

Executive Committee Agenda

Location: Virtual Attendance Only

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Passcode: Cz4aeG

Date: Jan 8, 2028

Time: 3:00 p.m. (Eastern Time)

Meeting ID: 225 040 666 220

- I. Call to Order & Welcome - *Commissioner Kinney, Chair*
 - a. Roll Call - *Commissioner House, Secretary*
 - i. () Commissioner Kraig Kinney [IN], Chair
 - ii. () Commissioner Wayne Denny [ID], Vice Chair
 - iii. () Commissioner Joe House [KS], Secretary
 - iv. () Commissioner Brad Vande Lune [IA], Treasurer
 - v. () Commissioner Aaron Koehler [WY], Member-at-Large
 - vi. () Commissioner Joe Schmider [TX], Immediate Past Chair
- II. Public Comment
 - a. Matters Not on the Agenda - *Kinney*
- III. Old Business
 - a. December 2024 Meeting Summary - *House*
- IV. Reports
 - a. Treasurer's Report- *Vande Lune*
 - b. Chair's Report – *Kinney*
 - c. Bylaws & Rules Committee Report – *Schmider*
 - d. Executive Director's Report – *Donnie Woodyard*
 - e. National EMS Coordinated Database Administrator Update – *Ray Mollers*
- V. New Business
 - a. Commission Meeting: February 2025 - *Woodyard*
- VI. Partner Organization Updates
- VII. Adjourn Meeting

Future Executive Committee Dates	Future Commission Meeting Dates
February 12, 2025	February 19, 2025 (Rule Making)
March 12, 2025	May 13, 2025 (Grand Rapids, Mi)
April 2, 2025	August 20, 2025
	November 5, 2025 (Elections)

Meeting Norms:

To allow for equal participation by all attendees during the meeting, please note the following guidelines for all attendees:

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

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

Executive Committee: December 2024 Meeting Summary

Meeting Details:

- **Chairperson:** Commissioner Kraig Kinney
- **Date & Time:** December 4, 2024, 3:00 PM ET
- **Location:** Virtual Meeting via Zoom Conference

EC Member Attendees:

- Commissioner Kraig Kinney [IN], Chair
- Commissioner Wayne Denny [ID], Vice Chair
- Commissioner Joe House [KS], Secretary
- Commissioner Brad Vande Lune [IA], Treasurer
- Commissioner Aaron Koehler [WY], Member-at-Large
- Commissioner Joe Schmider [TX], Immediate Past Chair

Staff Attendees:

- Donnie Woodyard, Executive Director
- Doug Wolfberg, JD, Counsel
- Christie Mellott, JD, Counsel

Agenda & Discussions:

I. Call to Order & Roll Call

- Chair Kinney called the meeting to order, with roll call conducted by Secretary House.
- A quorum was confirmed with all members present.

II. Public Comment

- No public comments were made.

III. Old Business

- **October 2024 Meeting Summary:** Reviewed and approved unanimously.

IV. Reports

1. Treasurer's Report:

- Presented by Executive Director Woodyard on behalf of Commissioner Vande Lune.
- The report was accepted as presented.

2. Chair's Report:

- Chair Kinney highlighted significant stakeholder outreach and meetings.
- Updates covered were addressed in detail in the Executive Director's Report.

3. Bylaws & Rules Committee:

- Commissioner Schmider reported that the bylaws are in final draft status.
- The Ballot Committee is scheduled to meet on December 13 to finalize the draft for a vote.

- The draft bylaws will be posted for public comment in preparation for a February 2025 Full Commission hearing and vote.
 - Executive Director Woodyard will schedule overview sessions on the draft administrative rules in January.
- 4. Data Protection Workgroup:**
- Commissioner Bateman presented a summary of the recommendations from the Data Protection workgroup. A motion to accept the recommendations from the workgroup, with an amendment to remove “Point #3” and to include National Association of EMS Physicians (NAEMSP) as a collaboration partner in data protection.
 - Motion was made by Commissioner House, seconded by Commissioner Koehler, and approved unanimously.
 - The final draft of the Data Protection Position Paper was reviewed by the Executive Committee. Update Position Paper’s title to ‘Data Protection Position Paper 2025-01’, and update the terminology to be consistent with EMS Clinician, as applicable.
 - Motion was made to add this position paper, as adopted for terminology consistency, for consideration by the full commission in February 2025. Motion by Commissioner House, seconded by Commissioner Koehler, and approved unanimously.
- 5. Executive Director’s Report:**
- Updates included:
 - Technical assistance provided to Louisiana and Tennessee to ensure consistent application of Compact legislative requirements.
 - Completion of a new five-year agreement with the National Registry of EMTs for continued partnership and technical services.
 - Participation in the U.S. Fire Administration’s National Fire Summit and a Wildland Agency meeting.
 - Updates to the EMS Compact website for improved user experience and fresh content.
 - Presentation on the Compact at the Texas EMS Conference.
 - Proposals submitted to EMS World Expo, the Journal of EMS Conference, and the American Ambulance Association Conference.
 - Highlighted the widespread distribution of a video podcast recorded with Prodigy EMS about the EMS Compact.

