

2025

Q1 MEETING

FEBRUARY 19, 2025



Contents

Agenda	1
Roll Call	2
Member States (Map)	3
Previous Meeting Minutes (Q3 2024).....	4
Database Administrator Report	5
Draft Position Paper 2025-01 EMS Workforce Privacy Protection	6
Feedback on Proposed Administrative Rules	7
Proposed Administrative Rules	15
Meeting Schedule (2025)	36
Key Compact Dates & Timetable	37
Press Releases	38
Commissioner Appointment Memo Template	40
Compact PTP Scenarios.....	41
Executive Committee Service History	48
State Legislation Reference	49
Model Legislation	50
Current Administrative Rules	59
Current Bylaws.....	75
Commission Seal	81

Q1 2025 Meeting Agenda

Location: Microsoft Teams
Date: February 19, 2025
Time: 3:00 p.m. (Eastern Time)

- I. Call to Order & Welcome - *Commissioner Kinney (IN), Chair*
 - a. Commissioner Roll Call - *Commissioner House (KS), Secretary*
 - b. Declare Quorum Present - *Kinney*
 - c. Introduce New Commissioners - *Kinney*
 - d. Adopt Business Agenda - *Kinney*
- II. Public Comments Regarding Matters Not on the Agenda - *Kinney*
- III. Reports
 - a. Chair's Report – *Kinney*
 - b. Treasurer's Report – *Commissioner Brad Vande Lunde (IA)*
 - c. Executive Director Report – *Woodyard*
 - d. Bylaws & Rules Committee, Report on Conceptual Rules – *Commissioner Joe Schmider (TX)*
 - e. Database Administrator Report – *Ray Mollers (NREMT)*
- IV. Old Business
 - a. Action: Approve Q4 2024 Meeting Minutes - *House*
- V. New Business
 - a. Position Paper: 2025-01, EMS Workforce Privacy Protection
 - b. Administrative Rulemaking
- VI. NGO / Stakeholder Partner Updates
- VII. Adjourn Meeting

Meeting Norms:

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

- Public Attendees:
 - Public attendance is encouraged.
 - Microphones for all attendees will be muted upon arrival.
 - Members of the public may request to speak during public comment periods. Once recognized by the Chair public attendees should announce their name and organization before speaking. Public comments are limited to two minutes or less.

*All times are approximate.



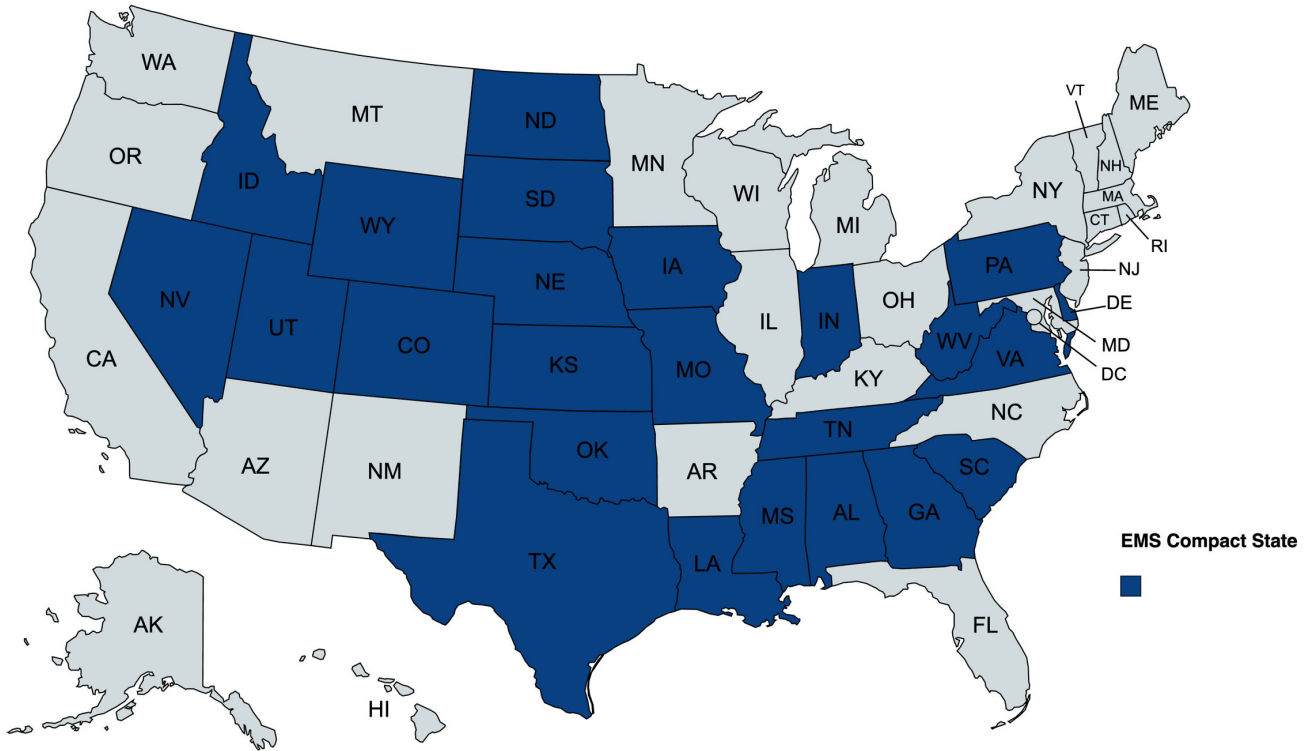
Commissioner Roll Call - October 16, 2024

