliance, including one holding a good License in a compliant State.

(4) A directive that Licenses issued by the defaulting Member State be classified as Provisional or Non-Qualified under Rule 4.7, applied through the qualification analysis in Rule 4.9(D). A directive under this paragraph shall not restrict the Global Privilege to Practice Status of an EMS Clinician whose status is supported by a Qualified License issued by another Member State; and/or

14. New Rule 14.3

Effective-date and redetermination provision. Supersedes determinations made before adoption rather than ratifying them.

14.3 Redetermination Upon Adoption. On the effective date of Rules 4.8 and 4.9, the Commission shall redetermine the Global Privilege to Practice Status of each EMS Clinician in the Coordinated Database under those Rules. A determination made before that date is superseded by the redetermination and shall not be relied upon as the basis for any Global Privilege to Practice Status thereafter. The Commission shall issue a Speed Memo for each EMS Clinician whose Global Privilege to Practice Status changes upon redetermination and shall notify the Commissioner in each affected Member State.

QUESTIONS REFERRED TO COMPACT COUNSEL

1. Reach of Compact Section 11.E. Whether Section 11.E, which requires removal of information a contributing Member State is subsequently required to expunge, reaches Commission-owned Compact data, specifically the Privilege to Practice status history showing that a restriction existed during a period, or reaches only the Member State submission. Related: whether Speed Memos previously issued in reliance on a later-expunged predicate carry any recall or correction obligation. Note that the corresponding National Practitioner Data Bank report is a federal obligation with its own dispute process, unaffected by state expungement and outside the Commission's control.

2. Model Legislation Section 3.C.4 citation. The Model Legislation cites US CFR §731.202 without a title number; the correct citation is 5 C.F.R. §731.202. Recommended for inclusion in the pending Section 3.C(4) clarifying revision for future

enacting states. The Rules-level instance is corrected by conforming amendment 5 in this package.

3. Classification of the Global Privilege to Practice Status. Rule 4.9(A) states that the Global Privilege to Practice Status is Compact data owned by the Commission under Rule 11.0(B)(3), notwithstanding that it is derived from Member State submissions, which also reads on the definition of Derived Data at Rule 11.0(B)(2). Both categories are Commission-owned, so nothing turns on the classification for ownership, but counsel should confirm whether Rule 11.0(B)(3) warrants a conforming sentence to foreclose argument over which paragraph governs the field.

PROCEDURAL PATH

Referral. Rule 12.0(A) or 12.0(B). Either a Commissioner motion approved by majority vote of a quorum at a Commission meeting, or a majority vote of a standing committee.

Drafting. Rule 12.1. The Rules Committee prepares a draft, circulates it to all Commissioners for review and comment, and prepares a final draft for consideration not later than the next Commission meeting.

Publication. Rule 12.2 and Section 12.D of the Compact. The text and the reason for the proposed Rule are published not later than sixty (60) days before the meeting at which the vote is scheduled, on the Commission website and on the website of each Member State EMS authority. Written comments received are posted upon receipt.

Hearing. Section 12.G of the Compact. A public hearing is required if requested by at least twenty-five (25) persons, a governmental subdivision or agency, or an association having at least twenty-five (25) members. Under Rule 12.4(B), persons wishing to be heard notify the Chairperson in writing not less than five (5) business days before the hearing.

Adoption. Rule 12.0 and Rule 12.4(G). Majority vote of a quorum of the Commissioners, which also sets the effective date.

Effective date. Rule 14.3 as proposed. Redetermination of all records occurs on the effective date, with a Speed Memo issued for each record whose status changes.

Because Rule 12.2 requires publication sixty (60) days before the meeting at which the vote is scheduled, a referral in Q3 2026 places adoption at the Q1 2027 Commission meeting.

NOTE

This is a drafting document prepared for Commissioner review. It is not a Notice of Proposed Rulemaking and has not been referred to the Rules Committee under Rule 12.0, published under

Rule 12.2, or adopted by the Commission. The text is subject to revision by the Rules Committee and to review by Compact counsel.

ATTACHMENT — PROPOSED REVISION OF THE ADMINISTRATIVE RULES, JULY 2026 (CARRIED OVER TO Q1 2027; TEXT MAY BE REVISED BEFORE NOTICE).

Originally Drafted: March 2, 2023
Amended: February 19, 2025; June 5, 2024, November 5, 2025
Effective: February 19, 2025
Authority: REPLICA Legislation, Section 10: Establishment of an Interstate Commission for EMS Personnel Practice, Section 12: Rulemaking

ADOPTED BY THE COMMISSION: NOVEMBER 5, 2025

EFFECTIVE: DECEMBER 1, 2025

SECTION 1. Purpose and Authority

These Rules are promulgated by the Interstate Commission for Emergency Medical Services Personnel Practice pursuant to the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA). These Rules shall become effective upon adoption by the Commission. Nothing in the compact or these Rules authorizes an individual to practice in a non-Member State.

SECTION 2. Definitions

For the purposes of the Rules adopted by the Interstate Commission for Emergency Medical Services Personnel Practice, the following definitions shall apply. Terms not specifically defined in these Rules shall have the definitions as set forth in the Compact.

2.0 "**Adverse Action"** means: any administrative, civil, equitable or criminal action permitted by a State's laws which may be imposed against licensed EMS personnel by a State EMS Authority or State court, including, but not limited to, actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions and State court judgments enforcing adverse actions by the State EMS Authority.

2.1 "Commission" means: the national administrative body of which all States that have enacted the Compact are members.

2.2 "Commissioner" means: the appointed delegate from each State as described in Section 10.B.1. of the Compact.

2.3 "Compact," hereinafter "the Compact" means: The Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA) as enacted by a Member State.

2.4 “Compact Data Participation Agreement” means: the agreement established between the Commission and the Coordinated Database Administrator.

2.5 “Conditions of Practice” means: the circumstances under which an EMS Clinician is authorized to practice in a Remote State under a privilege to practice.

2.6 “Conviction” means: a finding by a court of competent jurisdiction that an individual is guilty of a criminal offense through adjudication, or the entry of a plea of guilty or nolo contendere (no contest). Conviction also includes a finding of guilt for a Serious Offense under the Uniform Code of Military Justice (UCMJ).

2.7 “Conviction Requiring Review” 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.

2.8 “Coordinated Database” also referred to as the National EMS Coordinated Database (NEMSCD) means: the information system and consolidated data established and maintained by the Commission as set forth in the Compact. The Coordinated Database collects, maintains, analyzes, reports, and shares authorized information on EMS personnel licensure, certification, privilege to practice, investigations, enforcement, and disciplinary information.

2.9 “Coordinated Database Administrator” means: the contractor, person or employee named by the Commission to provide oversight and management of the Coordinated Database.

2.10 “EMS Agency” means: an organization that is authorized by a State EMS Authority to operate an ambulance service, or non-transport service.

2.11 “EMS Clinician” means: an individual Licensed by a jurisdiction in the United States as an Emergency Medical Technician (EMT), Advanced-EMT (AEMT), Paramedic, or a level in between EMT and Paramedic.

2.12 “Felony” 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.

2.13 “Global Privilege to Practice Status”means: the single, clinician-level Privilege to Practice status determined by the Commission under Rule 4.9 from all State Privilege to Practice Statuses, License data, and Adverse Action data reported for an EMS Clinician. Global Privilege to Practice Status is Compact data under Rule 11.0(B)(3) and is the status referenced in Rule 4.0(G).

2.14 “License” means: the authorization by a State for an individual to practice as an EMT, AEMT, Paramedic, or a level in between EMT and Paramedic.

2.15 “License Endorsement” means an authorization by the State EMS Authority to permit the EMS Clinician to perform additional skills or interventions as a supplement to the EMS Clinician’s Scope of Practice.

2.16 “Member State” means: a State that has enacted the Compact.

2.17 “Member State Compact Date”means: with respect to a Member State, the date on which that Member State’s enacted Compact law took effect and the Member State was admitted to the Compact under Rule 10.2(A)(2). For a Member State admitted before the effective date of this Rule, the Member State Compact Date is the date recorded by the Commission as that Member State’s date of Compact membership. The Commission shall publish the Member State Compact Date for each Member State.

2.18 “Moral Turpitude” means: an act involving baseness, vileness, or depravity in private or social duties that one owes to others or to society, contrary to accepted moral standards, regardless of whether it directly involves EMS practice.

2.19 “National EMS ID number” means: a randomly generated, unique 12-digit identification number issued by the National Registry of EMTs.

2.20 “Non-Disciplinary Relinquishment”means: a Relinquishment occurring at a time when no investigation is pending against the EMS Clinician in the relinquishing State and no Significant Investigatory Information regarding the EMS Clinician has been submitted to the Coordinated Database by that State. A Non-Disciplinary Relinquishment includes a Relinquishment for personal reasons, including retirement, career change, illness, or relocation, where no investigation is in progress. A Non-Disciplinary Relinquishment is not an Adverse Action and is not reportable under Rule 8.1.

2.21 “Non-Member State” means: a State, territory or jurisdiction of the United States that has not enacted the Compact.

2.22 “Notify the Commission” means: communication whether written, verbal or through submission of information through the Coordinated Database. For the purposes of these Rules, submission of information to the Coordinated Database shall be deemed to have satisfied any requirements under the Compact to a Home State or Member State. Nothing in the Commission Rules shall be construed as prohibiting the sharing of information directly between Member States, assuming all other requirements for submission to the Coordinated Database are satisfied.

2.23 “Personally Identifiable Information” (PII) means: any representation of information that permits the identity of an individual to whom the information applies to be reasonably inferred by either direct or indirect means. Further, PII is defined as information: (i) that directly identifies an individual (e.g., legal name, address, social security number or other identifying number or code, telephone number, email address, etc.) or (ii) by which an agency intends to identify specific individuals in conjunction with other data elements, i.e., indirect identification. (These data elements may include a combination of gender, race, birth date, geographic indicator, and other descriptors). Additionally, information permitting the physical or online contacting of a specific individual is the same as personally identifiable information. This information can be maintained in either paper, electronic or other media.

2.24 “Privilege to Practice” means: an individual’s authority to deliver emergency medical services in Remote States as authorized under this compact.

2.25 “Provisional Privilege to Practice” 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 as outlined in Rule 4.2.

2.26 “Recognition Set”means: the Member States that have granted recognition to an EMS Clinician holding a Provisional Global Privilege to Practice Status, under Rule 4.2 or through manual verification under Rule 4.3(A).

2.27 “Relinquishment”means: the voluntary surrender, withdrawal, cancellation, non-renewal, or other voluntary termination of a License by an EMS Clinician, whether or not the State EMS Authority is required to accept or act upon it.

2.28 “Relinquishment While Under Investigation”means: a Relinquishment that occurs while an Unresolved Investigation is pending against the EMS Clinician, or that is accepted by a State EMS Authority in exchange for the State EMS Authority declining to open or continue an investigation. Intent to avoid Adverse Action is not an element and need not be established, consistent with the standard applied under Section 1921 of the Social Security Act and 45 C.F.R. §60.9 for reporting to the National Practitioner Data Bank.

2.29 “Remote State Appropriate Authority” means: the State EMS Authority, the Physician EMS Medical Director, or the EMS Agency.

2.30 “Reprimand-Class Adverse Action”means: an Adverse Action that does not limit or remove authority to practice, including a letter of reprimand, a letter of admonition, a censure, and a fine not predicated on a finding bearing on public protection.

2.31 “Restriction-Class Adverse Action”means: an Adverse Action that limits or removes authority to practice, including revocation, suspension, restriction, probation, and any other limitation or encumbrance on an EMS Clinician’s practice, imposed against a License or against a Privilege to Practice.

2.32 “Rule” means: a written Statement by the Commission promulgated pursuant to Section 12 of the Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Member State and includes the amendment, repeal, or suspension of an existing Rule.

2.33 “Scope of Practice” means: defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it tends to represent the limits of services an individual may perform.

2.34 “Serious Misdemeanor” 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.

2.35 “Speed Memo”means: an expedited written notice issued by the Commission communicating a change in an EMS Clinician’s Global Privilege to Practice Status that requires immediate awareness. A Speed Memo is directed to the Member States identified in Rule 4.8(D)(1). Issuance of a Speed Memo is in addition to, and does not limit, the notice to all Member States effected by submission to the Coordinated Database under Rule 2.22.

2.36 “State” means: any State, commonwealth, district, or territory of the United States.

2.37 “State EMS Authority” means: the board, office, or other agency with the legislative mandate to License EMS personnel.

2.38 “State Privilege to Practice Status”means: the Privilege to Practice status reported by a Member State for an EMS Clinician Licensed by that Member State, submitted to the Coordinated Database under Rules 4.1 and 11.3(E). State Privilege to Practice Status is Member State data under Rule 11.0(B)(1).

2.39 “Subject” means: an individual who is under investigation by a State EMS Authority for alleged misconduct.

2.40 “Uniform Data Set” means: a standardized set of information that Member States must submit to the Coordinated Database, as defined in Section 11.3 of these Rules.

2.41 “Unresolved Investigation”means: an investigation by a State EMS Authority that is focused on a specific EMS Clinician and that has not been resolved. An investigation is unresolved until the State EMS Authority’s decision-making authority takes final action or formally closes the investigation. A routine or periodic review that is not focused on a specific EMS Clinician is not an investigation for purposes of these Rules. A matter for which Significant Investigatory Information has been submitted to the Coordinated Database and for which no final disposition has been reported is an Unresolved Investigation. The term as used in these Rules is consistent with the standard applied under 45 C.F.R. §60.9 and is not controlled by the manner in which a State EMS Authority may otherwise define it.

SECTION 3. Not Used

SECTION 4. Privilege to Practice

4.0 Recognition of privilege to practice. A Remote State shall recognize the Privilege to Practice of an EMS Clinician who is Licensed in another Member State, provided that the following conditions are satisfied:

> (A) The Home State complies with Section 3 of the Compact model legislation and Section 11 of these Rules; and

(B) the EMS Clinician is performing EMS duties that are assigned by an EMS agency that is authorized in the Remote State (for purposes of this section, such duties shall include the individual's travel to, from and between the location(s) in the Remote State at which the individual's assigned EMS duties are to be performed); and

(C) the EMS Clinician has an unrestricted License issued by the Home State; and

(D) the EMS Clinician's Privilege to Practice has not been restricted or revoked by any Member State (except as provided in section 4.2 of these Rules); and

(E) the EMS Clinician Adheres to the published Professional Code of Conduct, as Stated in 4.6; and

(F) the EMS Clinician's Home State License status is visible in the Coordinated Database when queried by the EMS ID Number; and

(G) the EMS Clinician's Privilege to Practice status in the Coordinated Database is set to 'Yes' or 'Active'.