V. New Business

- 1. February 2025 Full Commission Meeting:**
 - Updates were provided on preparations for the upcoming meeting, including hearings on the draft bylaws and administrative rules.
- 2. Data Protection Workgroup Recommendations:**
 - Recommendations from the position paper were approved unanimously, as noted in the workgroup report.
- 3. Joint Position Paper on Certification & Licensure:**
 - Discussed as an upcoming focus for 2025.

VI. Partner Organization Updates

- **NASEMSO:**
 - Dia Gainor noted their upcoming board retreat and the launch of their new website.
- **International Association of Fire Chiefs:**
 - Chief Joles reminded attendees about the Fire Rescue1 Med Conference scheduled for May 2025.

VII. Adjournment

- The meeting was adjourned following the completion of the agenda.

Summary of Motions:

Motion #	Motion Summary	1st	2nd	Vote
1	Approve October 2024 Meeting Summary	House	Koehler	Pass
2	Approve Data Protection Workgroup Recommendations	House	Koehler	Pass
3	Add Data Protection Position Paper to Q1 2025 Commission Agenda	House	Koehler	Pass

The official record of this meeting is an audio recording available on www.EMSCompact.gov.

Previous Balance	55,407.36	11/29/2024
Debits	6,425.00	Debit - (12/13/2024)
	1,000.00	Debit - (12/20/2024)
	6,425.00	Debit - (01/02/2025)
Subtotal	41,557.36	
Credits	40,000.00	12/5/2024 NREMT
Current Balance	81,557.36	12/1/2024
Pending Debits	0.00	
Pending Credits	0.00	
Pending Balance	81,557.36	12/1/2024

Respectfully submitted,

Brad VandeLune,
Iowa Commissioner | Treasurer



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Good Morning Brad Vandelune

- Dashboard
- Account Information
- My Settings

Transaction Report for account *6805

Reported on Jan 6, 2025 10:19 AM EST

Current Available \$81,557.36
Current Ledger \$81,557.36
Memo Available Balance \$81,557.36
Total Sweep Relationship Balance \$81,557.36

Actions

[Transaction Search](#)

[Balance Reporting](#)

[Export Report](#)

Date	Description	Credit	Debit	Running Balance
01/02/2025	ACH Debit Received Interstate Comm 2025 IC XXXXX4488		\$6,425.00	\$81,557.36
12/20/2024	ACH Debit Received Interstate Comm 2024 Bonus XXXXX4488		\$1,000.00	\$87,982.36
12/13/2024	ACH Debit Received Interstate Comm 4th Qtr 24 XXXXX4488		\$6,425.00	\$88,982.36
12/05/2024	Incoming Money Transfer Incoming Wire Transfer THE NATIONAL REGISTRY OF EMERGENCY BMG OF 24-12-05	\$40,000.00		\$95,407.36



January 2025 NEMSCD Administrator Report

State EMS Onboarding

24 **278,640** **325,000**

MEMBER STATES

COMPACT PROVIDERS
IN DATABASE

TOTAL ESTIMATED
COMPACT PROVIDERS

State EMS Office	Latest API Submission Date	First API Submission Date
GEORGIA	01/06/2025	10/05/2021
VIRGINIA	01/06/2025	04/01/2020
ALABAMA	01/04/2025	02/25/2021
IDAHO	01/04/2025	02/07/2022
IOWA	01/04/2025	11/01/2023
TEXAS	01/04/2025	04/02/2021
COLORADO	01/03/2025	10/26/2020
KANSAS	01/03/2025	07/30/2021
MISSISSIPPI	01/03/2025	04/28/2022
MISSOURI	01/03/2025	10/20/2021
SOUTH CAROLINA	01/03/2025	03/25/2021
UTAH	01/03/2025	09/29/2021
WEST VIRGINIA	01/03/2025	10/20/2021
WYOMING	01/03/2025	06/16/2021
NEVADA	01/02/2025	09/28/2023
LOUISIANA	12/28/2024	08/10/2021
SOUTH DAKOTA	06/26/2024	08/27/2021

Last Meeting/Coordination

South Dakota	1/9/2025	Coordination Meeting Planned
Delaware BLS	1/8/2025	Conducting Data Testing
Tennessee	12/2/2024	TN / Vendor / NR Meeting Conducted
Nebraska	9/4/2024	Commissioner Stated unable to comply
North Dakota	6/26/2024	ND Vendor setting up to send initial data to QA
Delaware ALS	5/14/2024	Pending EMS ID Primary Project
Pennsylvania	4/26/2024	Waiting Acadis; Presentation on 8/22
Indiana	4/25/2024	Waiting Acadis; Presentation on 8/23
Oklahoma		Nothing to update.