State	Commissioner	Elected Role	Present Absent
Alabama	Jamie Gray		☐ Present ☐ Absent
Colorado	Michael Bateman		☐ Present ☐ Absent
Delaware	Britany Huss		☐ Present ☐ Absent
Georgia	Michael Johnson		☐ 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	Secretary	☐ Present ☐ Absent
Louisiana	Susan Bailey		☐ Present ☐ Absent
Mississippi	Teresa Windham		☐ Present ☐ Absent
Missouri	George Miller		☐ Present ☐ Absent
Nebraska	Tim Wilson		☐ Present ☐ Absent
Nevada	Bobbie Sullivan		☐ Present ☐ Absent
North Dakota	Christopher Price		☐ Present ☐ Absent
Oklahoma	Wyatt Hockmeyer		☐ Present ☐ Absent
Pennsylvania	Anthony Martin		☐ Present ☐ Absent
South Carolina	Jonathan Jones		☐ Present ☐ Absent
South Dakota	Whitney Burrows		☐ Present ☐ Absent
Tennessee	Brandon Ward		☐ Present ☐ Absent
Texas	Joseph Schmider	Immediate Past Chair	☐ Present ☐ Absent
Utah	Mark Herrera		☐ Present ☐ Absent
Virginia	Camela Crittenden		☐ Present ☐ Absent
West Virginia	David Jamie Weller		☐ Present ☐ Absent
Wyoming	Aaron Koehler	At-Large	☐ Present ☐ Absent

Ex-Officio & Staff

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

MAP: 2024 EMS Compact Member States



Interstate Commission for EMS Personnel Practice Meeting Summary**Date:** October 16, 2024**Time:** 3:00 PM Eastern**Location:** Microsoft Teams**I. Call to Order & Welcome**

- **Chairperson:** Commissioner Kraig Kinney (IN)

The meeting of the Interstate Commission for EMS Personnel Practice was convened on October 16, 2024, at 3:01 p.m. Eastern Time via Microsoft Teams. Chairperson Kinney presided over the meeting, welcomed all attendees, and outlined the meeting protocol.

- **Roll Call** – Secretary: Commissioner Joseph House (KS)
Secretary House conducted a roll call. Commissioner and Vice-Chairperson Wayne Denny (ID) was excused due to an unexpected budgetary hearing in his state. Chairman Kinney declared being short of a quorum present with 12 of 24 members. Special Presentations were moved forward in the Business Agenda at the Chair's discretion.

II. Special Presentations

- **Introduction to Patient Safety Organizations (PSOs) and EMS with the Center for Patient Safety** – Daniel P. Burke, MBA, NRP – Center for Patient Safety
- **Introduction to Wymo and Autonomous Vehicles** – Peter Teliha, First Responder Ambassador – Emergency Response & Outreach
Commission received the above presentations.

Chairman Kinney advised with the arrival of Commissioner Jamie Gray (AL) during the 2nd special presentation, a quorum has been met and is present.

Returning to the Matter of Call to Order & Welcome

- **Introduction of New Commissioners** – Chairman Kinney (IN)
Introduced Commissioner Wyatt Hockmeyer (OK) and Commissioner Whitney Burrows (SD)
- **Adoption of Business Agenda** – Chairman Kinney (IN)
The remainder of the Business agenda was adopted without opposition noting the movement of Special Presentations.

III. Public Comments Regarding Matters Not on the Agenda

- **Chairperson:** Commissioner Kinney (IN)
No public comments were received or presented during this segment.

IV. Reports

- **Chairperson's Report:** Commissioner Kinney (IN)
Chairman Kinney reported 11 new commissioners in the last 14 months; setting of a goal for increasing advocacy; and reported upon the request for determining where the Commission is at with compliance referring to the report provided on pages 67-91 of the Q4 2024 Board Book.
- **Treasurer's Report:** Treasurer: Commissioner Brad Vande Lune (IA)
Treasurer Vande Lune provided a report of the financial standing of the Commission. Report accepted as provided.
- **Executive Director's Report:** Executive Director Donnie Woodyard
Executive Director Woodyard provided a report highlighting the written report provided on pages 5-7 of the Q4 2024 Board Book.
- **Bylaws & Rules Committee:** Commissioner Joe Schmider (TX)
Commissioner Schmider provided a report regarding the process of the Bylaws and Rules Committee as well as a report upon the conceptual rules which should be ready for consideration of adoption in 2025. An overview of the changes was provided which involves some new definitions, an update of Section 4, an update related to the Coordinated Database, and updates on disclosures.
- **Database Administrator Report:** Ray Mollers (NREMT)
Mr. Mollers provided a report related to changes coming to the National EMS Coordinated Database. Those changes include the addition of multi-factor authentication; the addition of active and inactive accounts; additional administrative fixes; and the utilization of the EMS ID as the primary identifier. Mollers continued to report about the importance of the information within the database being able to be utilized as primary source information.

V. Old Business**CHAIR**
Kraig Kinney
Indiana**VICE CHAIR**
Wayne Denny
Idaho**SECRETARY**
Joe House
Kansas**TREASURER**
Brad Vande Lune
Iowa**MEMBER-AT-LARGE**
Aaron Koehler
Wyoming**IMMEDIATE PAST CHAIR**
Joe Schmider
Texas

- **Action:** Review of May 2024 (Q2) Meeting Minutes – Commissioner House (KS)
Commissioner Joseph House (KS) moved to approve the June 2024 (Q3) meeting minutes. Commissioner Jamie Gray (AL) seconded the motion.
 - **Vote:** The minutes were unanimously approved.