4.1 Notification of Privilege to Practice status

(A) Home States shall notify the Commission of the Privilege to Practice status for each EMS Clinician Licensed by the Home State to the Commission as described in Section 11.3 of these Rules as unrestricted, restricted, suspended, revoked, denied, expired, or relinquished. A status reported under this subsection is the State Privilege to Practice Status and is an input to the Commission's determination of the Global Privilege to Practice Status under Rule 4.9.

(B) When a Home State restricts, suspends, or revokes an individual's License, the Home State shall notify the Commission of the individual's eligibility to request restoration of the Privilege to Practice on the adverse action order as:

(1) Eligible for Privilege to Practice restoration. The Home State EMS authority where the action was taken authorizes the individual to request reinstatement of the Privilege to Practice in Remote States, or

(2) Ineligible for Privilege to Practice restoration. The Home State EMS authority where the action was taken does not authorize the individual to request reinstatement of the Privilege to Practice in Remote States.

(C) A Home State shall report the expiration, lapse, or Relinquishment of a License subject to an Unresolved Investigation as soon as possible, but no later than two (2) business days after the expiration, lapse, or Relinquishment.

4.2 Restoration or Recognition of Privilege to Practice. The restoration or recognition of the Privilege to Practice shall only occur when:

(A) the Home State License is restored, unrestricted, or determined to meet the requirements for recognition under Rule 4.7(B);

(B) the Privilege to Practice restoration or recognition is authorized as Stated in section 4.1(B)(1) of these Rules and

(1) the Remote State restores the Privilege to Practice or removes the restriction of the privilege to practice; and

(2) the EMS Clinician whose License or Privilege to Practice in any Member State is restricted, suspended, or revoked has submitted a request to each Remote State wherein the individual wishes to have a privilege to practice.

4.3 EMS Clinicians Licensed in non-reporting Home States. EMS Clinicians Licensed in a Home State that does not collect and submit all elements of the Uniform Data Set are not automatically eligible to practice in a Remote State under the Privilege to Practice until the Home State has submitted all elements of the Uniform Data Set in the manner prescribed by the Commission.

(A) **Manual Verification.** During a period when a Member State is not in compliance with the Coordinated Database integration, A Remote State may, at its sole discretion, manually verify an EMS Clinician's licensure status directly from the Home State. If the Remote State determines that the EMS Clinician is otherwise in compliance with Section 4(A)-(E), the Remote State may recognize the Privilege to Practice of the EMS Clinician while the Home State works to achieve full compliance with the Uniform Data Set submission requirements.

4.4 Scope of Practice. An EMS Clinician providing patient care in a Remote State under the Privilege to Practice shall function within the Scope of Practice authorized by the EMS Clinician's Home State unless or until modified by the Remote State Appropriate Authority. When providing care in a Remote State:

(A) The EMS Clinician must practice only through an EMS Agency that is authorized to operate in the Remote State.

(B) If the modified Scope of Practice differs from or exceeds that of the Home State, the Remote State Appropriate Authority may:

(i) Require additional education or training; and/or

(ii) Mandate a demonstration of competency; and/or

(iii) Restrict the EMS Clinician's Scope of Practice.

4.5 EMS Clinician responsibility. An EMS Clinician providing patient care in a Remote State under the Privilege to Practice is responsible for adhering to the Scope of Practice modifications or limitations for that Remote State, as may be modified by a Remote State Appropriate Authority.

4.6 Professional Code of Conduct. EMS Clinicians functioning under the Privilege to Practice shall adhere to the *Professional Code of Conduct* as adopted by the Commission. The *Professional Code of Conduct* outlines ethical and professional behavior standards expected of all EMS Clinicians operating in Member States under the Privilege to Practice.

(A) Failure to adhere to the *Professional Code of Conduct* shall be referred to both the EMS Clinician's Home State and Remote State for investigation and may be grounds for restriction, suspension, or revocation of the EMS Clinician's Privilege to Practice, as provided by the Rules of the Commission.

(B) The Home State and Remote State shall coordinate on any disciplinary actions related to violations of the *Professional Code of Conduct* that affect the EMS Clinician's Privilege to Practice.

(C) The Commission shall notify all Member States of any disciplinary actions or sanctions imposed in relation to violations of the *Professional Code of Conduct*

(D) The *Professional Code of Conduct* shall be reviewed and updated as necessary by the Commission. The most current version of the *Professional Code of Conduct* will be made available on the Commission's website.

4.7 Qualified Licenses, Provisional Privileges to Practice, and Non-Qualified Licenses

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

(1) The license is issued at the level of Emergency Medical Technician (EMT) up to the level of Paramedic, including any license levels in between, including but not limited to Advanced EMT or EMT-Intermediate.

(2) The license is issued to an individual who is at least 18 years old.

(3) For individuals licensed on or before the Member State Compact Date of the issuing Member State, the license is recognized as qualified, regardless of prior National Registry of EMTs certification status.

(4) For initial licenses issued after the Member State Compact Date of the issuing Member State, the EMS Clinician shall have a valid National Registry of EMTs certification at the time of initial license application.

(5) For initial licenses issued after March 15, 2025, the State EMS Authority shall require a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with 5 C.F.R. §731.202.

(6) The license was not issued to an individual with a Conviction Requiring Review, as defined in Section 2 of these Rules.

(B) **Provisional Privilege to Practice.**

(1) An EMS Clinician who meets all criteria for a Qualified License except one or more of the following may be issued a Provisional Privilege to Practice:

(i) The EMS Clinician did not have a valid National Registry of EMTs certification at the time of initial license application, and the initial license was issued after the Member State Compact Date of the issuing Member State;

(ii) The EMS Clinician's initial license was issued after March 15, 2025, without review of a biometric criminal history check by the State EMS Authority or its designee;

(iii) The EMS Clinician holds a license and has a Conviction Requiring Review, as defined in Section 2.

(iv) The EMS Clinician's Privilege to Practice was restricted under Rule 4.8 and the investigating Home State has reclassified the status under Rule 4.8(E).

(2) Determination of whether a Conviction Requiring Review disqualifies an individual from a Privilege to Practice shall remain at the discretion of the Member State EMS Authority, consistent with applicable State laws and regulations.

(3) A Provisional Privilege to Practice is not automatically recognized by Remote States. An EMS Clinician with this status must seek recognition under Rule 4.2 (Restoration or Recognition of Privilege to Practice) from each Remote State where they intend to practice.

(C) **Definition of a Non-Qualified License.** A Non-Qualified License is any license that does not meet the criteria of either a Qualified License or a Provisional Privilege to Practice, including but not limited to:

(1) Licenses issued by any state or jurisdiction that is not a Member State.

(2) Licenses issued by any Member State that is not in compliance with the provisions of the EMS Compact legislation or Administrative Rules and for which the Member State has been sanctioned by the Commission.

(3) Licenses issued below the level of EMT, such as Emergency Medical Responder (EMR) or First Responder.

(4) Licenses issued for any EMS clinician role that is not certified by the National Registry of EMTs, or any license issued for a role above the Paramedic level—even if the individual provides pre-hospital or EMS-related services—are not considered qualifying EMS licenses. This includes, but is not limited to, licenses held by nurses, physician assistants, physicians, respiratory therapists, or any other healthcare or medical professional not certified at the EMT, AEMT, or Paramedic level by the National Registry.

(D) **Impact on Compact Privilege to Practice.**

1. Only individuals holding a Qualified License are may exercise the Compact Privilege to Practice in any Member State.
2. Individuals with a Provisional Privilege to Practice are not automatically eligible and must obtain approval under Rule 4.2 from each Remote State.

3. Individuals with a Non-Qualified License are ineligible for the Compact Privilege to Practice.

4.8 License Expiration or Relinquishment During an Unresolved Investigation

(A) Applicability.

(1) This Rule applies when either of the following occurs while an Unresolved Investigation by the Home State is pending against the EMS Clinician:

(a) the EMS Clinician's Home State License expires, lapses, or becomes inactive; or

(b) the EMS Clinician submits, or the Home State accepts, a Relinquishment.

(2) Non-Disciplinary Relinquishment. This Rule does not apply to a Non-Disciplinary Relinquishment.

(a) Upon a Non-Disciplinary Relinquishment, the Home State shall report the License status for the relinquished License as inactive under Rule 11.3(B)(6) within ten (10) business days. The change is recorded against the individual License record only.

(b) No Speed Memo shall issue, no alert shall be generated, and no indicator of restriction shall appear in the Coordinated Database.

(c) The EMS Clinician's Global Privilege to Practice Status shall be determined under Rule 4.9. Where the EMS Clinician holds a current unrestricted Qualified License issued by any other Member State, the Global Privilege to Practice Status remains Active. Where the relinquished License was the EMS Clinician's only Qualified License, the Global Privilege to Practice Status is Inactive under Rule 4.9(E)(4).

(3) The determination under this Rule is made by reference to the status of any investigation at the time the License expired or the Relinquishment was submitted. The EMS Clinician's stated reason for the Relinquishment is not determinative.

(B) Restriction of the Privilege to Practice.

(1) The investigating Home State shall report a State Privilege to Practice Status of Restricted under Rules 4.1 and 11.3(E) as soon as possible, but no later than two (2) business days after the expiration, lapse, or Relinquishment. The Commission shall determine the Global Privilege to Practice Status as Restricted under Rule 4.9(C)(1)(c).

(2) Where the Commission determines from data submitted to the Coordinated Database that the conditions of subsection (A)(1) are satisfied and no State Privilege to Practice Status of Restricted has been reported, the Commission shall set the Global Privilege to Practice Status to Restricted under Rule 4.9(C)(1)(c), effective upon that determination. The restriction does not await the Home State's report. The Commission shall notify the Home State, and the Home State shall report the State Privilege to Practice Status within two (2) business days, confirming

the restriction or, where the Home State determines the conditions of subsection (A)(1) are not satisfied, correcting the record under subsection (C).

(3) The restriction under this Rule is a status determination reflecting that the EMS Clinician no longer satisfies Section 4.B(2) of the Compact and Rule 4.0(C) while a matter bearing on public protection remains unresolved. It is not an Adverse Action imposed by the Commission and does not limit the authority of any Member State under Section 8 of the Compact.

(4) Scope. The restriction applies to the EMS Clinician's Global Privilege to Practice Status in every Member State, consistent with Rule 4.0(D) and Sections 4.E and 4.F of the Compact. A restriction under this Rule is not limited to the Member State in which the License expired or was relinquished, and is not lifted by the EMS Clinician's continued licensure in any other Member State. An unresolved matter bearing on public protection attaches to the EMS Clinician and not to a single License.

(5) National Practitioner Data Bank. A Relinquishment While Under Investigation is reportable by the Home State to the National Practitioner Data Bank under Section 1921 of the Social Security Act and 45 C.F.R. §60.9(a)(2). Nothing in these Rules creates, modifies, or limits that obligation, and nothing in these Rules is a substitute for it. The Home State shall report the fact of submission to the Coordinated Database under Rule 11.3(D).

(C) Home State Correction. If the Home State determines that a Relinquishment reported under this Rule was in fact a Non-Disciplinary Relinquishment, the Home State shall correct the record under Rule 11.1(E). Upon correction, the Commission shall redetermine the Global Privilege to Practice Status under Rule 4.9 and issue a corrected Speed Memo to all Member States.

(D) Notification.

(1) The Commission shall issue a Speed Memo no later than one (1) business day after the Global Privilege to Practice Status is set to Restricted under this Rule. The Speed Memo shall be directed to each Member State in which the EMS Clinician holds a License, holds or has sought recognition under Rule 4.2 or Rule 4.3(A), or is known to the Commission to be practicing; to each Member State that has submitted Significant Investigatory Information concerning the EMS Clinician; and to the Commission. Submission of the restriction to the Coordinated Database constitutes notice to all Member States under Rule 2.22, and the restriction is effective in every Member State without regard to the Member States to which the Speed Memo is directed.

(2) The Commission shall generate an alert to the Home State Commissioner and authorized delegate users identifying the EMS Clinician, the effective date of the restriction, and the basis for the restriction.

(3) The Home State shall notify the EMS Clinician in writing that the individual's Remote State Privilege to Practice is restricted.

(E) Home State Reclassification to Provisional.

(1) The investigating Home State may reclassify its State Privilege to Practice Status so that the Global Privilege to Practice Status is determined as Provisional under Rule 4.9(E)(1). The Home State shall not report a status that would result in a Global Privilege to Practice Status of Active while the Unresolved Investigation remains pending.

(2) Reclassification under this subsection requires written justification submitted to the Commission by the responsible official of the Home State EMS Authority or that official's designee. The written justification shall include:

(a) identification of the EMS Clinician and the matter under investigation; and

(b) a statement of the current status of the investigation; and

(c) the Home State's basis for determining that reclassification is consistent with public protection; and

(d) any conditions or limitations the Home State places on the Provisional Privilege to Practice.

(3) The written justification shall be submitted through and retained in the Coordinated Database, recorded on the EMS Clinician's record and in the case history for the matter. It shall be treated as non-public investigatory material and is exempt from public inspection or disclosure under Rule 11.4(A)(1)(c) and (d) and Rule 11.4(A)(2)(g).

(4) A Provisional Global Privilege to Practice Status resulting from reclassification under this subsection is not automatically recognized by any Remote State. The EMS Clinician must obtain recognition from each Remote State under Rule 4.2 and Rule 4.7(B)(3), and the status is effective only in the Recognition Set under Rule 4.9(F).

(5) Reclassification under this subsection is not conditioned on the EMS Clinician holding a current License issued by a Member State. Where the EMS Clinician holds no such License, the reclassification shall be recorded, and the Global Privilege to Practice Status shall be Provisional with an empty Recognition Set under Rules 4.9(E)(1) and 4.9(F)(4). No Member State shall grant recognition under Rule 4.2 until the EMS Clinician holds a current License issued by a Member State. Upon such licensure, the reclassification is operative without further action by the Home State.