State EMS Office	Most Recent Discipline Created Date	Cases Created Last Four Months	Most Recent Discipline Update Date	Cases Updated Last Four Months
IDAHO	01/02/2025	2	12/14/2023	2
TEXAS	12/23/2024	11	05/20/2024	11
LOUISIANA	12/20/2024	21	09/24/2024	21
GEORGIA	12/02/2024	6	12/03/2024	6
IOWA	11/19/2024	9		9
WYOMING	11/15/2024	1		1
MISSISSIPPI	11/01/2024	1		1
KANSAS	06/07/2024	0	03/01/2024	0
UTAH	06/06/2024	0	06/06/2024	0
COLORADO	05/29/2024	0	10/09/2023	0
SOUTH CAROLINA	10/12/2022	0		0
MISSOURI	01/14/2022	0		0
ALABAMA		0		0

Current NEMSCD Projects

EMS ID Primary Identifier	QA Testing in progress
NREMT# / EMS ID#	TBD Q1 2025
National Registry Data Tab	TBD Q1 2025
Report Functionality	TBD Q1 2025

Data Protection Work Group Report and Action Plan
Approved by the Executive Committee December 4, 2025

The Data Protection Work Group was established by the Executive Committee of the Interstate Commission for EMS Personnel Practice in response to growing concerns over cybersecurity threats and the need to protect EMS personnel's personal information. The work group acknowledges current protections developed by the Commission covering types of data, data ownership, and data sharing and use. This executive summary presents an overview of the work group's recommendations and prioritizes action items.

In the following order of priority, the work group recommends that the Commission:

1. Develop model administrative rules and legislation for voluntary adoption by states that include best practices around access to and release of bulk data, validation of data requestors, and data encryption.
2. Partner with the National Association of State EMS Officials (NASEMSO), the National Association of EMS Physicians (NAEMSP) and stakeholders to draft a joint position paper that proposes best-practices regarding types of data, data ownership and use, and sharing of minimum necessary data.
3. Facilitate briefings and enhanced collaboration with Cybersecurity and Infrastructure Security Agency (CISA), the Department of Justice (DOJ), and the Federal Bureau of Investigation (FBI) to better understand potential threats associated with bulk data requests and best practices for data protection.
4. Monitor federal rulemaking related to Presidential Executive Order 14117, "Preventing Access to Americans' Bulk Sensitive Personal data and United States Government- Related Data by Countries of Concern."

Considering the increase in doxing incidents targeting healthcare workers and the evolving landscape of domestic and global security threats, the work group is committed to thorough and timely implementation of these recommendations.



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Draft Position Paper 2025-01

EMS Workforce Privacy Protection

Introduction

The Interstate Commission for EMS Personnel Practice recognizes the importance of balancing public access to EMS personnel licensure data while concurrently protecting the privacy and security of the workforce. Considering increasing threats of doxxing, especially targeting public health, healthcare, and government employees following the COVID-19 pandemic, and heightened concerns about terrorism threats (domestic and global), cybersecurity, and national security, there is a pressing need to ensure reasonable safeguards are in place to protect EMS personnel's personal information. This position paper aims to address these concerns by proposing guidelines for states to protect bulk access to EMS personnel data, ensuring primary source validation of EMS clinician licenses while safeguarding their individual privacy and security.

Background:

EMS clinicians play a crucial role in public health and safety, and their license credentials must be verifiable. However, the exposure of personal information poses a significant risk to their safety, especially in the current environment of increased doxxing and security threats. Balancing the need for public and employer access to EMS clinician data with privacy and security concerns is essential.

Public Access to Licensing Systems:

The public should have access to perform queries of licensing systems to verify EMS clinician credentials. This access can be facilitated by providing options to validate an EMS clinician's license status by using the clinician's name, National EMS ID number, or state issued license number. The information displayed to the public should include:

1. EMS Clinician's legal name
2. License level
3. National EMS ID number
4. Expiration date of the license
5. License status (active, inactive, restricted, expired, etc.)