VI. New Business

a. Action: Position Paper: Code of Conduct (pages 9-10 of the Q4 2024 Board Book)

Executive Director Woodyard presented the draft position paper along with the explanation. The discussion yielded a typographical error of the date of 2024 instead of 2034 as provided in the draft. Commissioner Brad Vande Lune (IA) made a motion to approve and adopt the position paper with the typographical error modified. Commissioner Jamie Gray (AL) seconded the motion.

- **Vote:** The Commission voted unanimously to approve and adopt the position paper.

b. Action: Memo: Creation of Advisory Committees

Executive Director Woodyard presented the memorandum related to the creation of the 2 advisory committees: Stakeholder Advisory Committee and Federal Advisory Committee. Discussion yielded seeking an opportunity to include Congressional members from both chambers. Commissioner Susan Bailey (LA) made a motion to stand up both committees as presented in the memorandum with the addition to include an attempt to gain a representative from both chambers of Congress for the Federal Advisory Committee. Commissioner Joe Schmider (TX) seconded the motion.

- **Vote:** The Commission voted unanimously to stand up the committees.

c. Action: Election of Officers

Commissioner Joseph House (KS) presented the nominating committee report for the positions of Chair, Treasurer, and Commissioner At-Large with the incumbents being the sole Commissioners seeking office. Nominations were opened to the floor.

- **Chairperson:** Commissioner Jamie Gray (AL) made a motion to close nominations for the position of Chairperson and for the Secretary to cast a unanimous ballot for Commissioner Kraig Kinney (IN). Commissioner Mark Herrera (UT) seconded the motion.
- **Vote:** The Commission voted unanimously to close nominations and to direct the Secretary to cast a unanimous ballot for Chairperson as Commissioner Kraig Kinney (IN). This will be Commissioner Kinney's first full term.
- **Treasurer:** Commissioner Joe Schmider (TX) made a motion to close nominations for the position of Treasurer. Commissioner Anthony Martin (PA) seconded the motion and nominations were closed. Commissioner Jamie Gray (AL) made a motion to direct the Secretary to cast a unanimous ballot for Commissioner Brad Vande Lune (IA). Commissioner Susan Bailey (LA) seconded the motion.
- **Vote:** The Commission voted unanimously to direct the Secretary to cast a unanimous ballot for Treasurer as Commissioner Brad Vande Lune (IA). This will be Commissioner Vande Lune's first full term.
- **Commissioner-At-Large:** Commissioner Joe Schmider (TX) made a motion to close nominations for the position of Commissioner-At-Large. Commissioner Jamie Gray (AL) seconded the motion and nominations were closed. Commissioner Jamie Gray (AL) made a motion to direct the Secretary to cast a unanimous ballot for Commissioner Aaron Koehler (WY). Commissioner Joseph House (KS) seconded the motion.
- **Vote:** The Commission voted unanimously to direct the Secretary to cast a unanimous ballot for Commissioner-At-Large as Aaron Koehler (WY). This will be Commissioner Koehler's first full term.

VII. NGO / Stakeholder Partner Updates

- The National Association of EMTs (NAEMT) reached out to the EMS Compact asking to consider participating with other EMS related organizations for a stronger EMS presence at the conference for the National Council of State Legislatures (NCSL). NAEMT is seeking up to 9 organizations to participate and has asked for us to consider being one.
- The EMS Compact wishes to recognize Commissioner Susan Bailey (LA) for her continued service to EMS in the Nation specifically for her most recent service as the NAEMT President through December 31, 2024.

VIII. Adjournment

Commissioner Jamie Gray (AL) made a motion to adjourn the meeting. Commissioner and Chair Kraig Kinney (IN) seconded the motion.

- **Vote:** The motion was unanimously approved.
- **Adjournment Time:** The meeting was adjourned at 4:33 p.m. Eastern Time.

Commissioner Roll Call - OCTOBER 16, 2024

State	Commissioner	Elected Role	Present Absent
Alabama	Jamie Gray		☒ Present ☐ Absent
Colorado	Michael Bateman		☒ Present ☐ Absent
Delaware	Britany Huss		☐ Present ☒ Absent
Georgia	Michael Johnson		☐ Present ☒ Absent
Idaho	Wayne Denny	Vice Chairperson	☐ Present ☒ Excused
Indiana	Kraig Kinney	Chairperson	☒ Present ☐ Absent
Iowa	Brad Vande Lune	Treasurer	☒ Present ☐ Absent
Kansas	Joe House	Secretary	☒ Present ☐ Absent
Louisiana	Susan Bailey		☒ Present ☐ Absent
Mississippi	Teresa Windham		☐ Present ☒ Absent
Missouri	George Miller		☐ Present ☒ Absent
Nebraska	Tim Wilson		☐ Present ☒ Absent
Nevada	Bobbie Sullivan		☒ Present ☐ Absent
North Dakota	Christopher Price		☐ Present ☒ Absent
Oklahoma	Wyatt Hockmeyer		☒ Present ☐ Absent
Pennsylvania	Anthony Martin		☒ Present ☐ Absent
South Carolina	Mitch Stewart		☐ Present ☒ Absent
South Dakota	Whitney Burrows		☐ Present ☒ Absent
Tennessee	Brandon Ward		☐ Present ☒ Absent
Texas	Joseph Schmider	Immediate Past Chair	☒ Present ☐ Absent
Utah	Mark Herrera		☒ Present ☐ Absent
Virginia	Camela Crittenden		☒ Present ☐ Absent
West Virginia	David Jamie Weller		☐ Present ☒ Absent
Wyoming	Aaron Koehler	At-Large	☒ Present ☐ Absent