(F) Closure of the Investigation.

(1) If the Unresolved Investigation concludes with imposition of an Adverse Action, Rules 8.1 and 4.1(B) govern.

(2) If the Unresolved Investigation concludes without imposition of an Adverse Action, the Home State shall report the final disposition to the Coordinated Database as soon as possible, but no later than two (2) business days after disposition, and the Global Privilege to Practice Status shall be redetermined under Rule 4.9.

(3) Closure of the investigation does not, standing alone, restore the Privilege to Practice. An EMS Clinician who holds no current Qualified License issued by a Member State is ineligible for the Privilege to Practice under Rule 4.7(D)(3).

(G) Multiple Home States.

(1) Where an EMS Clinician is Licensed in more than one Member State, the Member State conducting the investigation identified under Rule 8.0(B) is the Home State for purposes of this Rule.

(2) Only that Member State may reclassify the status under subsection (E).

(3) A Member State other than the investigating Home State shall not modify or remove a restriction imposed under this Rule, and shall not report a State Privilege to Practice Status inconsistent with that restriction, notwithstanding that the EMS Clinician holds a current License issued by that Member State.

(4) The investigating Home State shall notify each other Member State in which the EMS Clinician is Licensed at the time the restriction is imposed. Notification through the Coordinated Database satisfies this paragraph under Rule 2.22.

4.9 Determination of Global Privilege to Practice Status

(A) Commission Determination and Ownership. The Commission shall determine the Global Privilege to Practice Status for each EMS Clinician from the State Privilege to Practice Statuses, License data, and Adverse Action data reported by Member States, and from determinations made by the Commission under Rule 4.8. The Global Privilege to Practice Status is Compact data owned by the Commission under Rule 11.0(B)(3). The Commission shall not modify a State Privilege to Practice Status or any other Member State data, consistent with Rule 11.1(E).

(B) Governing Principles. The determination shall be made by applying the following principles in the order stated:

(1) Restriction of the individual. An unresolved matter bearing on public protection restricts the EMS Clinician in every Member State, without regard to the Member State that acted, the License or privilege against which it acted, or any other License held by the EMS Clinician. This paragraph gives effect to Sections 4.E, 4.F, and 8.B of the Compact. No fact other than a matter bearing on public protection shall be evaluated under subsection (C), without regard to whether that fact applies to the EMS Clinician generally rather than to a single License.

(2) Qualification of the License. Each License is evaluated independently. The failure of a License to qualify shall not reduce the Global Privilege to Practice Status otherwise supported by any other License. An EMS Clinician’s status rests on the most favorable qualifying basis available.

(3) Restriction analysis under subsection (C) shall be completed before qualification analysis under subsection (D).

(C) Restriction Analysis.

(1) The Global Privilege to Practice Status shall be Restricted where any of the following is in force as of the evaluation date:

(a) a Restriction-Class Adverse Action against any License or any Privilege to Practice, imposed by a Home State or a Remote State, without regard to the Member State that imposed it or the License or privilege against which it was imposed;

(b) a License issued by any Member State carrying a reported License status of restricted or suspended, whether or not an Adverse Action record accompanies it, until the issuing Member State restores the License; or

(c) a restriction imposed under Rule 4.8.

(2) Reprimand-Class Adverse Actions. A Reprimand-Class Adverse Action shall be recorded and reported as required by Rule 8.1 and shall not restrict the Global Privilege to Practice Status.

(3) Stays. An Adverse Action that has been stayed shall have no effect under this subsection while the stay is in force. The filing or pendency of an appeal does not stay an Adverse Action.

(4) Single-jurisdiction authorization. A recognition granted by a Member State under Rule 4.2 during a restriction is effective in that Member State only, does not alter the Global Privilege to Practice Status, and is effective only while the EMS Clinician holds at least one current unrestricted License issued by a Member State.

(5) Non-Member State and Third-Party Data. Data reported by a Non-Member State, and Third-Party Data under Rule 11.0(B)(4), shall not restrict the Global Privilege to Practice Status.

(D) Qualification Analysis. Where no restriction is in force under subsection (C), each License held by the EMS Clinician shall be classified as Qualified, Provisional, or Non-Qualified under Rule 4.7. The following apply:

(1) Compact eligibility requirements. A License supports the Privilege to Practice only where the requirements of Section 4.B of the Compact are satisfied.

(a) Age. The EMS Clinician must be at least 18 years of age as of the evaluation date. A License issued by a Member State to an individual under 18 years of age remains valid under the law of the issuing Member State and is not affected by this Rule. Such a License is not a qualifying basis for the Privilege to Practice until the individual’s eighteenth birthday.

(b) Effect and automatic commencement. Where the only bar to qualification is age, the Global Privilege to Practice Status shall be Inactive. The status shall not be Restricted, and no Adverse Action, restriction indicator, alert, or Speed Memo shall be recorded or issued. Eligibility commences automatically on the individual’s eighteenth birthday. No action, notice, or resubmission by the issuing Member State or the EMS Clinician is required.

(c) License level. The License must be issued at the level of Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic, or at a level recognized and Licensed by the issuing Member State with a scope of practice and authority between Emergency Medical Technician and Paramedic. A License at a level between Emergency Medical Technician and Paramedic qualifies according to the Member State's declaration filed under Rule 11.1(F).

(d) A License failing subparagraph (a) or (c) is Non-Qualified and is not eligible for Provisional classification under Rule 4.7(B).

(2) Currency. A License that is expired, lapsed, inactive, surrendered, relinquished, or denied is Non-Qualified and is not eligible for Provisional classification.

(3) Affirmative evidence standard. Subparagraphs (a) and (b) apply only within the scope stated in each. Where a criterion does not apply to a License, the absence of a record relating to that criterion shall not classify the License as Provisional.

(a) National Registry of EMTs certification. This subparagraph applies only to an initial License issued by a Member State after that Member State's Member State Compact Date. For such a License, the absence of an affirmative record of valid National Registry of EMTs certification at the time of initial License application shall classify the License as Provisional under Rule 4.7(B)(1)(i), and an unknown or unreported value is treated as absent. A License issued on or before the Member State Compact Date of the issuing Member State is Qualified under Rule 4.7(A)(3) without regard to National Registry of EMTs certification status, and the absence of a certification record shall not classify it as Provisional.

(b) Biometric criminal history check. This subparagraph applies only to an initial License issued after March 15, 2025, which is a fixed date and is not determined by the Member State Compact Date of any Member State. For such a License, the absence of an affirmative record of a reviewed biometric criminal history check compliant with the requirements of the Federal Bureau of Investigation shall classify the License as Provisional under Rule 4.7(B)(1)(ii), and an unknown or unreported value is treated as absent. The exception for federal employees holding a suitability determination applies as provided in Rule 4.7(A)(5).

(c) Transition. Where the date of initial licensure for a License has not been reported under Rule 11.3(B)(7), the License shall be treated as issued on or before the Member State Compact Date of the issuing Member State until the date of initial licensure is reported. This subparagraph does not affect the restriction analysis under subsection (C).

(4) Positive finding standard. For the criterion at Rule 4.7(B)(1)(iii), only a reported Conviction Requiring Review shall classify the License as Provisional. The absence of a record shall not.

(5) Commission directives. A directive issued under Rule 13.1(F)(4) operates at the License level as a Non-Qualified or Provisional classification of Licenses issued by the affected Member State. A directive shall not restrict the Global Privilege to Practice Status of an EMS Clinician whose status is supported by a Qualified License issued by another Member State.

(E) Composition. Where no restriction is in force under subsection (C), the Global Privilege to Practice Status shall be determined as follows:

(1) Provisional following a lifted restriction. Where a restriction previously in force has been lifted, the Global Privilege to Practice Status shall be Provisional until the EMS Clinician has obtained recognition from each Remote State under Rule 4.2(B)(2). Restoration of the Privilege to Practice is not automatic upon the lifting of a restriction.

(2) Active. Where paragraph (1) does not apply and the EMS Clinician holds at least one Qualified License, the Global Privilege to Practice Status shall be Active.

(3) Provisional. Where paragraphs (1) and (2) do not apply and the most favorable classification available to the EMS Clinician is Provisional, the Global Privilege to Practice Status shall be Provisional.

(4) Inactive. Where the EMS Clinician holds no Qualified License and no Provisional License, the Global Privilege to Practice Status shall be Inactive. Inactive reflects the absence of a qualifying basis. It is not an Adverse Action, a restriction, or a sanction, and no Speed Memo, alert, or restriction indicator shall be recorded or issued.

(F) Recognition Set.

(1) A Provisional Global Privilege to Practice Status is effective only in those Member States constituting the Recognition Set.

(2) A Member State granting or withdrawing recognition shall report the grant or withdrawal to the Coordinated Database under Rule 11.3(E) as soon as possible, but no later than two (2) business days.

(3) The Commission shall display the Recognition Set with any Provisional Global Privilege to Practice Status.

(4) A Provisional Global Privilege to Practice Status with an empty Recognition Set confers no authority to practice in any Remote State.

(5) A Member State shall not grant recognition under Rule 4.2 or Rule 4.3(A) to an EMS Clinician who does not hold a current License issued by a Member State.

(G) Evaluation Date and Rule Version. All time-dependent facts, including age, License currency, the validity of a recognition, and the effect of a Commission directive, shall be resolved as of the evaluation date. A determination made for a past date shall apply the Rules in force on that date.

(H) Redetermination. The Commission shall redetermine the Global Privilege to Practice Status upon any change to the data on which the determination rests, including the removal of information required to be expunged under Section 11.E of the Compact.

(I) Effect on Home State Licensure. The Global Privilege to Practice Status governs recognition in Remote States only. It does not restrict, suspend, revoke, or otherwise affect an EMS Clinician's authority to practice in a Member State in which the EMS Clinician holds a current unrestricted License, which remains governed exclusively by the law of that Member State and by Section 8.A of the Compact.

The Global Privilege to Practice Status reflects the requirements of Sections 4.B(1) and 4.B(2) of the Compact and the conditions stated in these Rules. It does not evidence satisfaction of Section 4.B(3) of the Compact or of Rule 4.0(B), which are conditions of practice verified by the EMS Agency and the Remote State at the time of practice.

(J) Correction. An EMS Clinician who disputes a State Privilege to Practice Status, License status, or Adverse Action record shall be directed to the reporting Member State under Rule 11.1(E). An EMS Clinician who disputes the Commission's application of this Rule to correctly reported inputs may submit the dispute to the Commission.

SECTION 5. Conditions Of Practice In A Remote State

5.0 Privilege to Practice Circumstances

(A) As used in Section 5 of the Compact, the term "individual" shall mean an EMS Clinician who holds a current, active license issued by a Member State and who is granted a Compact Privilege to Practice under the terms of the Compact and Commission Rules.

(B) An EMS Clinician practicing under a Privilege to Practice in a Remote State must do so only in the performance of their official EMS duties as assigned by an appropriate authority, which may include an EMS agency, authority having jurisdiction, or other legally authorized employer or supervisor, as recognized by the Remote State.

(C) An EMS Clinician may practice in a Remote State under the Compact Privilege to Practice until the individual is no longer qualified under the Compact and Commission Rules. As specified in the Compact, there is no time limit on an EMS Clinician's exercise of the Privilege to Practice.

SECTION 6. Not Used

SECTION 7. Not Used

SECTION 8. Adverse Actions

8.0 Investigation.

(A) Member States shall collaborate in investigating alleged individual misconduct.

(B) In those cases where the subject is licensed by one or more Member States and therefore has more than one Home State, the responsibility for the investigation shall fall to the Home State that Licenses, certifies, Commissions, or otherwise authorizes the agency or appropriate authority for which the subject was providing patient care when the alleged misconduct occurred.

(C) Upon discovery that an EMS Clinician is under investigation in another Member State, the Member State may contact the investigating Member State and request investigative documents and information.

(D) This section shall not be construed as limiting any Member State's authority to investigate any conduct within that State, or to investigate any Licensee.

8.1 Reporting of adverse actions.

(A) A Remote State that imposes adverse action against an EMS Clinician's privilege to practice, shall notify the Commission as soon as possible, but no later than two (2) business days after the imposition of the adverse action.

(B) A Home State that imposes adverse action against an EMS Clinician's License shall notify the Commission as soon as possible, but no later than two (2) business days after the imposition of the adverse action and notify the individual in writing that the individual's Remote State Privilege to Practice is revoked.

(C) Member States are not required to report any other information regarding adverse actions to the Commission other than what is available in the public record of the reporting Member State though nothing herein shall prohibit a Member State from sharing with another Member State, or a non-Member State, such additional information as the Member State concludes is appropriate.

SECTION 9. Not Used

SECTION 10. The Commission.

10.0 (Reserved)

10.1 New Member State. The Commission shall notify all Member States within fifteen (15) calendar days when a new Member State enacts the Compact.

10.2 Process for Review of New State Laws or Amendments to Compacts:

(A) Upon enactment by any State, commonwealth, district, or territory of the United States, of a law intended as that jurisdiction's adoption of the Compact, the Executive Committee shall review the enacted law to determine whether it contains any provisions which materially conflict with the Compact Model Legislation.

(1) To the extent possible and practicable, this determination shall be made by the Executive Committee after the date of enactment but before the effective date of such law. If the timeframe between enactment and effective date is insufficient to allow for this determination to be made by the Executive Committee prior to the law's effective date, the Executive Committee shall make the determination required by this paragraph as soon as practicable after the law's effective date. The fact that such a review may occur subsequent to the law's effective date shall not impair or prevent the application of the process set forth in this Section 10.2.

(2) If the Executive Committee determines that the enacted law contains no provision which materially conflicts with the Compact Model Legislation, the State shall be admitted as a party to the Compact and to membership in the Commission pursuant to Section 10 of the Compact Model Legislation upon the effective date of the State's law and thereafter be subject to all rights, privileges, benefits and obligations of the Compact, these Rules and the bylaws.

(3) In the event the enacted law contains one or more provisions which the Executive Committee determines materially conflicts with the Compact Model Legislation, the State shall be ineligible for membership in the Commission or to become a party to the Compact, and the State shall be notified in writing within fifteen (15) business days of the Executive Committee's decision.