Protection of Personal Identifiable Information (PII):

To safeguard EMS clinician's Personal Identifying Information (PII), privacy and security, certain information should be restricted. Restricted information should include: residential addresses, phone numbers, email addresses, and other PII. The exposure of this information is not necessary to validate a license and poses a direct risk to the safety and well-being of EMS clinicians, especially in cases of doxxing or harassment.

Bulk Release of Records:

The bulk release of EMS clinician records, including the release of all EMS clinicians licensed in a particular state or region, should be restricted and limited to cases where it is absolutely necessary for the public's health, safety and welfare. When such releases are determined to be justified, minimum data sets necessary to fulfill the justified purpose are encouraged. For example, a minimum data set may include:

1. EMS Clinician's First Initial and Last Name
2. License level
3. License status
4. Expiration date of the license

This minimal data set is sufficient for most verification and reporting needs, while minimizing the risk associated with the exposure of additional personal information.

National Security Implications:

Exposing full datasets that include home addresses of EMS clinicians and other PII presents a significant security risk. In an era of increasing cyber threats and the potential for hostile actors to exploit large datasets, the protection of this sensitive information is paramount. Ensuring that EMS clinician's personal data is secure is not only in the interest of individual responders but also critical for national security.

Conclusion:

The Interstate Commission for EMS Personnel Practice urges all states (Compact and Non-Compact) to take immediate action by reevaluating and strengthening their data security policies. This initiative is crucial to ensure the comprehensive protection of Personal Identifiable Information (PII) and sensitive data related to EMS Practitioners. Striking a balance between public and employer access to EMS personnel data is paramount, especially in light of the growing threats of doxxing and the escalating concerns surrounding cyber and national security.

States must act swiftly to implement these measures. By doing so, they not only uphold the integrity of EMS clinician licensing systems but also safeguard the privacy and security of those who tirelessly serve on the frontlines of public health and safety. Join us in this vital mission to secure the data of EMS personnel and fortify our nation's defenses.



PROPOSED ADMINISTRATIVE RULES

As Approved By The Bylaws & Rules Committee on December 13, 2024

For Consideration By the Commission on February 19, 2025

These Proposed Administrative Rules are **not final and have not been approved by the Commission.**

Changes to current rules designated by SMALL CAPS IN RED TEXT.

Deletions from current rules in red ~~strike-through text~~.

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**”¹; 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 individual **EMS CLINICIAN** is authorized to practice in a Remote State under a privilege to practice.