Ex-Officio & Staff

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



24

MEMBER STATES

281,446

COMPACT PROVIDERS
IN DATABASE

325,000

TOTAL ESTIMATED
COMPACT PROVIDERS

February 2025 NEMSCD Administrator Report

State EMS Onboarding

Last Meeting/Coordination

Tennessee	2/4/2025	TN / Vendor testing
Delaware BLS	1/30/2025	Conducting Data Testing
South Dakota	1/29/2025	Coordinating Testing
North Dakota	1/28/2025	ND Vendor setting up to send initial data to QA
Oklahoma	11/15/2024	Nothing to update.
Indiana	11/6/2024	Nothing to update.
Nebraska	11/5/2024	Nothing to update.
Delaware ALS	5/14/2024	Nothing to update.
Pennsylvania	4/26/2024	Nothing to update.

State EMS Discipline Posting

State EMS Office	Most Recent Discipline Created Date	Cases Created Last Four Months
LOUISIANA	01/27/2025	17
KANSAS	01/11/2025	18
TEXAS	01/08/2025	11
GEORGIA	01/06/2025	8
IDAHO	01/02/2025	2
IOWA	11/19/2024	6
WYOMING	11/15/2024	1
MISSISSIPPI	11/01/2024	1
UTAH	06/06/2024	0
COLORADO	05/29/2024	0
SOUTH CAROLINA	10/12/2022	0
MISSOURI	01/14/2022	0
ALABAMA		0

Reporting to NEMSCD

State EMS Office	Latest API Submission Date	First API Submission Date
ALABAMA	02/04/2025	02/25/2021
COLORADO	02/04/2025	10/26/2020
GEORGIA	02/04/2025	10/05/2021
IDAHO	02/04/2025	02/07/2022
IOWA	02/04/2025	11/01/2023
LOUISIANA	02/04/2025	08/10/2021
MISSOURI	02/04/2025	10/20/2021
NEVADA	02/04/2025	09/28/2023
SOUTH CAROLINA	02/04/2025	03/25/2021
TEXAS	02/04/2025	04/02/2021
UTAH	02/04/2025	09/29/2021
VIRGINIA	02/04/2025	04/01/2020
WEST VIRGINIA	02/04/2025	10/20/2021
MISSISSIPPI	02/03/2025	04/28/2022
TENNESSEE	02/03/2025	02/03/2025
WYOMING	02/03/2025	06/16/2021
KANSAS	01/31/2025	07/30/2021
SOUTH DAKOTA	06/26/2024	08/27/2021

Current NEMSCD Projects

EMS ID Primary Identifier	COMPLETE
NREMT# / EMS ID#	TBD Q1 2025
National Registry Data Tab	TBD Q1 2025
Report Functionality	TBD Q1 2025
NEMSCD Report Discipline updates	COMPLETE

Draft Position Paper 2025-01

EMS Workforce Privacy Protection

*This position paper will be considered for approval and adoption
by the Commission on February 19, 2025.*

Introduction

The Interstate Commission for EMS Personnel Practice (“Commission”) is committed to the bold protection of all EMS Clinician data. This position paper outlines the critical need to safeguard Personally Identifiable Information (PII) and bulk licensure data of EMS Clinicians, reinforcing the foundational principles of the EMS Compact while calling for consistent standards and practices across all states and State EMS Offices. This effort aligns with federal laws, best practices, and the growing necessity to mitigate risks posed by nefarious actors.

Background

EMS Clinicians play a vital role in protecting public health and safety. The EMS Compact facilitates the cooperation of member states in licensure and regulation, enabling the seamless exchange of information regarding EMS personnel licensure, adverse actions, and significant investigatory details. However, the increasing digitalization of data and the proliferation of cyber threats expose EMS Clinicians to risks such as identity theft, doxxing, and coordinated attacks by malicious actors.

The Commission also recognizes that thousands of EMS Clinicians have primary employment roles beyond EMS, including positions as military personnel, law enforcement officers (local, state, federal), and other federal employees. These dual roles highlight the diverse responsibilities EMS Clinicians undertake, with their licensure being an essential component of their duties. These additional roles are integral to national security preparedness and response efforts. Licensure records for these individuals are often co-located with those of non-military EMS Clinicians. Federal laws, such as the Privacy Act of 1974 and Department of Defense regulations, mandate additional protections for these records, which must be upheld while balancing the need for transparency and public access to essential licensure information.

We recognize the public needs the ability to confirm licensure status of EMS clinicians, this is paramount to consumer protection and transparency. This, however, must be carefully balanced with the need to protect the EMS workforce and emerging national security threats.

The Case for Protecting EMS Clinician Data

The federal government defines PII as protected information. The Commission aligns with this federal definition and considers the following EMS Clinician data as PII, which should be strongly protected , and generally not released, as part of public records requests:

- Social Security number (SSN), passport number, driver's license number, taxpayer identification number .
- Personal address, personal email addresses, and personal phone number.
- Biometric records such as photographic images (especially of face or other distinguishing characteristics), fingerprints, retina scans, voice signatures, and facial geometry.

Bulk information that, when combined with other request details, can easily identify specific EMS Clinicians. Examples may include: date of birth, place of birth, race, religion, geographical indicators, employment information, or education information. Misuse of PII can lead to:

- Financial loss, identity theft, and harassment for individuals.
- Reputational damage, legal liability, and administrative burdens for organizations.