(4) A State deemed ineligible for Compact membership and Commission participation pursuant to this Section 10.2 shall not be entitled to any of the rights, privileges or benefits of a Compact State as set forth in the Compact, these Rules and/or the bylaws. Without limiting the foregoing, a State deemed ineligible for membership and participation shall not be entitled to appoint a Commissioner, to receive non-public data from the Coordinated Database and/or to avail itself of the default and technical assistance provisions of the Compact. EMS Practitioners Licensed in a State deemed ineligible for membership and participation hereunder shall be ineligible for the Privilege to Practice set forth in the Compact and these Rules.

(B) A State determined to be ineligible for Commission membership and Compact participation pursuant to this Section 10.2 may, within thirty (30) calendar days of the date of the decision, appeal in writing the Executive Committee's decision to the Commission. An appeal received by the Commission shall be deemed filed on the date it is sent to the Commission. If there is an appeal to the Commission, the Commission shall review de novo whether the State's enacted law materially conflicts with the Compact Model Legislation. The provisions of 10.2(A)(4) of these Rules shall apply during the pendency of any such appeal. The decision of the Commission may be appealed within thirty (30) calendar days of the date of its decision to a court of competent jurisdiction subject to the venue provisions of Section 10(A)(2) of the Compact. The appealing State shall bear all costs of the appeal and the Commission shall not bear any costs relating to the appeal.

(C) Subsequent to the determination that a State's enacted law contains provision(s) which materially conflict(s) with the Compact Model Legislation, the State may enact new legislation to remove the conflict(s). The new legislation shall be reviewed as set forth in this Section 10.2(A) and (B) above.

(D) In the event a Compact State, subsequent to its enactment of the Compact, enacts amendment(s) to its Compact law, or enacts another law or laws which may in any way alter or impact any provision or application of the State's enacted Compact law, the Compact State shall so inform the Commission within fifteen (15) business days of the enactment of such amendment(s) or law(s). After being so informed by the Compact State, or learning of such amendment(s) or law(s) from any other source, the Commission shall review the amendment(s) or law(s) to determine if such amendment(s) or law(s) materially conflict with the State's enacted

Compact law. In the event the Commission determines such amendment(s) or law(s) materially conflict(s) with the Compact, the Commission shall determine if the amendment(s) or law(s) constitute a condition of default pursuant to Section 13(B) of the Compact and, if so, proceed according to the process established in Section 13 and Commission Rules.

(E) For the purpose of determining whether a State's law intended as enactment of the Compact, or any provision of any enacted law or amendment, materially conflicts with the Compact Model Legislation or the State's enacted Compact, the Executive Committee and the Commission shall consider the following, among other factors:

(1) Whether the provision constitutes a material alteration of the rights and obligations of the enacting State or of Member States.

(2) Whether the provision enlarges the liability or compromises the immunity of the Commission or any authorized agent of the Commission.

(3) Whether the provision modifies venue in proceedings involving the Commission.

(4) Whether the provision restricts the privileges or authorizations to practice as set forth in the Compact Model Legislation.

(5) Whether the provision would allow the State to negate or delay the applicability of a duly promulgated Commission Rule in the State.

(6) Whether the provision would result in the reduction or elimination of fees, levies or assessments payable by the State.

(7) Whether the provision fundamentally alters the nature of the agreement entered into by Member States that have adopted the Compact.

(8) Whether there is a remedial mechanism, satisfactory to the Executive Committee and/or Commission, whereby the effect of such law or amendment can be mitigated to minimize or eliminate the practical effect of any material conflict.

(9) Whether the provision strikes or amends Compact Model Legislation language based upon a provision of the Compact Model Legislation being contrary to the Constitution of that State, and the Executive Committee and/or Commission determines that the remainder of the Compact can be implemented effectively, and without compromising the rights of the Commission and the Member States, without such provision, to the extent the Executive Committee and/or Commission concur that such provision is unconstitutional in the State.

10.3 New Member State Implementation. New States admitted as a party to the Compact and to membership shall within three (3) calendar months from the enactment date, or as otherwise specified in the enabling legislation, provide the Commission an implementation plan and implementation date.

10.4 Commissioner Appointment.

(A) Member States shall:

(1) appoint one delegate, also known as a Commissioner, to serve on the Commission, in accordance with Section 10(B)(1) of the Compact Model Legislation; and

(2) ensure the appointed Commissioner is the responsible official of the State EMS Authority or his designee;

(3) ensure any Commissioner vacancy is promptly filled within thirty (30) calendar days.

(B) In the event that more than one State entity (Committee, office, department, agency, etc.) has the legislative authority to License EMS Practitioners, the Governor shall determine which entity will be responsible for assigning the delegate.

(C) Appointed Commissioners shall not be represented by or vote by proxy.

SECTION 11. Coordinated Database

11.0 The Coordinated Database — General

(A) **Coordinated Database Ownership.** The Coordinated Database is owned, operated, managed, and controlled by the Commission.

(B) **Data Ownership.**

(1) **Member State Data:** Member State data refers to any data provided by the Member State. All data submitted by a Member State to the Coordinated Database remains the property of the Member State. Any use of the data in the Coordinated Database, other than that expressly allowed by the Commission, is prohibited.

(2) **Derived Data:** Derived data refers to any data that is generated or produced by the Commission from Member State data or other external data sources. Derived data includes analyses, reports, and aggregated statistics created by the Commission. Derived data is owned by the Commission.

(3) **Compact Data:** Compact data refers to any data that is generated directly by the Compact itself, independent of Member State submissions or third-party data. This includes internal administrative data, operational metrics, and other information produced by the Compact's activities. Examples of Compact data include the Privilege to Practice status and history. Compact data is owned by the Commission.

(4) **Third-Party Data:** The Commission may incorporate additional third-party data from government and/or non-government sources into the Coordinated Database for the purpose of the Commission fulfilling its legislative mandates. Third-party data remains the property of the data owner providing the data, unless otherwise specified in data use agreements. This data is under the custody and control of the Commission.

11.1 Data Submission and Validation

(A) Method of data submission. Member States shall submit the Uniform Data Set described in Section 11.3 of these Rules to the Coordinated Database.

(B) Primary Source Equivalency. Member State data records in the Coordinated Database are an accurate reflection of the Member State licensure status for EMS Clinicians. The Coordinated Database status is equivalent to validating an EMS Clinician's status directly with the Member State.

(C) Implementation. A new Member State shall provide the Uniform Data Set to the Coordinated Database in the form and format specified by the Commission. In the event a Member State does not submit the Uniform Data Set, the Member State shall be in default of the requirements of the Compact and the Commission. In situations where there is a default in the submission of the Uniform Data Set by a Member State, the Commission shall follow the requirements in Section 13.

(D) Maintenance of Uniform Data Set. The accuracy of Member State data submitted to and maintained in the Coordinated Database, shall be the responsibility of Member State.

(E) Correction of records. In the event an EMS Clinician asserts that the individual's Uniform Data Set information is inaccurate, the Commission shall direct the EMS Clinician to the data owner to research the claim, and, if necessary, modify the disputed record(s). The Commission shall not modify Member State data or Third Party Data.

(F) State Licensure Structure Declaration. Each Member State shall file with the Commission a declaration of its EMS licensure structure, identifying each License level the Member State issues and, for any level other than Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic, whether that level carries a scope of practice and authority between Emergency Medical Technician and Paramedic for purposes of Section 4.B(2) of the Compact. A new Member State shall file the declaration with its implementation plan under Rule 10.3. A Member State shall file an amended declaration within thirty (30) calendar days of any change to its License levels. The Commission shall apply the declaration in classifying Licenses under Rules 4.7 and 4.9.

11.2 Conditions and procedures for authorized users of the Coordinated Database

(A) Member State Access

(1) **Access Rights:** Member State Commissioners, and delegate user(s) authorized by the Commissioner, shall have access to the Coordinated Database.

(2) **Control and Authorization:** Member State delegate user(s) access shall be controlled by the Member State Commissioner. The Commissioner is responsible for designating state employees with a bona fide need to know requirement to have access to the Coordinated Database. The Commissioner shall submit requests for user accounts and access in writing to the Commission. The Commissioner shall notify the Commission promptly, in writing, but within 72 hours if any delegate user is no longer employed by the Member State or should have access removed.

(3) **Review Process:** Commissioners shall review the delegate accounts on at least a quarterly basis.

(4) **Usage Limitation:** Access to the Coordinated Database is for official, government use only.

(B) Government Access

(1) **Access Rights:** Government entities may request limited access to the Coordinated Database. Access is restricted to governmental agencies approved by the Commission.

(2) **Query Capabilities:** Authorized governmental agencies, for official purposes, may query the Coordinated Database via a legal First Name and legal Last Name, National EMS ID number, State License Number, National Registry Number, or Social Security Number.

(3) **Data Access:** In addition to all data categorized as public information listed in Section 11.2(C)2, government agencies shall have access to the following:

(a) State License status

(b) Indication if final disciplinary or adverse action has been taken, in the form of a final National Practitioner Data Bank report submission.

(C) Public Access

(1) **Query Capabilities:** The public shall have the ability to query the Coordinated Database via a secure website or webserver. The public portal shall be limited to querying a single EMS Clinician at a time, and the query may be initiated by entering a valid 12-digit National EMS ID number, the EMS Clinician's First Name and Last Name, or a State License Number.

(2) **Displayed Information:** The Commission may display the following information when a valid National EMS ID number is provided:

(a) Legal First Name

(b) Legal Last Name

(c) National EMS ID Number

(d) Privilege to Practice Status

(e) State Licensure Status

(f) State Number/Identifier

(g) Jurisdiction(s) issuing the License

(h) License level(s)

(i) License expiration date(s)

(j) Third-party data as authorized by the Commission.

(D) Employer Access

(1) **Individual EMS Clinician Search**: an Employer of an ems clinician may query a single EMS Clinician at a time, and the query may be initiated by entering a valid 12-digit National EMS ID number, the EMS Clinician's legal First Name and legal Last Name, or a State License Number.

(2) **Bulk Search Capability:** an Employer of an ems clinician may perform bulk searches of ems clinicians using National EMS ID Numbers in a form and format specified by the Commission.

(3) **User Account Validation:** Employers of ems clinicians must have a validated user account to access the system.

(4) **Displayed Information:** Employers of ems clinicians will have access to the Public Access data for each employee searched.

(E) General Provisions

(1) **Authorization:** All requests and designations must be made in accordance with the procedures established by the Commission.

(2) **Review and Audit:** The Commission reserves the right to review and audit access logs to ensure compliance with established Rules and regulations.

11.3~~2~~ Uniform Data Set. Member States shall submit the following Uniform Data Set to the Coordinated Database at the frequency indicated.

(A) **Identifying information.** The following information for each EMS Clinician who is Licensed must be reported within ten (10) business days of completion of licensure application process. Any changes must be reported within ten (10) business days of the change being processed by the Member State.

(1) Full legal name (first, middle, last); and

(2) suffix (if applicable); and

(3) date of birth (month, day, year); and

(4) Mailing address; and

(5) eMail address; and

(6) Phone number; and

(7) identification number (one or both of the following):

(a) Social Security Number

(b) National EMS ID number.

(B) Licensure data. The following information for each EMS Clinician who is Licensed in the Member State must be reported within ten (10) business days of completion of licensure process. Any changes must be reported within ten (10) business days of the change being processed by the Member State.

(1) State of licensure; and

(2) License level, reported consistently with the Member State's declaration under Rule 11.1(F); and

(3) effective date of License; and

(4) expiration date of License; and

(5) License number; and

(6) License status (if applicable, i.e. inactive, temporary, etc.)

(7) date of initial licensure by the Member State, as applied under Rules 4.7(A)(3), 4.7(A)(4), and 4.9(D)(3)(a).

(C) Significant investigatory information. In the fulfillment of public protection, Member States shall submit significant investigatory information to the Coordinated Database, including but not limited to:

(1) subject's identifying information as Stated in section 11.3(A) of these Rules; and

(2) declaration of the existence of an investigation or pending adverse action related to the incident or act of misconduct.

(3) declaration that the subject's License has expired, lapsed, or been relinquished while the investigation remains unresolved.

(D) Adverse actions imposed on an individual's License. The following information must be reported as soon as possible, but no later than two (2) business days of imposition of the adverse action. Any changes to the status of the adverse action must be reported as soon as possible, but no later than two (2) business days of the change being processed by the Member State:

(1) subject's identifying information as Stated in Section 11.3~~2~~(A) of these Rules; and

(2) summary description of the incident or act of misconduct; and

(3) declaration of the existence of a criminal investigation or pending criminal charges related to the incident or act of misconduct; and

(4) declaration of the action taken by the Member State; and

(5) effective date of the action taken; and

(6) duration of the action.

(E) Privilege to practice status and recognition. The information described in Section 4.1 of these Rules for each EMS Clinician Licensed by the Member State must be reported within one (1) month of the effective date of the Privilege to Practice status. Any changes to the State Privilege to Practice Status must be reported as soon as possible, but no later than two (2) business days of the change being processed by the Member State. A Member State that grants or withdraws recognition of an EMS Clinician holding a Provisional Global Privilege to Practice Status, under Rule 4.2 or through manual verification under Rule 4.3(A), shall report the grant or withdrawal as soon as possible, but no later than two (2) business days, whether or not that Member State Licenses the EMS Clinician. Reports of recognition under this subsection constitute the Recognition Set published under Rule 4.9(F).

(F) Non-confidential alternative program participation information. To the extent allowed by a Member State's laws, non-confidential information concerning an EMS Clinician's participation in an alternative program will be reported.

(G) Denial of application for licensure. Any final denial of applications for licensure, due to significant cause or public protection concerns, must be reported within two (2) days of the denial. The following information shall be reported to the Coordinated Database:

(1) Applicant's identifying information as Stated in Section 11. 3(A) of these Rules; and

(2) Summary of the reason for denial, specifically highlighting the cause or public protection concerns; and

(3) Declaration, if applicable, of the existence of a criminal investigation or pending criminal charges related to the denial; and

(4) Declaration of any restrictions on future applications for licensure, or a Statement indicating that there are no such restrictions.

(H) Other acts of misconduct or criminal convictions. Individual 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 in any Member State must be reported as soon as possible, but no later than two (2) business days of discovery by the State making the discovery.

(I) Compliance with 28 C.F.R. §20.3. Nothing in these Rules shall require or permit the sharing or reporting of Criminal History Record Information as that term is defined in 28 C.F.R. §20.3 in a manner that is prohibited by law.