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- 38 2.6 **“Coordinated Database”** ALSO REFERRED TO AS THE NATIONAL EMS COORDINATED
39 DATABASE (NEMSCD) means: the information system AND CONSOLIDATED DATA established
40 and maintained by the Commission as set forth in the Compact. THE COORDINATED
41 DATABASE COLLECTS, MAINTAINS, ANALYZES, REPORTS, AND SHARES AUTHORIZED
42 INFORMATION ON EMS PERSONNEL LICENSURE, CERTIFICATION, PRIVILEGE TO PRACTICE,
43 INVESTIGATIONS, ENFORCEMENT, AND DISCIPLINARY INFORMATION.
- 44 2.7 **“Coordinated Database Administrator”** means: the contractor, person or employee named
45 by the Commission to provide oversight and management of the Coordinated Database.
- 46 2.8 **“EMS Agency”** means: an organization that is authorized by a State EMS Authority to
47 operate an ambulance service, or non-transport service.
- 48 2.9 **“EMS CLINICIAN”** MEANS: AN INDIVIDUAL LICENSED BY A JURISDICTION IN THE UNITED
49 STATES AS AN EMERGENCY MEDICAL TECHNICIAN (EMT), ADVANCED-EMT (AEMT),
50 PARAMEDIC, OR A LEVEL IN BETWEEN EMT AND PARAMEDIC.
- 51 2.10 **“License”** means: the authorization by a State for an individual to practice as an EMT,
52 AEMT, Paramedic, or a level in between EMT and Paramedic.
- 53 2.11 **“LICENSE ENDORSEMENT”** MEANS AN AUTHORIZATION BY THE STATE EMS AUTHORITY TO
54 PERMIT THE EMS CLINICIAN TO PERFORM ADDITIONAL SKILLS OR INTERVENTIONS AS A
55 SUPPLEMENT TO THE EMS CLINICIAN’S SCOPE OF PRACTICE.
- 56 2.12 **“Member State”** means: a State that has enacted the Compact.
- 57 2.13 **“National EMS ID number”** means: a randomly generated, unique 12-digit identification
58 number issued by the National Registry of EMTs.
- 59 2.14 **“Notify the Commission”** means: communication whether written, verbal or through
60 submission of information through the Coordinated Database. For the purposes of these
61 Rules, submission of information to the Coordinated Database shall be deemed to have
62 satisfied any requirements under the Compact to a Home State or Member State. Nothing in
63 the Commission Rules shall be construed as prohibiting the sharing of information directly
64 between Member States, assuming all other requirements for submission to the Coordinated
65 Database are satisfied.
- 66 2.15 **“Non-Member State”** means: a State, territory or jurisdiction of the United States that has
67 not enacted the Compact.
- 68 2.16 **“PERSONALLY IDENTIFIABLE INFORMATION” (PII)** MEANS: ANY REPRESENTATION OF
69 INFORMATION THAT PERMITS THE IDENTITY OF AN INDIVIDUAL TO WHOM THE INFORMATION
70 APPLIES TO BE REASONABLY INFERRED BY EITHER DIRECT OR INDIRECT MEANS. FURTHER, PII IS
71 DEFINED AS INFORMATION: (I) THAT DIRECTLY IDENTIFIES AN INDIVIDUAL (E.G., NAME,
72 ADDRESS, SOCIAL SECURITY NUMBER OR OTHER IDENTIFYING NUMBER OR CODE, TELEPHONE
73 NUMBER, EMAIL ADDRESS, ETC.) OR (II) BY WHICH AN AGENCY INTENDS TO IDENTIFY SPECIFIC
74 INDIVIDUALS IN CONJUNCTION WITH OTHER DATA ELEMENTS, I.E., INDIRECT IDENTIFICATION.
75 (THESE DATA ELEMENTS MAY INCLUDE A COMBINATION OF GENDER, RACE, BIRTH DATE,
76 GEOGRAPHIC INDICATOR, AND OTHER DESCRIPTORS). ADDITIONALLY, INFORMATION
77 PERMITTING THE PHYSICAL OR ONLINE CONTACTING OF A SPECIFIC INDIVIDUAL IS THE SAME AS

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PERSONALLY IDENTIFIABLE INFORMATION. THIS INFORMATION CAN BE MAINTAINED IN EITHER PAPER, ELECTRONIC OR OTHER MEDIA.

- 2.17 “Privilege to Practice”** means: an individual’s authority to deliver emergency medical services in Remote States as authorized under this compact.
- 2.18 “REMOTE STATE APPROPRIATE AUTHORITY”** MEANS: THE STATE EMS AUTHORITY, THE PHYSICIAN EMS MEDICAL DIRECTOR, OR THE EMS AGENCY.
- 2.19 “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.
- 2.20 “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.
- 2.21 “State”** means: any State, commonwealth, district, or territory of the United States.
- 2.22 “State EMS Authority”** means: the board, office, or other agency with the legislative mandate to License EMS personnel.
- 2.23 “Subject”** means: an individual who is under investigation by a State EMS Authority for alleged misconduct.
- 2.24 “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.

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 individual~~ 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 AND SECTION 11 OF THESE RULES; and
 - (B) the ~~EMS CLINICIAN individual~~ 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 results of the individual’s criminal history background check are documented by all Home States where the individual is Licensed as qualified; and~~

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- (C) the EMS CLINICIAN ~~individual~~ has an unrestricted License issued by the Home State ~~wherein the EMS agency for which the individual is practicing in the Remote State;~~ and
- (D) the EMS CLINICIAN'S ~~individual~~ 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
- (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'; AND

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 ~~individual~~ Licensed by the Home State to the Commission as described in Section 11.3 of these Rules as unrestricted, restricted, suspended, revoked or denied.
- (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:
 - (1i) 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
 - (2ii) 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.

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

- (A) the Home State License is restored or unrestricted; or
- (B) the Privilege to Practice restoration is authorized as Stated in section 4.1(B)(i) of these Rules and
 - (1i) the Remote State restores the Privilege to Practice or removes the restriction of the privilege to practice; and
 - (2ii) the EMS CLINICIAN ~~individual~~ 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 ~~individual~~ Licensed in non-reporting Home States. EMS CLINICIANS ~~individual~~ Licensed in a Home State that does not collect and submit all elements of the

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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 ~~individual~~ 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 ~~his or her~~ Home State unless or until modified by the REMOTE STATE APPROPRIATE AUTHORITY. ~~appropriate authority in the Remote State.~~

~~(A) — Each Member State EMS authority that chooses to modify the scope of practice of individuals who are functioning in the State under a Privilege to Practice must report the specific modifications to the Commission for publication as described in these Rules.~~

~~(A) — If the statutes and Rules in the Remote State allows further modification of the scope of practice, an EMS agency may further modify an individual's scope of practice. If the EMS authority of the Member State in which patient care is provided specifies a scope of practice that the EMS agency must follow, the individual will follow the scope of practice for the EMS agency for which the individual is providing patient care.~~

(A) WHEN PROVIDING CARE IN A REMOTE STATE:

(1) THE EMS CLINICIAN MUST PRACTICE ONLY THROUGH AN EMS AGENCY THAT IS AUTHORIZED TO OPERATE IN THE REMOTE STATE.