In the context of EMS Clinicians, excessive release of bulk data, including detailed PII, exposes them to heightened risks such as doxxing and coordinated large-scale attacks by terrorists or adversaries. Such scenarios are unacceptable and underscore the need for robust data protection measures.

Recommendations

To address these challenges, the Commission calls upon all State EMS Offices, including EMS Compact Member States and non-member states, to adopt the following measures:

1. **Vigilance Against Nefarious Intent:**
 - Be vigilant when responding to requests for bulk data to identify potential malicious intents.
 - Seek assistance from the Department of Justice (DOJ) and FBI to vet any foreign actors or their agents requesting bulk data.
2. **Protection of PII:**
 - Ensure PII is not disclosed improperly.
 - Prevent the unauthorized release of military or federal agency affiliation for EMS Clinicians with such affiliations. All bulk data must adhere to federal privacy protection requirements.
3. **Standardization of Public Portals:**
 - Create consistent public portal standards to validate EMS Clinician licensure and EMS Compact Privilege to Practice (PTP) status.
 - Allow searches by:
 - First and last name.
 - State issued EMS license number.
 - National EMS ID number.
 - Prohibit Boolean wildcard searches (e.g., First Name: A*, Last Name: S*) and bulk data disclosures.
 - Restrict the public display of information to the following:
 1. First and last legal name on record.
 2. State/jurisdiction of licensure.
 3. License level.

4. License expiration date.
5. License status (e.g., active, expired, restricted, revoked).

4. Alignment with Federal Standards:

- Recognize the federal definition of PII as protected information and adhere to its associated safeguards.
- Implement privacy protections aligned with the Privacy Act of 1974, ensuring data is collected, maintained, and disclosed responsibly.

Position

Therefore, it is the position of the Commission that all states should take action to protect EMS Clinicians' data while ensuring the public's ability to validate licensure and authorization to practice.

- States must thoroughly validate that all data requests are not originating from foreign sources, or agents of foreign sources.
- States should ensure robust procedures are in place to confirm the legitimacy of data requestors.
- States must prohibit the release of Personally Identifiable Information (PII) as part of public records requests.
- States should ensure all military and federal employee EMS licensure data are handled in compliance with federal laws and regulations.
- States must establish standard protections and review processes for all bulk data requests, ensuring alignment with federal guidelines and best practices.
- States should review state laws to ensure EMS Clinicians have the same data privacy protection afforded to law enforcement, public health, and elected officials.

By implementing these recommendations, states can maintain a critical balance between transparency and security, safeguarding the personal and professional well-being of EMS Clinicians. This approach not only fulfills the purposes of the EMS Compact but also addresses the evolving challenges of data security in a digital age.

To: Commission, via Executive Committee, Interstate Commission for EMS Personnel Practice
From: Donnie Woodyard, Executive Director
Date: 14 FEB 2025
Subject: Public Comment on Proposed Administrative Rules

Overview:

In accordance with the Model Legislation and Administrative Rules, the Commission provided public notice of Administrative Rulemaking on 16 December 2024, with the opportunity for stakeholders to provide written feedback until 14 February 2025. All written feedback is provided below for the consideration of the Commission.

Legislative Authority:

Section 12 of the model legislation, as adopted in all EMS Compact Member States, provides the Commission rulemaking authority.

Id	Start time	Your Name	Your Organization	Public Comment
1	12/17/24 20:18	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	12/18/24 2:12	Jason Geer	Critical Care Paramedic	I like the idea of specialty certifications being recognized.
3	12/18/24 12:05	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	12/20/24 10:25	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	12/20/24 10:36	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	12/20/24 11:06	Charles James	Ambitrans Ambulance	I would love to see Florida become part of the EMS compact.
7	12/20/24 12:57	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	12/20/24 13:11	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	12/20/24 13:23	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	12/20/24 14:54	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	12/20/24 15:19	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.



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

12	12/20/24 15:44	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	12/20/24 17:00	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	12/20/24 21:15	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	12/21/24 3:28	Kaitlin Purvis	Air Evac Lifeteam	Yes. I vote to introduce the compact state licensure system within EMS at the paramedic level.
16	12/21/24 6:56	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	12/22/24 8:36	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	12/23/24 7:59	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	12/23/24 13:34	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	12/24/24 10:39	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.
21	1/22/25 15:00	Deryl Miles	MH	It is imperative that EMS continues to integrate at a national level. By joining the EMS Compact we are joining with other states in ensuring that there are universal standards and checks in place, ensuring the safety of our patients. This also aids in strengthening EMS role.