11.4 Data Disclosure, Inspection of Records, and Requests.

(A) Exemption From Disclosure. The following Commission records shall be exempt from public inspection or disclosure requests:

(1) The following EMS Clinician information:

a. personal identifying information; and

b. personal contact information; and

c. disciplinary records; and

d. any data elements labeled as confidential by the data owner.

(2) The following internal Commission records:

a. personnel records of Commission staff;

b. Commission personnel practice and procedures;

c. matters specifically exempted from disclosure by federal or state statutes

d. trade secrets, commercial, or financial information that is privileged or confidential;

e. censures and accusations of a crime;

f. personal information where disclosure would constitute an unwarranted invasion of personal privacy;

g. investigative records compiled for law enforcement purposes;

h. information that specifically relates to a civil action or other legal proceeding except by order of a court with jurisdiction;

i. closed session records related to any of the above topics;

j. records that contain legal advice or attorney-client communications or attorney work product;

k. confidential mediation or arbitration documents.

(3) After consultation with counsel, the Commission may designate records not designated exempt under sections (1) or (2) to be confidential and not available to the public for inspection.

(B) Direction of Data Requests: The Commission shall direct all requests for data that are not otherwise published or accessible by the data requestor to the designated data owner.

(C) Restriction on Release of Personally Identifiable Information and Sensitive Data: The Commission shall not release or generate public reports that contain Personally Identifiable Information, information that is exempt from disclosure under these rules, or sensitive data. All measures shall be taken to ensure that such information remains confidential and secure.

(D) Security and Protection: The Commission shall take all necessary precautions to protect the security and integrity of the information contained in the coordinated database. This includes

implementing robust security measures and protocols to prevent unauthorized access, disclosure, or misuse of data.

(E) Generation of Public Reports: The Commission may, at its sole discretion, generate public reports that include summarized statistics and analytics on the EMS workforce. These reports shall not contain Personally Identifiable Information or sensitive data and will be designed to provide valuable insights and trends without compromising individual privacy.

SECTION 12. Rulemaking

12.0 Proposed Rules or amendments. Proposed Rules or amendments to the Rules shall be adopted by majority vote of the members of the Commission. Proposed new Rules and amendments to existing Rules shall be submitted to the Commission office for referral to the Rules committee as follows:

(A) Any Commissioner may submit a proposed Rule or Rule amendment for referral to the Rules committee during the next scheduled Commission meeting. This proposal shall be made in the form of a motion and approved by a majority vote of a quorum of the Commission members present at the meeting.

(B) Standing committees of the Commission may propose Rules or Rule amendments by majority vote of that Committee.

12.1 Preparation of draft Rules. The Rules committee shall prepare a draft of all proposed Rules and provide the draft to all Commissioners for review and comments. Based on the comments made by the Commissioners the Rules Committee shall prepare a final draft of the proposed Rule(s) or amendments for consideration by the Commission not later than the next Commission meeting.

12.2 Publication of draft Rules. Prior to promulgation and adoption of a final Rule (in accordance with Section 12 of the Compact) the Commission shall publish the text of the proposed Rule or amendment prepared by the Rules committee not later than sixty (60) days prior to the meeting at which the vote is scheduled, on the official website of the Commission and in any other official publication that may be designated by the Commission for the publication of its Rules. All written comments received by the Rules committee on proposed Rules shall be posted on the Commission's website upon receipt. In addition to the text of the proposed Rule or amendment, the reason for the proposed Rule shall be provided.

12.3 Notification. Each administrative Rule or amendment shall State:

(A) The place, time, and date of the scheduled public hearing, if any;

(B) The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments; and

(C) The name, position, physical and electronic mail address, telephone, and telefax number of the person to whom interested persons may respond with notice of their attendance and written

comments.

12.4 Public Hearings. Every public hearing shall be conducted in a manner guaranteeing each person who wishes to comment a fair and reasonable opportunity to comment. In accordance with Section 12.H. of the Compact, specifically:

(A) If a hearing is held on the proposed Rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

(B) All persons wishing to be heard at the hearing shall notify the Chairperson of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

(C) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(D) No transcript of the public hearing is required, unless a written request for a transcript is made; in which case the person or entity making the request shall pay for the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the public hearing.

(E) Nothing in this section shall be construed as requiring a separate hearing on each Rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

(F) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

(G) The Commission shall, by majority vote of a quorum of the Commissioners, take final action on the proposed Rule and shall determine the effective date of the Rule, if any, based on the Rulemaking record and the full text of the Rule.

12.5 Status of Rules upon adoption of additional Member States. Any State that joins the Compact subsequent to the Commission's initial adoption of the Rules shall be subject to the Rules as they exist on the date on which the Compact becomes law in that State. Any Rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that State.

12.6 Emergency Rulemaking. Upon determination that an emergency exists, the Commission may consider and adopt an emergency Rule that shall become effective immediately upon adoption, provided that the usual Rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the Rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the Rule. An emergency Rule is one that must be made effective immediately in order to:

(A) Meet an imminent threat to public health, safety, or welfare;

(B) Prevent a loss of federal or State funds;

(C) Meet a deadline for the promulgation of an administrative Rule that is established by federal law or Rule; or

(D) Protect public health and safety.

SECTION 13. Compliance Issues and Dispute Resolution Process

13.1 Initiation of Compliance

(A) Compliance issues shall be initiated by the Executive Committee.

(B) The Executive Committee shall first seek to provide remedial education and specific technical assistance for any potential default.

(C) For unresolved potential defaults, the Executive Committee shall send a written notice of non-compliance to the Commissioner in the Member State with the alleged non-compliance issue. The State shall respond in writing within thirty (30) calendar days.

(1) If the Member States does not have a designated Commissioner, the written notice of non-compliance shall be sent to the Governor of the Member State.

(2) If the State fails to respond to the written notice, the Executive Committee, through the Executive Director, shall send a written notice of non-compliance to the Governor of the Member State, copied to the Commissioner, with the alleged non-compliance issue.

(3) If the response, in the determination of the Executive Committee fails to reasonably resolve the non-compliance issue, the Executive Committee shall request a written Plan of Correction.

(D) The Executive Committee shall provide a report and make a recommendation to the Commission concerning issues of non-compliance that:

(1) do not have an approved Plan of Correction, with progress; or

(2) remain unresolved for three (3) or more calendar months.

(E) Grounds for default include but are not limited to, failure of a Compact State to perform obligations or responsibilities imposed by the Compact, Commission Bylaws, or duly promulgated Rules.

(F) If the Commission determines that a Compact State has at any time defaulted in the performance of any of its obligations or responsibilities under the Compact, Bylaws or duly promulgated Rules, the Commission shall notify the Commissioner and Governor of the defaulting Compact State in writing. The Commission may impose any or all of the following remedies:

(1) Remedial education and technical support as directed by the Commission;

(2) Damages and/or costs in such amounts as are deemed to be reasonable as fixed by the Commission;

(3) Suspension of membership in the Compact; and

(4) A directive that Licenses issued by the defaulting Member State be classified as Provisional or Non-Qualified under Rule 4.7, applied through the qualification analysis in Rule 4.9(D). A directive under this paragraph shall not restrict the Global Privilege to Practice Status of an EMS Clinician whose status is supported by a Qualified License issued by another Member State; and/or

(5) Termination of membership in the Compact as provided in the Model Legislation and administrative Rules.

(G) If the Commission suspends the Privilege to Practice or terminates the membership of the state in the Compact, the state shall promptly notify all EMS Clinicians licensed by that state of the status change and impact of the suspension or termination.

(H) If the Commission suspends the Privilege to Practice qualifications or terminates the membership of a state in the Compact, all Member States shall promptly notify all licensed EMS Agencies of the status change of the affected Member State and the resulting impact on the Privilege to Practice status for EMS Clinicians from that state. At a minimum, such notification shall be published on the official website of each Member State's EMS authority or in the same manner and publication used by that state for proposed rules or regulatory announcements.

(I) The Commission shall not bear any costs relating to the defaulting Compact State unless otherwise mutually agreed upon between the Commission and the defaulting Compact State.

13.2 Dispute Resolution Process – Informal, Mediation and Arbitration.

(A) The Commissioner from each Compact State shall enforce the Compact and take all actions necessary and appropriate to carry out the Compact's purpose and intent. The Commission supports efforts to resolve disputes between and among Compact States and encourages communication directly between Compact States prior to employing formal resolution methods.

(B) Any Compact State may submit a written request to the Executive Committee for assistance in interpreting the law, Rules, and policies of the Compact. The Executive Committee may seek the assistance of the Commission's legal counsel in interpreting the Compact. The Executive Committee shall issue the Commission interpretation of the Compact to all parties to the dispute.

(C) Before submitting a complaint to the Executive Committee, the complaining Member State and responding Member State shall attempt to resolve the issues without intervention by the Commission.

(D) When disputes among Member States are unresolved through informal attempts, the Commission shall request assistance from the Executive Committee.

(1) It is the duty of the Executive Committee to address disputes between or among the Member States concerning the Compact when informal attempts between the Compact States to resolve disputes have been unsuccessful.

(2) The Executive Committee, on behalf of the Commission, in the reasonable exercise of its discretion, has the authority to assist in the resolution of disputes between and among Member States concerning the Compact.

(E) Informal Resolution

(1) In the event of a dispute arising from the interpretation or application of the Compact by a Member State, the following procedure shall be followed:

(a) The Commissioner of the disputing State shall initiate contact with the Commissioner(s) of the Member State(s) involved in the dispute.

(b) The initiating Commissioner shall provide a written Statement to the Commissioner(s) of the concerned State(s). This Statement, which will be copied to the Executive Committee, shall detail the nature of the dispute.

(c) Upon receipt of the dispute letter, the Commissioner(s) of the State(s) involved shall:

(i) Review the contents of the letter.

(ii) Conduct an inquiry into the matter.

(iii) Provide a written response addressing the issues raised.

(d) The response must be issued, in writing copied to the Executive Committee, within 30 calendar days from the receipt of the dispute letter.

(e) If interpretation of the Compact is necessary, the Commissioner(s) shall contact the Executive Committee via the Executive Director to request assistance in interpreting relevant provisions.

(f) The Commissioner raising the concern shall document all attempts to resolve the issues.

(2) If the issues cannot be resolved between the Member States, the dispute shall be referred to the Executive Committee for further consideration.

(3) Disputes between two (2) or more Member States which cannot be resolved through informal resolution or through the Executive Committee, may be referred to mediation and/or an arbitration panel to resolve the issues.

(F) Mediation.

(1) A Compact State that is a party to a dispute may request, or the Executive Committee may require, the submission of a matter in controversy to mediation.

(2) Mediation shall be conducted by a mediator appointed by the Executive Committee from a list of mediators approved by the National Association of Certified Mediators, or a mediator otherwise agreed to by all parties to the dispute and pursuant to procedures customarily used in mediation proceedings.

(3) If all issues are resolved through mediation to the satisfaction of all Member States involved, no further action is required.

(4) In the event mediation is necessary, and unless otherwise agreed in advance by all parties, the prevailing party or parties may be entitled to recover the costs of such medication, including reasonable attorneys' fees, to the extent permitted by State law of the prevailing party State. The Commission shall not be liable for any fees, costs or charges pertaining to mediation.

(G) Arbitration.

(1) In the event of a dispute between Member States that cannot be resolved through informal means or by mediation, the Commissioner of the initiating Member State(s) shall submit an Arbitration Request form to the Executive Director with a copy to be sent by the initiating State to the other Member State(s) involved.

(2) Each Member State party to the dispute shall submit a signed Arbitration Agreement.

(3) The Executive Director shall coordinate the arbitration process.

(4) The decision of the arbitrator(s) shall be final and binding.

(5) In the event arbitration is necessary, and unless otherwise agreed by the parties, at the discretion of an independent arbitration panel, the prevailing party or parties may be entitled to recover the costs of such arbitration, including reasonable attorneys' fees, to the extent permitted by State law of the prevailing party State. The Commission shall not be liable for any fees, costs or charges pertaining to arbitration.

(6) Arbitration decisions may be enforced in a court of competent jurisdiction.

13.3 Costs. The Commission shall not bear any costs relating to the defaulting Compact State unless otherwise mutually agreed upon between the Commission and the defaulting Compact State.

13.4 Judicial Enforcement. The Commission may by majority vote of the Commissioners, initiate legal action in the United States District Court for the Middle District of Pennsylvania to enforce compliance with the provisions of the Compact, its duly promulgated Rules and Bylaws against any Compact State in default. If judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

SECTION 14. Compact Implementation and Activation Date.

14.1 Implementation Date. The Compact was implemented on October 7, 2017, following the enactment of the EMS Compact legislation in ten (10) Member States.

14.2 Activation Date. The Compact was activated on March 15, 2020.

14.3 Redetermination Upon Adoption. On the effective date of Rules 4.8 and 4.9, the Commission shall redetermine the Global Privilege to Practice Status of each EMS Clinician in the Coordinated Database under those Rules. A determination made before that date is superseded by the redetermination and shall not be relied upon as the basis for any Global Privilege to Practice Status thereafter. The Commission shall issue a Speed Memo for each EMS Clinician whose Global Privilege to Practice Status changes upon redetermination and shall notify the Commissioner in each affected Member State.

SECTION 15. Not Used

Administrative rule to implement Compact Section 3.C(4)

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Donnie R. Woodyard, Jr., Executive Director
Subject	Administrative rule to implement Section 3.C(4): referred to the Bylaws and Rules Committee
Agenda item	VIII.c
Action requested	None. Provided for information. No draft rule is before the Commission at this meeting.

The provision

The model legislation requires a foundational FBI-based biometric (fingerprint) criminal background check. Section 3.C(4) makes an exception for federal employees who hold a suitability determination under 5 CFR §731.202, provided they submit documentation as set out in Commission rules. An administrative rule is therefore required before the provision can be used.

Status

Federal and military partners have asked to work with the Commission on the rule. On October 14, 2026 the Executive Committee referred the development of an administrative rule implementing Section 3.C(4) to the Bylaws and Rules Committee. Any proposed rule will follow the Compact Section 12 rulemaking notice and comment process before it comes to the Commission for action.