(3) 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.

(B) IF THE HOME STATE AND REMOTE STATE RECOGNIZE AN EXPANDED SCOPE OF PRACTICE, LICENSE ENDORSEMENTS, OR SPECIALTY CERTIFICATIONS ISSUED BY THE INTERNATIONAL BOARD OF SPECIALTY CERTIFICATIONS (IBSC), THE REMOTE STATE MAY RECOGNIZE THE EXPANDED SCOPE OF PRACTICE.

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~~4.5 Notification. A Member State shall notify the Commission of any scope of practice modifications or limitations for individual (from another Member State) providing patient care in the State under the privilege to practice.~~

~~4.6 Publication of scope of practice. The Commission shall publish the scope of practice limitations and modifications for all Member States in the Commission's standards manual that is incorporated in these Rules.~~

~~A) Updates to the standards manual will be published each year on July 1.~~

~~B) The standards manual will be made available on the Commission website.~~

~~4.5 EMS CLINICIAN individual responsibility. An EMS CLINICIAN individual 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, as described in the most current version of the Commission's standards manual.~~

~~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.~~

SECTION 5. Not Used

SECTION 6. Not Used

SECTION 7. Not Used

SECTION 8. Adverse Actions

8.0 Investigation.

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- (A) Member States ~~SHALL~~ ~~may~~ 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 individual~~ 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 individual~~ 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 individual~~ 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

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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

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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

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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 ~~(Reserved)~~

(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 ~~Coordinated Database~~ **General**

- (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. ~~in accordance with the Compact Data Participation Agreement.~~
- ~~(1) **Data ownership.** 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) **A Member State may designate Member State information that may not be shared with the public without the express permission of the contributing State.**~~
- ~~(B) **Access to the Coordinated Database.** Member States shall have access to the Uniform Data Set submitted by other Member States.~~
- (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 ~~have thirty (30) days to initially~~ provide the ~~Member State's~~ 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 ~~collect one or more elements of~~ 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. ~~initially submit all elements currently collected within thirty (30) days and shall collect and submit any missing elements within eighteen (18) months.~~

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- (D) **Maintenance of Uniform Data Set.** The accuracy of **MEMBER STATE DATA** SUBMITTED TO AND ~~information~~ maintained in the Coordinated Database, ~~to the extent it is possible,~~ shall be the responsibility of Member States.
- (E) **Correction of records.** In the event an **EMS CLINICIAN individual** asserts that the individual's Uniform Data Set information is inaccurate, the ~~individual~~ 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. provide evidence in a manner determined by the individual's Home State that substantiates such claim. A Home State shall verify and submit to the Commission an amendment to correct the Uniform Data Set of an individual.~~

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 FIRST

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NAME AND 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) FIRST NAME

(B) 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 FIRST NAME AND 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.

11.32 Uniform Data Set. Member States ~~SHALL must~~ submit the following Uniform Data Set to the Coordinated Database at the frequency indicated.

- (A) **Identifying information.** The following information for each **EMS CLINICIAN individual** 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

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- (b) National EMS ID number.
- (B) **Licensure data.** The following information for each **EMS CLINICIAN individual** 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; 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.)
- (C) **Significant ~~investigative~~ INVESTIGATORY information.** ~~IN THE FULFILLMENT OF PUBLIC PROTECTION, MEMBER STATES SHALL SUBMIT SIGNIFICANT INVESTIGATORY INFORMATION TO THE COORDINATED DATABASE, INCLUDING BUT NOT LIMITED TO: The following information must be reported as soon as possible, but no later than two (2) business days of the Member State completing the preliminary inquiry:~~
- (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.
- (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 11.32(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.** The information as described in section 4.1 of these Rules for each **EMS CLINICIAN individual** 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 Privilege to Practice status must be reported as soon as possible,

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but no later than two (2) business days of the change being processed by the Member State.