22	1/29/25 13:08	Tim Buhr	Garner Ambulance	None
23	2/13/25 5:52	Robert McClintock	International Association of Fire Fighters	Section 4.4 Paragraph (B) Lines 186 thru 189 should be stricken from the document. It conflicts with the legislative language as the language refers to the Scope of Practice Model which only covers the four practitioner levels: EMR, EMT, AEMT, Paramedic, as these are the levels that are initially licensed through NREMT. Due to the many variations' states have on specialty certifications this could easily cause confusion and inadvertently jeopardize the clinicians right to practice affecting their career and livelihood. Additionally, many states have specific agreements for flight and specialty care transports with their surrounding states. The rest of the edits are well thought out and complete. We definitely support the Code of Ethics, nice job.
24	2/13/25 8:35	Aaron Kuzel, D.O.	American College of Emergency Physicians (ACEP)	On behalf of the American College of Emergency Physicians (ACEP) Emergency Medical Services (EMS) Committee, we appreciate the opportunity to provide feedback on the Proposed Rules for EMS Compact. We commend efforts to enhance EMS systems nationwide and ensure the highest standards of care and professionalism across state lines. 1. We support the overall framework of the proposal, which aims to improve efficiency, standardization, and quality within EMS. A coordinated approach will benefit both EMS personnel and the communities they serve. 2. We support increased coordination between States and subsequent ease of credentialing in EMS. We believe a more streamlined process will enhance response capacity, particularly during emergencies and large-scale incidents. 3. The American College of Emergency Physicians strongly supports the exchange of information, especially on adverse actions, licensure, and investigatory information. We believe this will aid public safety by ensuring EMS personnel are held to the same high standard across States. Ensuring EMS personnel meet consistent, high standards across states will enhance public trust and patient safety while maintaining professional accountability. We appreciate the opportunity to contribute to this important discussion and look forward to continued collaboration to strengthen EMS systems nationwide. Very Respectfully, Aaron R. Kuzel, D.O., M.B.A. Emergency Physician on Behalf of the ACEP EMS Committee

In addition to the feedback provided by the Public Comment Form, the following additional feedback was received.

Sect ion	Page Num ber	C=Critic al S=Subst antive A=Admi n	Commenter Name	Comment	Recommended Solution Language
Line 17	1	A	Raymond Highlands	In the Definitions remove the "means:", this is not necessary because the area is definitions, which means you are defining the words. So, should read: Adverse Action – any administrative... You are defining like a dictionary and that would not have "Means" after all the words in a dictionary.	
Line 17	1	A	Raymond Highlands	Take the " " marks off the Definition words.	Bold is all that is needed
Line 17	1	A	Raymond Highlands	Additional words needing defined.	Add Remote State and Home State to definitions.
Line 107	3	S	Raymond Highlands	Section 4, (A) - refers to Home State complies with Section 3, but Section 3 is "Not Used".	What is the compliance requirements and what should the reference be too?
Line 143	4	C	Raymond Highlands	Section 4.2 (B) this line refers to 4.1 (B) i, but 4.1 (B) i was changed to 4.1 (B) 1.	Need to ensure all references in the document are changed to read as the document is renumbered and adjusted.
Line 298	8	S	Raymond Highlands	The use of "de novo" in 10 (B) - most people will not know what this Latin term means.	If possible use plain language
Entir e Docu ment		A	Raymond Highlands	I am assuming that capitalization and punctuation will be fixed before the next draft.	
Entir e Docu ment		A	Raymond Highlands	Section not in use should be removed and document should be renumbered	

4.4	5	S	Robert Stakem	Regarding lines 186-189, I'm assuming this covers states that have additional levels of certification (ie – Pennsylvania with PHRN, PHPE and PHP) – but the verbiage in the above only denotes the scope of practice, endorsements or certs recognized by IBSC. Should this also note something related to additional levels of certs by the home state?	
11.2	15, 16, 17, 18, 19	S	Robert Stakem	1. A "National EMS ID" is noted, but what about providers without NREMT certifications? In line 480, this national ID is in addition to state cert number (line 483). But then in the 'uniform data set' description (lines 519-521) it notes "national EMS ID" or "social security number" – hopefully, the clinician's SSN will not be published in the data that is searchable. Is there a mechanism to establish a National EMS ID without NR certification?	
4	4	A	Jennifer Osborne	Text reads "Database is set to 'yes' or 'active'; and"	There are no other words in this line/section after 'and'. If this is intended to be the end of the section, recommend changing ';' to '.' and removing 'and'
4.4	5	S	Jennifer Osborne	Line 179-180. Should there be mention that this does not pertain to the case of a patient being transported by an agency to a destination across state lines	include verbaige
General		C	Jennifer Osborne	will Federally credentialed clinicians be tracked in the coordinated database?	

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**,” 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.
- 2.6 “**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.**
- 2.7 “**Coordinated Database Administrator**” means: the contractor, person or employee named by the Commission to provide oversight and management of the Coordinated Database.

- 2.8** “**EMS Agency**” means: an organization that is authorized by a State EMS Authority to operate an ambulance service, or non-transport service.
- 2.9** “**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.
- 2.10** “**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.
- 2.11** “**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.
- 2.12** “**Member State**” means: a State that has enacted the Compact.
- 2.13** “**National EMS ID number**” means: a randomly generated, unique 12-digit identification number issued by the National Registry of EMTs.
- 2.14** “**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.
- 2.15** “**Non-Member State**” means: a State, territory or jurisdiction of the United States that has not enacted the Compact.
- 2.16** “**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., 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.
- 2.17** “**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~~
 - (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:
- (1*i*) 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*ii*) 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
 - (1*i*) the Remote State restores the Privilege to Practice or removes the restriction of the privilege to practice; and
 - (2*ii*) 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 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.

~~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.

- (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 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 ~~(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.~~
- (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 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
 - (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, 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.**
 - (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.
- (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.
 - (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 mediation, 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.

SECTION 15. Not Used

For Reference

2025 Commission Meeting Schedule

Adopted by the Executive Committee.