TAB 14

ACTION

Position Papers: License Expiration Dates and Time Zones; The Commission and NASEMSO; National EMS ID (in development)

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Donnie R. Woodyard, Jr., Executive Director
Date	PLACEHOLDER: date of the final Book
Subject	Position Paper 2026-02, License Expiration Dates and Time Zones
Agenda item	VIII.d
Action requested	"Move to adopt Position Paper 2026-02, License Expiration Dates and Time Zones, as presented."
Vote threshold	Majority of a quorum. Bylaws Article VI, Section 2.

Roll call vote record

Item: Adopt Position Paper 2026-02, License Expiration Dates and Time Zones

MOVED BY	SECONDED BY	YEA	NAY	ABSTAIN	RESULT
					☐ Adopted ☐ Failed

The Secretary records the vote of each state. Bylaws Article VI, Section 2 requires that a quorum be established before any vote is taken; see the quorum worksheet at Tab 3.

The question the paper answers

A state licensure system records a license expiration as a calendar date. It does not ordinarily specify a time of day or a controlling time zone, because a license used only within the issuing state presents no ambiguity. Interstate practice under the Compact changes that. When a Home State license expires on a stated calendar date, at what moment, and on which clock, does the Privilege to Practice end in every other participating state?

The position proposed

> A Home State license, and the Privilege to Practice derived from it, expires at the moment the Home State licensure system reports the license as expired. Absent other guidance from the Home State, the license and the Privilege remain valid through 11:59:59 PM local time on the license expiration date, as local time is observed at the capital city of the issuing state or jurisdiction.

Why it matters now

- Alaska's enactment brings a state four time zones from the eastern seaboard into the Compact. A Virginia-licensed paramedic practicing in Alaska already presents the question the paper addresses.
- The paper provides guidance and the official interpretation of the Commission should a question arise related to a license expiration date and time. Where a Home State has established a different standard by statute, regulation, published policy, or the reporting behavior of its licensure system, the Home State's guidance controls.
- The paper does not permit anyone to assert that a license remains valid after the primary source reports it expired. Primary source equivalency under Rule 11.1(B) governs.

Considerations raised at the Q3 2026 preview

- Whether the capital city of the issuing jurisdiction is the right anchor for states that span two time zones.
- Whether the paper's treatment of Home State guidance is sufficiently clear to a state that wishes to displace the default.
- Whether the guidance to employers and medical directors is operationally usable at the point of credential verification.

NUMBERING AND STATUS

The draft carries the placeholder number 2026-XX. On adoption it becomes Position Paper **2026-02**, the second paper of 2026 following 2026-01, Criminal Convictions and Licensure of EMS Personnel, adopted February 11, 2026. Position papers are not administrative rules; they document the official positions of the Commission and are not legally binding regulations.

ATTACHMENT — DRAFT POSITION PAPER 2026-02, FULL TEXT AS PRESENTED

Position Paper 2026-XX | DRAFT FOR COMMISSION CONSIDERATION

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 EMS Compact extends a Privilege to Practice to qualified EMS clinicians across all Participating States and jurisdictions. As Compact membership grows, an EMS clinician licensed in one Participating State may lawfully practice in jurisdictions located in time zones far removed from the Home State. For example, a paramedic licensed in Virginia may practice under the Privilege to Practice in Alaska. In the future, if all states and eligible territories enact the EMS Compact legislation, an EMS Clinician from Virginia could practice in jurisdictions such as Guam, where local time differs from the Home State capital by fourteen hours or more.

This reality raises a simple but consequential question: when a Home State license expires on a stated calendar date, at what moment in time, and in which time zone, does that expiration take effect? Because the Privilege to Practice ends immediately upon expiration of the Home State license, the answer determines the precise moment a clinician's authority to practice ends in every Participating State simultaneously.

The position of the Commission is that a Home State license, and the Privilege to Practice derived from it, expires at the moment the Home State licensure system reports the license as expired. Absent other guidance from the Home State, a Home State license, and the Privilege to Practice derived from it, remains valid through 11:59:59 PM local time on the license expiration date, as local time is observed at the capital city of the issuing state or jurisdiction. Under this default standard, the moment of expiration is fixed by the issuing jurisdiction's capital city clock and does not shift based on where the clinician is physically practicing.

1. Purpose

This position paper establishes a uniform, transparent interpretation of the moment at which an EMS license expires for purposes of the EMS Compact and the Privilege to Practice. Its purpose is to ensure clarity and predictability for EMS clinicians, employers, EMS agency medical directors, and State EMS Authorities, recognizing that a license issued in one time zone may support lawful practice in jurisdictions many time zones away. Above all, this paper ensures that EMS clinicians understand that practicing in a different time zone does not extend a license expiration beyond the date and time of the jurisdiction that issued the license.

2. Background and the Issue

State licensure systems record license expiration as a calendar date. They do not ordinarily specify a time of day or a controlling time zone, because a license used only within the issuing state presents no ambiguity. Interstate practice under the Compact changes this. Without a uniform interpretation, a clinician, employer, or State EMS Authority could reasonably reach different

conclusions about whether a license, and therefore the Privilege to Practice, remains valid during the window of time created by time zone differences.

While this question may rarely arise in day-to-day operations, it is foreseeable, and the consequences of ambiguity fall on clinicians acting in good faith and on the officials responsible for verifying credentials. A shared, predictable standard protects clinicians, supports employers and medical directors in verifying credentials, and ensures the National EMS Coordinated Database reflects a single, consistent moment of expiration.

3. Position of the Commission

For purposes of the EMS Compact and the Privilege to Practice, the Commission adopts the following interpretation:

A Home State license, and the Privilege to Practice derived from it, expires at the moment the Home State licensure system reports the license as expired. Absent other guidance from the Home State, the license, and the Privilege to Practice derived from it, remains valid through 11:59:59 PM local time on the license expiration date, as local time is observed at the capital city of the issuing state or jurisdiction.

Under this default standard, a Virginia license is valid through 11:59:59 PM on its expiration date as observed in Richmond, Virginia. The moment of expiration is fixed by the issuing jurisdiction's capital city clock and does not shift based on where the clinician is physically practicing.

Other guidance from the Home State includes any statute, regulation, or published policy of the issuing state or jurisdiction that establishes a different time or time zone standard for license expiration, as well as the actual reporting behavior of the Home State licensure system. Where such guidance exists, it controls for licenses issued by that state. This position paper supplies a default interpretation only where the Home State is silent.

Primary source licensure status. State licensure systems maintain their own software processes that change a license status from licensed to expired. The status recorded in the issuing state's licensure system is the primary source and the single source of truth for licensure status, and it is reflected in the National EMS Coordinated Database consistent with the primary source equivalency provisions of the Commission's Administrative Rules (Rule 11.1(B)). The standard described in this paper cannot be used to assert that a license remains valid after the primary source reports it as expired. Its purpose is to ensure that EMS clinicians understand that practicing in a different time zone does not extend the license expiration date beyond the date and time established by the jurisdiction that issued the license.

4. Rationale

- **Home State control.** The license is a creation of the issuing state. Anchoring expiration to the issuing jurisdiction's own local time is consistent with the structure of the Compact, in which the Home State retains exclusive authority over the license itself.

- **A single national moment of expiration.** Fixing expiration to one clock produces one unambiguous moment at which the license and the Privilege to Practice end everywhere, rather than a rolling expiration that varies by the clinician's location.
- **The capital city resolves multi-time-zone states.** Several states span two time zones. Anchoring to the capital city provides a single, objective reference point within every issuing jurisdiction.
- **Local time resolves daylight saving variation.** Because the standard follows the time actually observed at the capital city, jurisdictions that do not observe daylight saving time, such as Arizona, and those that do are treated identically and without special rules.
- **Transparency and predictability.** Clinicians, employers, medical directors, and State EMS Authorities can all determine the exact moment of expiration in advance, from public information, without individualized inquiry.

5. Practical Application

The examples below illustrate the default standard, which applies absent other guidance from the Home State.

Eastward-licensed clinician practicing west. A Virginia-licensed paramedic practicing in Alaska holds a license valid through 11:59:59 PM Eastern Time in Richmond on the expiration date. Because Alaska local time is four hours behind Richmond, that moment corresponds to 7:59:59 PM Alaska Time on the same calendar date. The clinician's authority in Alaska ends at that moment, in the evening of the printed expiration date as observed locally, before the calendar date has ended in Alaska.

Westward-licensed clinician practicing east. An Alaska-licensed clinician practicing in Virginia holds a license valid through 11:59:59 PM Alaska Time in Juneau on the expiration date. That moment corresponds to the early morning hours of the following calendar day in Virginia. The clinician remains authorized in Virginia until that moment, even though the local Virginia calendar has already advanced past the printed expiration date.

6. Guidance

- **EMS clinicians** remain individually responsible for maintaining licensure, tracking expiration dates, and renewing before expiration, as reflected in the Privilege to Practice Code of Conduct. Clinicians should renew well in advance of the expiration date and should not rely on time zone differences to extend practice authority.
- **Employers, EMS agencies, and medical directors** verifying credentials near an expiration date should apply the capital city standard described in this paper and verify current status through the National EMS Coordinated Database at www.EMSCompact.gov using the clinician's National EMS ID number.

- **State EMS Authorities** should note that the Coordinated Database reflects licensure status as submitted by the Participating State. Where a status question arises during the window created by time zone differences, the standard in this paper governs the interpretation of the expiration date for Compact purposes.

7. Frequently Asked Questions

Q: Does this position change when my license expires?

A: No. The expiration date of a license is established by the issuing Home State. This paper clarifies only the moment in time at which that expiration takes effect for interstate practice under the Compact.

Q: I am practicing in a time zone ahead of my Home State and my license expires today. When must I stop practicing?

A: Your authority ends at the moment your Home State licensure system reports the license as expired. Absent other guidance from your Home State, that moment is 11:59:59 PM as observed at the capital city of your Home State. Depending on where you are practicing, that moment may fall on a different local calendar date. Clinicians should plan renewals well in advance and should never schedule practice around the final hours of licensure.

Q: What if my Home State already specifies a time or time zone for license expiration?

A: The Home State's guidance controls, whether established by statute, regulation, published policy, or the reporting behavior of the Home State licensure system. This position paper supplies a default interpretation only where the Home State is silent on the question.

State Sovereignty and Compact Compliance

This document provides a uniform interpretation for Compact purposes. States that have enacted the EMS Compact retain full sovereignty over their licensure systems, including the authority to establish, by statute or regulation, the effective time of license expiration for licenses they issue. Nothing in this paper modifies a state's licensure laws or renewal requirements.

Disclaimer: Position papers produced by the Interstate Commission for EMS Personnel Practice are designed to document the official positions of the Commission. It is important to note that these position papers are not administrative rules. Instead, they are intended to provide perspectives and insights on various matters of policy. These documents are meant to guide and inform but should not be mistaken for legally binding regulations or mandates.

Position paper: The Commission and NASEMSO: Distinct Roles, Shared Purpose

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Donnie R. Woodyard, Jr., Executive Director
Date	PLACEHOLDER: date of the final Book
Subject	Position paper, The Commission and NASEMSO: Distinct Roles, Shared Purpose
Agenda item	VIII.e
Action requested	"Move to adopt the position paper, The Commission and NASEMSO: Distinct Roles, Shared Purpose, as presented."
Vote threshold	Majority of a quorum. Bylaws Article VI, Section 2.

Roll call vote record

Item: Adopt the position paper, The Commission and NASEMSO: Distinct Roles, Shared Purpose

MOVED BY	SECONDED BY	YEA	NAY	ABSTAIN	RESULT
_____	_____	_____	_____	_____	☐ Adopted ☐ Failed

The Secretary records the vote of each state. Bylaws Article VI, Section 2 requires that a quorum be established before any vote is taken; see the quorum worksheet at Tab 3.

Background

The paper describes the distinct roles of the Commission, a governmental body created by state statute, and NASEMSO, the national association of state EMS officials, and states the Commission's commitment to collaboration. The Executive Committee discussed the draft on October 14, 2026 and voted to forward it to the full Commission for consideration as an official position, noting that it would carry more weight if adopted by the full body.

NUMBERING AND STATUS

The draft carries the placeholder number 2026-0X. A number is assigned on adoption. Position papers are not administrative rules; they document the official positions of the Commission and are not legally binding regulations.

ATTACHMENT — DRAFT POSITION PAPER, FULL TEXT AS PRESENTED TO THE EXECUTIVE COMMITTEE (OCTOBER 2, 2026 DRAFT)

The Commission and NASEMSO: Distinct Roles, Shared Purpose

Position Paper 2026-0X | DRAFT for Executive Committee review | October 2, 2026

PURPOSE

The Interstate Commission for EMS Personnel Practice and the National Association of State EMS Officials (NASEMSO) serve the same profession through different roles. This paper affirms the importance of that relationship, describes the distinct role of each organization, and states the Commission's commitment to collaboration.

The Commission is a governmental body. NASEMSO is a non-governmental professional association. Neither role is greater than the other, and neither organization can do the other's work. The EMS profession advances fastest when both are strong and working together.

A SHARED HISTORY

The EMS Compact exists because of NASEMSO. NASEMSO led the nationally funded project that convened the drafting team in 2013 and 2014, produced the model legislation released in June 2014, and supported states through enactment. The Commission is the governmental body that NASEMSO and its partner organizations designed.

The two organizations also share people. The Compact makes the responsible official of each State EMS Authority, or that official's designee, the state's delegate to the Commission. Many of those same officials are members and leaders of NASEMSO. The relationship is not between two separate communities. It is one community of state EMS officials working through two different institutions.

DISTINCT AND COMPLEMENTARY ROLES

Every licensed profession depends on two kinds of institutions: governmental bodies that carry legal authority, and non-governmental associations that carry the voice, expertise, and convening power of the profession.

	GOVERNMENTAL COMPACT COMMISSION	PROFESSIONAL ASSOCIATION
CREATED BY	STATE STATUTE	ITS MEMBERS, UNDER ITS OWN CHARTER
SPEAKS FOR	THE STATES THAT ENACTED THE COMPACT, ON COMPACT MATTERS	ITS MEMBERS AND THE PROFESSION
AUTHORITY	LEGAL: BINDING RULES WITHIN A NARROW STATUTORY SCOPE	PROFESSIONAL: EXPERTISE, CONSENSUS, AND CREDIBILITY
SCOPE	LIMITED TO WHAT THE LEGISLATURES ASSIGNED	AS BROAD AS ITS MEMBERS CHOOSE
ADVOCACY	CONSTRAINED BY ITS STATUTORY ROLE	FREE TO ADVOCATE AND LEAD NATIONAL POLICY
TYPICAL WORK	RULEMAKING, THE COORDINATED DATABASE, COMPLIANCE, INTERSTATE COORDINATION OF LICENSURE AND DISCIPLINE	LEADERSHIP DEVELOPMENT, PEER NETWORKS, MODEL POLICY, NATIONAL GUIDELINES, TECHNICAL ASSISTANCE, ADVOCACY

The narrow scope of a governmental body is a constraint, not an advantage. An association can take up any issue its members consider important, in every state and territory. The Commission cannot. Many of the profession's most significant advances, including the Compact itself, began as the work of associations.