(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 ~~individual~~ 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) — Any denial of applications for licensure. The following information must be reported within one month of the denial:—~~

(1) Applicant's identifying information as Stated in Section 11.32(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 declaration of the duration of the denial.~~

(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 ~~individual~~ 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.

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(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.

- (A) **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.
- (B) **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.
- (C) **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.
- (D) **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.

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

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- 783 (d) The response must be issued, in writing copied to the Executive
784 Committee, within 30 calendar days from the receipt of the dispute
785 letter.
- 786 (e) If interpretation of the Compact is necessary, the Commissioner(s) shall
787 contact the Executive Committee via the Executive Director to request
788 assistance in interpreting relevant provisions.
- 789 (f) The Commissioner raising the concern shall document all attempts to
790 resolve the issues.
- 791 (2) If the issues cannot be resolved between the Member States, the dispute shall
792 be referred to the Executive Committee for further consideration.
- 793 (3) Disputes between two (2) or more Member States which cannot be resolved
794 through informal resolution or through the Executive Committee, may be
795 referred to mediation and/or an arbitration panel to resolve the issues.

796 (F) Mediation.

- 797 (1) A Compact State that is a party to a dispute may request, or the Executive
798 Committee may require, the submission of a matter in controversy to
799 mediation.
- 800 (2) Mediation shall be conducted by a mediator appointed by the Executive
801 Committee from a list of mediators approved by the National Association of
802 Certified Mediators, or a mediator otherwise agreed to by all parties to the
803 dispute and pursuant to procedures customarily used in mediation proceedings.
- 804 (3) If all issues are resolved through mediation to the satisfaction of all Member
805 States involved, no further action is required.
- 806 (4) In the event mediation is necessary, and unless otherwise agreed in advance by
807 all parties, the prevailing party or parties may be entitled to recover the costs of
808 such medication, including reasonable attorneys' fees, to the extent permitted
809 by State law of the prevailing party State. The Commission shall not be liable
810 for any fees, costs or charges pertaining to mediation.

811 (G) Arbitration.

- 812 (1) In the event of a dispute between Member States that cannot be resolved
813 through informal means or by mediation, the Commissioner of the initiating
814 Member State(s) shall submit an Arbitration Request form to the Executive
815 Director with a copy to be sent by the initiating State to the other Member
816 State(s) involved.
- 817 (2) Each Member State party to the dispute shall submit a signed Arbitration
818 Agreement.
- 819 (3) The Executive Director shall coordinate the arbitration process.
- 820 (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.

SECTION 15. Not Used

Proposed Rules

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Proposed Rules

Public Comments, as of 8 JAN 2025, on the proposed Administrative Rules

#	Name	Organization	Comment
1	Norris Croom	Castle Rock (CO) Fire and Rescue Department	I support the proposed rules as well as the Code of Conduct, and I believe that this is a significant step for the Compact as a whole. Continued positive steps in the right direction!
2	Jason Geer	Critical Care Paramedic	I like the idea of specialty certifications being recognized.
3	Rob Wronski	Best Practice Medicine, LLC	While I appreciate the move towards clarification on the data base use, a code of conduct, and acceptance of "side credentials" across member states, what we truly need is a process whereby each member state and its regional councils agrees that an EMS license is truly recognized and can be utilized across ALL member states without delays, extra courses, or even in some cases, out-right rejection of a COMPACT recognized home-state license and mandatory certification through the remote states regulatory system. An acceptance of a COMPACT license at the state level does no good for someone who must then go through several steps at the "Health District" level to have a privilege to practice. In some cases these processes take two or more weeks to complete, delaying manpower to severely depleted workforces. It is even more disheartening and against all the EMS COMPACT was designed to do to still have member states deny practitioners a privilege to practice upon arrival to a member state until they have fully obtained that states licensure. I do not understand why these states are still considered "member states" if they do not recognize their own statutes. I and the EMS community appreciate all the Commissioners do on a daily basis and we look forward to the spreading of the compact across the remaining half of our country. Thank you for this opportunity to speak and I am always available to discuss specifics of my comments without placing them in this public forum. RAW//
4	Nathan Boone	Gmr (Airevac)	I hope this message finds you well. I appreciate your attention to my thoughts on a matter that significantly impacts our operations in the Emergency Medical Services (EMS) sector. As a professional at Airevac, I have witnessed the challenges associated with maintaining multiple state licenses. The process is not only time-consuming but also poses a financial burden on EMS providers, as each state establishes its own set of criteria and requirements. This regulatory landscape can hinder our response capabilities. For instance, when an open shift occurs in a neighboring state, I am eager to assist, given that my company operates across various states. However, without the requisite state license, I am unable to contribute. This leads to unfilled shifts and ultimately affects the communities we serve negatively. In my view, a more streamlined approach to licensing could greatly benefit the EMS community. I propose that we maintain only two licenses: one for the state in which we reside and pay taxes, and one for our national registry. Such a change could enhance our ability to respond effectively to community needs and optimize the