FULL COMMISSION

Date	Time (ET)	Format
Q1 - 2/19/2025	3PM - 5PM	Virtual
Q2 - 5/13/2025	3PM - 5PM	In Person, Grand Rapids, MI
Q3 - 8/20/2025	3PM - 5PM	Virtual
Q4 - 11/5/2025 (Elections)	3PM - 5PM	Virtual

Timeline & Key Dates

2013	January & March	National Advisory Panel Meetings
	June, August & October	Drafting Team
2014		Model Legislation
2017	May 8	Georgia - as the 10 th state - enacted REPLICA legislation, triggering the EFFECTIVE date of EMS Compact.
	October 7	Inaugural meeting of the Interstate Commission for EMS Personnel Practice.
2020	March 15	EMS Compact fully ACTIVATED including the Privilege to Practice. This activation date triggered the five (5) year compliance clock on biometric background checks.
2025		All Members States shall be in compliance with FBI biometric background checks as a prerequisite for the issuance of initial state EMS licenses for EMT, Paramedic and levels between EMT & Paramedic.
	March 15	States enacting the REPLICA legislation after this date are required to have biometric background checks implemented prior to acceptance into the EMS Compact.



RECENT PRESS RELEASES

PRESS RELEASE

Interstate Commission for EMS Personnel Practice Releases Draft Rules for Public Comment

WASHINGTON, DC - The Interstate Commission for EMS Personnel Practice announces the release of [draft rules](#) designed to enhance the implementation of the EMS Compact. After extensive collaboration with commissioners, stakeholders, and the public, the Commission will meet to consider the adoption of these proposed rules on Wednesday, February 19, 2025, at 3:00 PM ET via Microsoft Teams.

“This marks a significant milestone for the EMS Compact,” said Commissioner Joe Schmider (TX), Chair of the Bylaws and Rules Committee. “After many months of collaboration and open meetings with commissioners, stakeholders, and the public, these proposed rules will provide a strong foundation for the continued advancement of the EMS Compact.”

Commission Chair Kraig Kinney (IN) added, “These rules contain some key improvements and clarifications that will help EMS Agencies, EMS Clinicians, and state officials consistently implement the EMS Compact. Notably, these rules clarify that Compact Member States can, under the EMS Compact, recognize EMS license endorsements and additional education, including—but not limited to—Critical Care Paramedic, Flight Paramedic, Community Paramedic, and expanded scopes of practice for each of these levels.”

Key highlights of the proposed rules include:

- **Clarifications for EMS License Endorsements:** Expanding recognition of advanced educational programs and specialized certifications.
- **Enhanced Guidance on the National EMS Coordinated Database:** Addressing data types, ownership, integration, and additional data protection measures.
- **Introduction of a Code of Conduct:** Establishing professional standards and ethical expectations for EMS Clinicians operating under the EMS Compact in all 24 Member States.

“These rules also provide significant clarity around the National EMS Coordinated Database, data ownership, and protections,” said Kinney. “Additionally, the inclusion of a [Code of Conduct](#) for EMS Clinicians is a first for the Compact, setting clear expectations for professionalism and ethics.”

Reflecting on the EMS Compact's evolution, Executive Director Donnie Woodyard stated, “In 2015, Colorado and Texas were the first to adopt EMS Compact legislation. A decade later, we now have a strong interstate compact that is a cornerstone of EMS operations across the nation. These proposed rule changes are informed by what we’ve learned over the past ten years and will serve as a solid foundation for the next decade.”

Public Comment and Meeting Details:

- The Commission invites public feedback on the proposed rules. Comments may be submitted online through [THIS LINK](#). All comments must be received by 3:00 PM ET on February 14, 2025.
- View public comments [HERE](#).

The [public meeting](#) to consider the proposed rules will be held:

- **Date:** Wednesday, February 19, 2025
- **Time:** 3:00 PM ET
- **Location:** Virtual, via Microsoft Teams

An educational session providing an overview of the proposed rules will be scheduled prior to the meeting, with the date and time to be announced. For more information on the Commission and the EMS Compact, visit www.emscompact.gov or contact the Commission at info@emscompact.gov.

Jonathan Jones Appointed as South Carolina's Commissioner for the Interstate Commission for EMS Personnel Practice

WASHINGTON, February 7, 2025 – The Interstate Commission for EMS Personnel Practice is pleased to announce the appointment of Jonathan Jones as the new Delegate & Commissioner for the State of South Carolina, effective immediately. Commissioner Jones brings a wealth of experience in emergency medical services, leadership, and policy development, having dedicated his career to advancing EMS education, preparedness, and operational excellence.

Commissioner Jones currently serves as the Director of the EMS Division with the South Carolina Department of Public Health (DPH), a position he assumed on January 2, 2025. Prior to this role, he was a board member of the South Carolina EMS Association (SCEMSA), where he played a pivotal role in advocating for EMS education and disaster preparedness initiatives. His contributions have left a lasting impact on the association and the broader EMS community in South Carolina.

"We are honored to welcome Commissioner Jones to the EMS Compact," said Chair of the Interstate Commission for EMS Personnel Practice, Kraig Kinney, JD, NRP. "His extensive experience in EMS education and policy development will be invaluable as we continue to enhance the mobility and readiness of EMS clinicians across member states."

The Commission also extends its gratitude to South Carolina's outgoing Commissioner for their dedication and service in supporting the EMS Compact's mission. Commissioner Jones' appointment reaffirms South Carolina's commitment to ensuring a highly trained, responsive, and adaptable EMS workforce. The Commission looks forward to working alongside him in advancing interstate EMS collaboration, licensure recognition, and clinician mobility.