HOW COLLABORATION ADVANCES THE PROFESSION

The two roles are most effective when they are used together. An association can build consensus, develop national guidance, and advocate. A governmental commission can give interstate agreements the force of law and operate the systems that carry them out. Areas where the roles naturally align include:

- **Education on the Compact.** NASEMSO's network reaches every state and territory, including states considering enactment. The Commission can provide accurate legal and operational information.
- **Support for state EMS officials.** NASEMSO develops and connects state EMS leaders. The Commission supports those same leaders in their statutory role as Commissioners.
- **National standards.** Association-led consensus work informs the profession's standards. The Commission's rules and the Coordinated Database rely on consistent national standards to function.
- **Workforce data.** The National EMS Coordinated Database can inform the workforce and policy work that associations lead, within the limits of the Commission's data rules.

- **Public protection.** Both organizations share an interest in consistent licensure practices, including background checks and the reporting of discipline.

THE COMMISSION'S LEGAL STATUS

Collaboration depends on each organization being described accurately. The Commission's status is set by statute in each of the 28 Participating States:

- The Compact states “create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice” (Section 10(A)).
- The Commission is “a body politic and an instrumentality of the Compact states” (Section 10(A)(1)).
- Commission rules have the force and effect of law and are binding in all Participating States (Section 10(D)(1)).
- The Commission's only members are states, each acting through a state official (Section 10(B)(1)).

The Commission is therefore a governmental body. It is not a non-profit, a membership association, or a quasi-governmental entity. This is the same structure used by the interstate compact commissions for physicians, nurses, psychologists, and other licensed professions.

The legislative directive of the Commission is to:

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

That authority is limited to the interstate practice of EMS personnel under the Compact. The Commission does not set any state's scope of practice or education requirements, does not regulate EMS agencies, and does not speak for the EMS profession as a whole. Stating the Commission's legal status is a statement of fact. It is not a statement of rank.

POSITION OF THE COMMISSION

1. The Commission values NASEMSO as the national association of state EMS officials and recognizes its foundational role in creating the EMS Compact.
2. Strong, independent non-governmental associations are essential to the EMS profession and do work the Commission cannot do.
3. The Commission is a governmental body: a joint public agency, body politic, and instrumentality of the states that have enacted the EMS Compact. Its official actions represent those states on matters within the Compact, and only on those matters.
4. Describing each organization's role accurately does not diminish either one. Clear roles make collaboration stronger.
5. The Commission will actively seek collaboration with NASEMSO and other national EMS organizations wherever roles align.

Disclaimer: Position papers produced by the Interstate Commission for EMS Personnel Practice document the official positions of the Commission. They are not administrative rules and are not legally binding regulations or mandates.

Joint position paper: standardized use of the National EMS ID number (in development)

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Donnie R. Woodyard, Jr., Executive Director
Subject	Joint position paper on standardized use of the National EMS ID number
Agenda item	VIII.f
Action requested	None. Provided for information. No draft is before the Commission at this meeting.

Background

The National EMS ID number is becoming widely used, including in NEMSIS, by the National Registry, and for continuing education. A joint paper with national partners, in the form of a white paper, position paper or joint public statement, would encourage Compact and non-Compact states to fully incorporate the number and promote its inclusion in educational materials.

Status

On October 14, 2026 the Executive Committee authorized the Executive Director to engage national EMS organizations on a joint position paper on standardized use of the National EMS ID number, and to bring any paper back to the Executive Committee for review. PLACEHOLDER: progress of the engagement as of the final Book.

TAB 15

ACTION

Adoption of the 2027 Commission Meeting Schedule

To	Commissioners of the Interstate Commission for EMS Personnel Practice
From	Kraig Kinney, JD, NRP, Chair, and Donnie R. Woodyard, Jr., Executive Director
Date	PLACEHOLDER: date of the final Book
Subject	Proposed 2027 Commission meeting schedule
Agenda item	VIII.h
Action requested	"Move to adopt the 2027 meeting schedule of the Interstate Commission for EMS Personnel Practice as presented, with the Q2 2027 Full Commission Meeting to be held in person in Anchorage, Alaska, on April 13, 2027, in conjunction with the NASEMSO Annual Meeting, and to authorize the Executive Director to adjust committee meeting dates as needed with public notice under Bylaws Article VII."
Vote threshold	Majority of a quorum. Bylaws Article VI, Section 2.

Roll call vote record

Item: Adopt the 2027 Commission Meeting Schedule

MOVED BY	SECONDED BY	YEA	NAY	ABSTAIN	RESULT
					☐ Adopted ☐ Failed

The Secretary records the vote of each state. Bylaws Article VI, Section 2 requires that a quorum be established before any vote is taken; see the quorum worksheet at Tab 3.

Summary

The schedule continues the 2026 pattern: 4 Full Commission meetings (first, second, third, and fourth quarter), 11 Executive Committee meetings on the second Wednesday of each month except February, when the Q1 meeting takes its place, quarterly Stakeholder Advisory Committee meetings, and quarterly Bylaws and Rules Committee and Compliance Committee meetings timed ahead of each Commission meeting so their reports are ready. Virtual meetings convene at 3:00 PM Eastern Time. The Q2 2027 meeting is the year's in-person meeting, co-hosted with the National Association of State EMS Officials at its 2027 Annual Meeting in Anchorage, Alaska.

Proposed 2027 schedule

DATE	BODY	FORMAT OR NOTE
January 13, 2027	Executive Committee	Virtual
January 27, 2027	Bylaws & Rules Committee	Virtual
January 28, 2027	Compliance Committee	Virtual
February 10, 2027	Q1 Full Commission Meeting	Virtual
March 10, 2027	Executive Committee	Virtual
March 25, 2027	Compliance Committee	Virtual
March 31, 2027	Bylaws & Rules Committee	Virtual
April 7, 2027	Executive Committee	Virtual; first Wednesday, ahead of NASEMSO week
April 13, 2027	Q2 Full Commission Meeting	In person, Anchorage, Alaska, with the NASEMSO Annual Meeting (April 11 to 15)
May 12, 2027	Executive Committee	Virtual
June 9, 2027	Executive Committee	Virtual
June 16, 2027	Stakeholder Advisory Committee	Virtual
July 14, 2027	Executive Committee	Virtual
July 22, 2027	Compliance Committee	Virtual
July 28, 2027	Bylaws & Rules Committee	Virtual
August 4, 2027	Executive Committee	Virtual; first Wednesday, clear of the NCSL Legislative Summit (August 9 to 11)
August 17, 2027	Stakeholder Advisory Committee	Virtual; day before the Q3 meeting
August 18, 2027	Q3 Full Commission Meeting	Virtual
September 8, 2027	Executive Committee	Virtual

DATE	BODY	FORMAT OR NOTE
September 22, 2027	Bylaws & Rules Committee	Virtual; preserves the thirty-day notice before the Q4 meeting (Bylaws Art. X)
October 13, 2027	Executive Committee	Virtual
October 20, 2027	Stakeholder Advisory Committee	Virtual
October 28, 2027	Compliance Committee	Virtual
November 3, 2027	Executive Committee	Virtual; first Wednesday, ahead of the Q4 meeting
November 17, 2027	Q4 Full Commission Meeting	Virtual; election of officers
December 8, 2027	Executive Committee	Virtual
December 15, 2027	Stakeholder Advisory Committee	Virtual

Conflicts checked

EVENT	HOW THE SCHEDULE ACCOUNTS FOR IT
Federal holidays	New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving and the day after, Christmas. No meeting falls within one day of any of them.
NASEMSO Annual Meeting	April 11 to 15, 2027, Anchorage, Alaska. The Q2 meeting is co-hosted there; the April Executive Committee meeting moves to April 7.
FDIC International	April 12 to 17, 2027, Indianapolis. Overlaps NASEMSO week and cannot be avoided by the Q2 date; noted for attendees.
NCSL Legislative Summit	August 9 to 11, 2027, Atlanta. The August Executive Committee meeting moves to August 4.
EMS World Expo	September 27 to October 1, 2027, New Orleans. The September Bylaws and Rules Committee meeting moves to September 22.

PUBLIC NOTICE

On adoption, the schedule is published at EMSCompact.gov as the public-notice source for every meeting. Executive Committee meetings carry public notice at least three days in advance and a public agenda at least twenty-four hours in advance, per Bylaws Article VII, Section 1. Each meeting already has a page on the website marked as proposed pending this vote.

Source: Executive Director's proposed 2027 schedule, August 30, 2026, prepared on the 2026 pattern and checked against federal holidays and the NASEMSO, FDIC, NCSL, and EMS World Expo 2027 dates.

TAB 16

ACTION

Election of Officers: Chairperson, Treasurer and Member-at-Large

Action Item Cover Sheet	
Agenda item	VIII.i
Tab	16
Title	Election of Officers: Chairperson, Treasurer and Member-at-Large
Presented by	The Chair and the Executive Director
Prepared by	Office of the Executive Director
Action requested	Election of the Chairperson, the Treasurer and the Member-at-Large of the Interstate Commission for EMS Personnel Practice, by vote of the Commission during this meeting.
Vote threshold	Vote of the Commission during the Q4 meeting, as counsel confirmed at the Q3 2026 meeting.
Background	Officer elections follow the Commission's two-year cycle: the Chairperson and Treasurer roles are elected in even-numbered years. The Member-at-Large seat is also on the ballot: the incumbent was elected in January 2026 to fill an unexpired term. Candidates apply through a self-application process and each candidate is accompanied by a participation report, the process the Commission used without objection in the last election cycle. Nominations are not taken from the floor.
Discussion	PLACEHOLDER: the candidate list follows from the application process and will be inserted when applications close.
Fiscal impact	None.
Legal review	Counsel confirmed the governing requirement is a vote during the Q4 meeting.
Effect on member states	None.
If not adopted	The offices would stand vacant at the end of the current terms; an election would need to be completed under the Bylaws' vacancy provisions.

Attachments	PLACEHOLDER: candidate applications and participation reports, to follow when applications close.

CONDUCTED UNDER THE REVISED BYLAWS IF ADOPTED

The election is taken last so that, if the Commission adopts the Bylaws revision at Tab 12 effective immediately, the election is held under it. The revision (Article III, Section 1) has officers take office immediately after the close of the meeting at which they are elected, and its Officer Nomination Process (Section 1.A) calls for self-nominations solicited by the Nominating Committee and an Executive Director's report on each nominee at least seven days before the vote, by December 2, 2026.

Offices standing for election

OFFICE	INCUMBENT	STATE	SERVING SINCE
Chairperson	Kraig Kinney	Indiana	July 1, 2023
Treasurer	Brad Vande Lune	Iowa	July 1, 2023
Member-at-Large	Michael Johnson	Georgia	January 2026 (unexpired term)

The election process

1. The Executive Director issues a self-application document to every Commissioner. Nominations close November 1, 2026. PLACEHOLDER: confirm the issue date.
2. Each applicant receives, and the Commission is provided, a participation report covering meeting attendance and Compact engagement, so every candidate stands on the same information.
3. Applications received by the deadline place the candidate's name on the ballot. Nominations are not taken from the floor.
4. The vote is held during this meeting, as the Bylaws require. Officers take office per the Bylaws; the term runs on the Commission's two-year officer cycle.

Election record — Chairperson

CANDIDATE	STATE	VOTES	RESULT
_____	_____	_____	☐ Elected
_____	_____	_____	☐ Elected
_____	_____	_____	☐ Elected

The Secretary records the vote. Candidates appear on the ballot through the application process; nominations are not taken from the floor.

Election record — Treasurer

CANDIDATE	STATE	VOTES	RESULT
_____	_____	_____	☐ Elected
_____	_____	_____	☐ Elected
_____	_____	_____	☐ Elected

The Secretary records the vote. Candidates appear on the ballot through the application process; nominations are not taken from the floor.

Election record — Member-at-Large

CANDIDATE	STATE	VOTES	RESULT
_____	_____	_____	☐ Elected
_____	_____	_____	☐ Elected
_____	_____	_____	☐ Elected

The Secretary records the vote. Candidates appear on the ballot through the application process; nominations are not taken from the floor.

PART IV

For Reference

The state of the Compact between meetings, and where to find the governing documents.