			utilization of available resources. I urge you to consider revising the current regulations to allow EMS providers to operate at their full potential. This could lead to a positive impact for both providers and the communities we serve. Thank you for considering this proposal. I look forward to your response. Best regards, Nathan Boone NREMTP, FPC Airevac 12
5	Bob Cix	Fix Solutions	My thought on EMS Certification is this. There should be a complete back ground check with finger prints for all applications including a sex offender registration inquiry to serve as an EMS, if there already is not one.
6	Charles James	Ambitrans Ambulance	I would love to see Florida become part of the EMS compact.
7	Tim Marr	GMR (AIREVAC)	I am in favor of the EMS compact. This would give more opportunities for EMS clinicians. I am currently licensed in 3 states and it is sometimes overwhelming to maintain all 3 licenses. As long as you are in good standing with your state and have your National Registry you should be able to practice within other states that are in the compact.
8	Darren Graham	Air evac life team	A compact license is so needed in EMS. Currently I maintain 3 licenses because of my area. State lines do not change the job we perform.
9	James Kellum	Air Evac Lifeteam	Paramedics! My proposal would be for us to only have two licenses: the state in which we reside and our national registry. This would be super beneficial for us and help us save money
10	Dustin Kirkpatrick	Oregon County Ambulance District	My District borders another state. Having a compact license would be beneficial in obtaining personnel as we provide service in both states, Missouri and Arkansas.
11	Jessica Roberts	Air Evac Lifeteam	Having a compact license would make it much easier to work in other states. I currently maintain 3 separate licenses and am looking at a 4th. With a compact I would not need to keep obtaining further state license.
12	Taylor Houston	Airevac	I have been a paramedic for 22 yrs and work in multiple states often as a flight medic. It is an unbelievable hassle to get licensed state to state especially when we are already nationally registered. There is no reason for all nurses to have a compact license and not medics.
13	Kevin Yoder	Air Evac Lifeteam	Compact for paramedics is a much needed for the EMS profession. The shortage of EMS professionals would benefit greatly from a compact.
14	Jimmie Melson	Air Evac lifeteam	This would reduce the cost for me, as I live on the Tennessee, Mississippi, and Alabama state line. I have to have 3 different licenses. One for each state. If the compact passes it would save me some money.

15	Kaitlin Purvis	Air Evac Lifeteam	Yes. I vote to introduce the compact state licensure system within EMS at the paramedic level.
16	William Cross	Airevac lifeteam	I concur with the proposal. A nationwide compact would reduce financial strain on the provider, facilitate better coverage of personnel and it just makes sense. I would also add that EMS needs to be pulled from the NHTSA and relocated to the department of health or some other organization that actually deals with Healthcare.
17	Jace Mullen	Flight For Life Colorado	As a Critical Care Flight Paramedic I am required to hold certifications and licensure in multiple states, all with idiosyncratic recertification and continuing education needs despite all being National Registry states. An interstate compact would be a step towards interoperability as well as set a national standard and expectations. It would significantly reduce the the burden of maintaining multiple states.
18	Jared Schoenfeld	Blue Ridge Community College, NC	This rule is long overdue. With the NHTSA standards, COAEMSPs, and NREMT, the minimum standard has been established across the US. There is no reason that EMS care needs to stop at a state's border when there are agencies that exist near those borders and can provide care faster than another agency within that neighboring state. Also, this will streamline mutual aid agreements.
19	Stephen Wilcox	CareFlite Air (TX)	This would be greatly beneficial in allowing clinicians who work on state borders to work in other states or multiple states without having to hold multiple license. State licensing cost continue to increase and for the most part just take your info on NREMT or your state of residency to process the new license. This is a money grab for these states and does not have any other real purpose.
20	Mary Sheridan	Chicago Fire Department	I support several aspects of this compact. Development of national standards for personnel licensure and regulation, and facilitation of information exchange between member states specifically regarding adverse events and investigatory information will protect the public and will also protect the profession of prehospital providers. A process to support military medics separating from active duty and transitioning to civilian prehospital care will tap into that level of experience, and provide an additional way to meet the need for providers. Adapting a single exam (NREMT) will ensure that all providers are meeting a uniform minimum standard of care. Standardizing the Privilege to Practice Requirements for both providers and Compact Member States. I have no criticism of this compact.