Tab 17 Meeting Schedule and Governance Calendar

Tab 18 Communications Since the Q3 2026 Meeting

Tab 19 Key Compact Dates and Timeline

Tab 20 Reference Index

TAB 17

FOR REFERENCE

Meeting Schedule and Governance Calendar

2026 meeting schedule

DATE	BODY	LOCATION OR STATUS
April 8, 2026	Executive Committee	Held
April 15, 2026	Stakeholder Advisory Committee	Held
April 28, 2026	Full Commission	Kansas City, MO
May 13, 2026	Executive Committee	Held
June 10, 2026	Executive Committee	Canceled
June 17, 2026	Stakeholder Advisory Committee	Held
July 15, 2026	Executive Committee	Held
August 12, 2026	Executive Committee	Canceled
August 18, 2026	Stakeholder Advisory Committee	Held
August 19, 2026	Full Commission	Held
September 9, 2026	Executive Committee	Canceled
October 8, 2026	Executive Committee	Closed
October 14, 2026	Executive Committee	Held
October 21, 2026	Stakeholder Advisory Committee	Held
November 4, 2026	Executive Committee	Held
December 9, 2026	Full Commission	Elections
December 16, 2026	Stakeholder Advisory Committee	Virtual
January 13, 2027	Executive Committee	Virtual
January 27, 2027	Bylaws & Rules	Virtual

DATE	BODY	LOCATION OR STATUS
January 28, 2027	Compliance Committee	Virtual
February 10, 2027	Full Commission	Virtual / MS Teams
March 10, 2027	Executive Committee	Virtual
March 25, 2027	Compliance Committee	Virtual
March 31, 2027	Bylaws & Rules	Virtual
April 7, 2027	Executive Committee	Virtual
April 13, 2027	Full Commission	Anchorage, AK (in person, NASEMSO Annual Meeting)
May 12, 2027	Executive Committee	Virtual
June 9, 2027	Executive Committee	Virtual
June 16, 2027	Stakeholder Advisory Committee	Virtual
July 14, 2027	Executive Committee	Virtual
July 22, 2027	Compliance Committee	Virtual
July 28, 2027	Bylaws & Rules	Virtual
August 4, 2027	Executive Committee	Virtual
August 17, 2027	Stakeholder Advisory Committee	Virtual
August 18, 2027	Full Commission	Virtual / MS Teams
September 8, 2027	Executive Committee	Virtual
September 22, 2027	Bylaws & Rules	Virtual
October 13, 2027	Executive Committee	Virtual
October 20, 2027	Stakeholder Advisory Committee	Virtual
October 28, 2027	Compliance Committee	Virtual
November 3, 2027	Executive Committee	Virtual

DATE	BODY	LOCATION OR STATUS
November 17, 2027	Full Commission	Virtual / MS Teams
December 8, 2027	Executive Committee	Virtual
December 15, 2027	Stakeholder Advisory Committee	Virtual

Source: data/schedule.tsv, the Commission's public-notice source, as of August 19, 2026. Executive Committee meetings carry public notice at least three days in advance and a public agenda at least twenty-four hours in advance, per Bylaws Article VII, Section 1.

Governance calendar

QUARTER	RECURRING OBLIGATION
First quarter	Adoption of the Meeting Book Design and Content Standard for the year; new Commissioner orientation insert issued with the first Book.
Second quarter	Independent audit or financial review of the prior calendar year presented in the Treasurer’s report (Compact § 10.E.5; Bylaws Art. VIII, § 3).
Third quarter	Mid-year compliance review; bylaws and rules proposals circulated for the thirty-day notice period required before a fourth-quarter vote (Bylaws Art. X).
Fourth quarter	Election of officers; adoption of the budget for the following fiscal year; annual report incorporating the independent audit (Compact § 10.E.5).

2027 SCHEDULE

The proposed 2027 meeting schedule is before the Commission for adoption at this meeting, agenda item VIII.h, Tab 15. On adoption, the Q1 2027 Full Commission Meeting will be held Wednesday, February 10, 2027.

FOR REFERENCE

Communications Since the Q3 2026 Meeting

PLACEHOLDER: press releases, publications, and public announcements issued between the Q3 2026 meeting on August 19, 2026 and the issuance of the final Book will be compiled here from the newsroom.

DATE	RELEASE
September 12, 2026	**Arizona Appoints Dr. Gail Bradley as Commissioner as the EMS Compact Takes Effect in Arizona** Announces Arizona's Commissioner and the Compact taking effect in Arizona. Read the release
September 18, 2026	**Professional Code of Conduct Is a Binding Requirement for the Privilege to Practice** Clarifies that the Professional Code of Conduct is binding on clinicians exercising the privilege. Read the release
September 21, 2026	**Alaska's Implementation of the EMS Compact Is Delayed** Reports the delay in Alaska's implementation. Read the release
September 23, 2026	**Fourth Quarter Commission Meeting Rescheduled to December 9, 2026** Moves the Q4 Commission meeting from November 18 to December 9, 2026, 3:00 PM Eastern. Read the release
October 9, 2026	**Alaska Appoints Todd McDowell as Commissioner as the EMS Compact Goes Live in Alaska** Announces Alaska's Commissioner and the Compact going live in Alaska. Read the release

Source: the Commission newsroom at emscompact.gov/the-compact/news.

FOR REFERENCE

Key Compact Dates and Timeline

Forward-looking dates

DATE	EVENT
September 12, 2026	Arizona's EMS Compact law takes effect.
September 20, 2026	Alaska's EMS Compact law takes effect.
December 9, 2026	Q4 2026 Full Commission Meeting. Officer elections; consideration of the proposed Bylaws revision and of draft Position Paper 2026-02.
Conditional	Connecticut's EMS Compact law takes effect one year after a bordering state (Massachusetts, New York, or Rhode Island) enacts REPLICA.

How the Compact was built

YEAR	EVENT
2012	**The Idea Takes Shape** The Department of Homeland Security's Office of Health Affairs and EMS leaders across the states identify the need for an interstate licensure compact so that EMS clinicians can practice across state lines during disasters and day-to-day mutual aid.
2013	**The National Advisory Panel Convenes** Meeting in January and March 2013, the National Advisory Panel brings together more than twenty national stakeholder organizations to guide early development and build a structure to protect the process.
2014	**REPLICA Model Legislation Released** The Drafting Team finalizes the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA), the uniform model legislation that each state adopts to join.
2015	**The First States Enact the Compact** Colorado becomes the first state to enact REPLICA (signed May 8, 2015), followed by Texas (signed September 1, 2015). The Compact needs ten states to come into existence.
2016	**The Commission's First Staff** Sue Prentiss joins as the Commission's first staff member, serving as Compact Educator to support states adopting and implementing the Compact. The role later became the Executive Director position.

YEAR	EVENT
2017	**The Commission Is Born** With the tenth state's enactment, the activation threshold is met. The inaugural meeting of the Interstate Commission for EMS Personnel Practice is held October 7 to 8, 2017, in Oklahoma City. Commissioners adopt bylaws, elect the first officers, and hold the first rules hearing.
2019	**The Coordinated Database Is Built** The National EMS Coordinated Database (NEMSCD) is built, establishing the secure infrastructure for states to verify licensure status and exchange adverse action information. It became operational on March 10, 2020.
2019	**Dan Manz Becomes Compact Educator** Dan Manz succeeds Sue Prentiss as Compact Educator on December 17, 2019, continuing the Commission's work supporting states as they adopt and implement the Compact.
2020	**Privilege to Practice Activates** On March 15, 2020, the Commission activates day-to-day Privilege to Practice operations, recognizing the public benefit as EMS clinicians respond across state lines during the COVID-19 pandemic.
2021	**The First Executive Director** Ray Mollers is appointed the Commission's first Executive Director on March 1, 2021, as the role grows from Compact Educator into full executive leadership of the Commission's operations.
2023	**Donnie Woodyard, Jr. Becomes Executive Director** Donnie Woodyard, Jr. is appointed Executive Director on July 1, 2023, having previously served as a Colorado Commissioner and as Chair of the Executive Committee.
2026	**States Complete Database Integration** Participating states complete full integration of their licensure data into the National EMS Coordinated Database. Indiana goes live in February 2026, and Delaware completes integration of both its EMT and paramedic licensure data, so every licensed clinician in those states holds a verified Privilege to Practice across the participating states.
2026	**Twenty-Eight States, Twenty-Seven in Force** The Compact has now been enacted in twenty-eight states and is in force in twenty-seven, representing hundreds of thousands of EMS clinicians. Connecticut has enacted the Compact but is not yet operational, and additional states are considering legislation.
2026	**Arizona Goes Live** Arizona's enactment of the Compact takes effect on September 12, 2026, and Arizona becomes the twenty-sixth state in which the Compact is in force. Gail H. Bradley, Medical Director of the Bureau of EMS and Trauma System, is seated as Arizona's Commissioner the same day, and integration with the National EMS Coordinated Database begins.

YEAR	EVENT
2026	**Alaska Goes Live** Alaska's enactment of the Compact takes effect on September 20, 2026, and Todd McDowell, EMS System Manager at the Alaska Department of Health, is appointed Alaska's EMS Compact Commissioner the same day. The Compact goes live in Alaska on October 9, 2026, and Alaska becomes the twenty-seventh state in which the Compact is in force.

Source: data/timeline.json, the curated Commission history published at EMSCompact.gov/the-compact/history/.

TAB 20

FOR REFERENCE

Reference Index

WHY THIS TAB IS AN INDEX

Standing reference material does not change between meetings. Carrying it in full in every Book crowds out the material the Commission is actually deciding: roughly seventy of one hundred twelve pages of the Q2 2025 Book, and a comparable share of the Q2 2026 Book, were unchanging reference text. This tab carries the index. Every document below is published in full and kept current at EMSCompact.gov, and the Commission office will provide any of them on request.

Governing documents and standing reference

DOCUMENT	NOTE	WHERE TO READ IT
REPLICA Model Legislation	The uniform law enacted by each participating state that authorizes the Compact and establishes the Commission.	EMSCompact.gov/the-commission/compact-governance/replica-model-legislation
Commission Administrative Rules	Current edition effective November 6, 2025. Amended February 19, 2025; June 5, 2024; November 5, 2025.	EMSCompact.gov/the-commission/compact-governance/compact-rules
Commission Bylaws	Current edition effective November 15, 2023. Adopted October 17, 2017; amended June 13, 2023; November 15, 2023. A proposed revision comes to the Commission for action at Tab 12 of this Book.	EMSCompact.gov/the-commission/compact-governance/compact-bylaws
Commission policies	Uniform Commission policies supporting consistent state implementation.	EMSCompact.gov/the-commission/compact-governance/compact-policies
Governance and leadership	Current officers, the Executive Committee, Commission staff, and counsel.	EMSCompact.gov/the-commission/compact-governance/leadership
Retired Commissioners	Commissioners who have retired or transitioned since the Commission's founding in 2017.	EMSCompact.gov/the-commission/compact-governance/retired-commissioners

DOCUMENT	NOTE	WHERE TO READ IT
Bylaws and Rules Committee	The committee bringing the Bylaws revision (Tab 12) and the Administrative Rules revision (Tab 13, carried over to Q1 2027).	EMSCompact.gov/the-commission/bylaws-and-rules-committee
Stakeholder Advisory Committee	The Commission's forum for national EMS associations, governmental bodies, and industry.	EMSCompact.gov/the-commission/stakeholder-advisory-committee
Commissioners and states	Per-state pages carrying the enacting statute, the state EMS office, and the current Commissioner.	EMSCompact.gov/the-commission/commissioners
Member states	The states in which the Compact is law, and where the Privilege to Practice is valid.	EMSCompact.gov/the-compact/member-states
Commission meetings	Agendas, meeting books, and approved summaries for every Commission meeting.	EMSCompact.gov/the-commission/commission-meetings
Meetings calendar	The full schedule of Commission, Executive Committee, and committee meetings.	EMSCompact.gov/the-commission/meetings-calendar
National EMS Coordinated Database	The Coordinated Database framework and integration requirements.	EMSCompact.gov/the-commission/national-ems-coordinated-database-(nemscd)
Verify a Privilege to Practice	The public lookup used to verify a clinician's current status.	EMSCompact.gov/ems-personnel/verify-my-status
Resolutions	Resolutions adopted by the Commission, including Resolutions 2026-01 through 2026-04 adopted April 28, 2026.	EMSCompact.gov/resources/resolutions

DOCUMENT	NOTE	WHERE TO READ IT
Terms and definitions	Defined terms used in the Compact, the Rules, and Commission practice.	EMSCompact.gov/resources/terms-definitions
The Commission Seal	The seal and its description.	EMSCompact.gov/the-commission/official-commission-seal

Position papers

NUMBER	TITLE	STATUS	WHERE TO READ IT
2026-01	Criminal Convictions and Licensure of EMS Personnel	Adopted 11 February 2026	Read the paper
2025-01	EMS Workforce Privacy Protection	Adopted 19 February 2025	Read the paper
2024-02	Privilege to Practice Code of Conduct	Adopted 16 October 2024	Read the paper
2024-01	Clarifications and Discussions on Restricting the Privilege to Practice	Adopted 14 May 2024	Read the paper
2023-01	Biometric Criminal History Checks for EMS Personnel	Approved 6 December 2023	Read the paper

Position paper index as of August 19, 2026. Position Paper 2026-02 comes to the Commission for action at Tab 14 of this Book and is not yet adopted.

Executive Committee service history

Officers of the Commission's Executive Committee and their service dates since the Commission was formed in 2017.

CHAIR

NAME	STATE	SERVICE DATES
Kraig Kinney	Indiana	July 1, 2023 to present
Donnie Woodyard, Jr.	Colorado	October 22, 2022 to June 30, 2023
Joseph Schmider	Texas	October 7, 2017 to October 22, 2022
Doug Wolfberg, JD	—	October 7, 2017

VICE CHAIR

NAME	STATE	SERVICE DATES
Wayne Denny	Idaho	July 1, 2023 to present
Kraig Kinney	Indiana	November 2, 2022 to June 30, 2023
Donnie Woodyard, Jr.	Colorado	September 18, 2020 to October 22, 2022
Jeanne Marie Bakehouse	Colorado	October 7, 2017 to September 18, 2020

TREASURER

NAME	STATE	SERVICE DATES
Brad Vande Lune	Iowa	July 1, 2023 to present
Wayne Denny	Idaho	November 6, 2020 to July 2023
Stephen Wilson	Alabama	October 7, 2017 to October 2020

SECRETARY

NAME	STATE	SERVICE DATES
Mark Herrera	Utah	November 5, 2025 to present
Joseph House	Kansas	April 3, 2020 to November 5, 2025
Andy Gienapp	Wyoming	October 7, 2017 to April 2020

COMMISSIONER-AT-LARGE

NAME	STATE	SERVICE DATES
Michael Johnson	Georgia	January 2026 to present
Aaron Koehler	Wyoming	June 2023 to January 2026
Aaron Rhone	Pennsylvania	December 12, 2022 to June 2023
Gary Brown	Virginia	September 23, 2021 to December 2022
Justin Romanello	New Hampshire	June 16, 2020 to September 2021
Donna G. Tidwell	Tennessee	October 7, 2017 to June 2020

IMMEDIATE PAST CHAIR

NAME	STATE	SERVICE DATES
Joseph Schmider	Texas	October 22, 2022 to present

- Doug Wolfberg served as the inaugural Chair of the Commission.
- Donnie Woodyard did not serve as Immediate Past Chair following his term as Chair, because of his appointment as Executive Director.
- The Immediate Past Chair position was vacant from October 7, 2017 to October 22, 2022, while Doug Wolfberg was serving as Compact Counsel.

As of August 4, 2026. Source: the Commission's Executive Committee service history record.

Commission office

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