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About the Interstate Commission for EMS Personnel Practice

The Interstate Commission for EMS Personnel Practice, established under the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) legislation, is the governing body responsible for overseeing the operations of the EMS Compact. Comprised of appointed Commissioners from each member state, the Commission ensures compliance with the Compact's provisions, manages its operations, and resolves interstate disputes. ICESPP focuses on cross-border EMS activities, maintains a national database of EMS personnel, and upholds uniform practices across member states to enhance EMS care and public safety. Currently coordinating efforts in 24 states and overseeing nearly 400,000 EMS personnel, the Commission sets standards and regulations, promotes the profession, and ensures public protection. Interstate Compacts represent the gold standard for multistate professional licensure, facilitating seamless and efficient EMS practice across state lines.



Commissioner Appointment Memo Template

*** TEMPLATE ***

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

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

Subject: Notification of Commissioner Appointment Memo

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

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

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

Commissioner Duties and Responsibilities

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

Key responsibilities include:

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

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

Appointment Effective Date

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

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

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



Example Privilege to Practice Scenarios

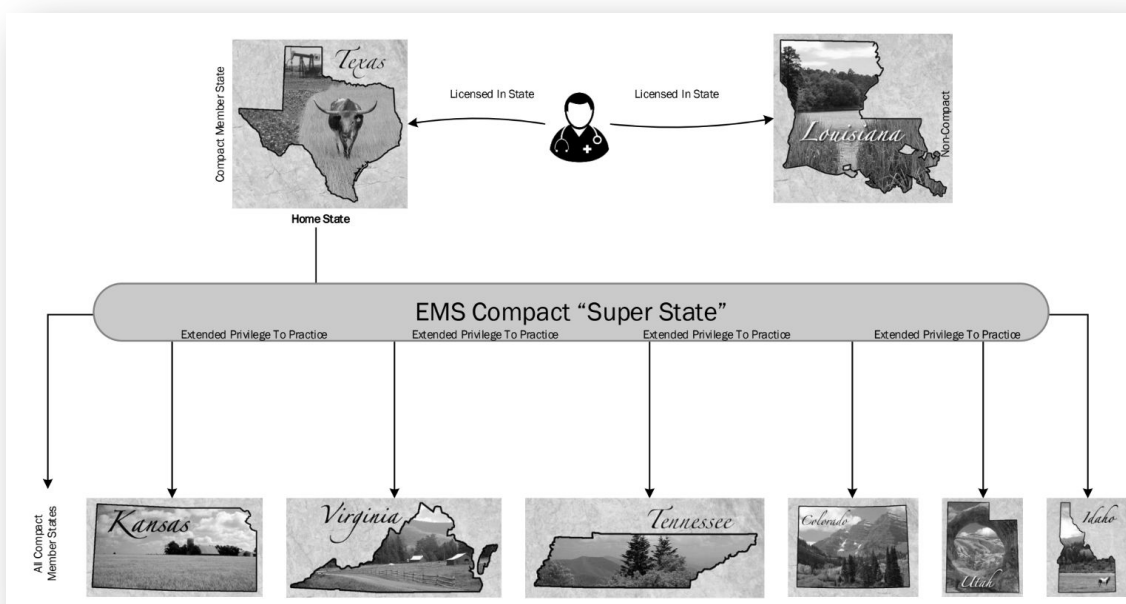
Introduction & Background

In an effort to provide valuable insights to Commissioners, State EMS Licensing Officials, Employers, and Stakeholders regarding the EMS Compact and the Privilege to Practice, the Commission has developed a range of illustrative scenarios. These scenarios have been instrumental since 2014 in enhancing comprehension and facilitating discussions around these critical topics.

In our continuous commitment to refine and standardize these illustrative scenarios, we have created six revised draft scenarios, designated as Scenario A through F. These revised scenarios aim to maintain consistency while offering a deeper understanding of the subject matter through nuanced details.

It is important to acknowledge that fictional scenarios, by their nature, have certain limitations. However, we have endeavored to ensure that these examples remain grounded in reality and are relatable to the various stakeholders involved in EMS Compact discussions.

Please note: The sample scenarios provided are not exhaustive but represent some of the most prevalent use-case scenarios for the EMS Compact.



(Above image from the 2016 Scenarios)



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Scenario A			
Description	Bob lives, works, and is licensed as an EMT in Colorado (a Compact Member State). Bob obtained his EMT license 25 years ago, before the state required NREMT certification. Bob has never had an FBI fingerprint background check. Bob works for the Big Blue Ambulance Service. Big Blue Ambulance Service is dispatched into Kansas (also a Compact Member State). Bob is not licensed as an EMT in Kansas. Bob treats and transports a patient to a hospital in Kansas. Before returning to Colorado, Big Blue Ambulance Service picks up another patient in Kansas and transports that patient to a hospital in Colorado.		
EMS Practitioner	"Bob" is: ☒ An EMT with a valid, unrestricted license issued by Colorado ☒ Over 18 years old ☒ Is employed by the Big Blue Ambulance Service (paid or volunteer). ☒ Is properly credentialed by Big Blue Ambulance Service. ☒ Able to use their EMSID to validate a Privilege to Practice status at www.emscompact.gov	Agency / Appropriate Authority	Big Blue Ambulance Service, assumptions: ☒ Is operating in accordance with all applicable laws and regulations in Colorado. ☒ Is authorized to hire (paid/un-paid), supervise, and utilize EMS practitioners in Colorado. ☒ Has a physician medical director ☒ Is <i>also</i> operating in accordance with all applicable laws and regulations in Kansas.
Home State	Colorado is a Compact Member State and Bob's Home State. Colorado is: ☒ In compliance with all EMS Compact requirements ☒ Is submitting license data to the National EMS Coordinated Database (NEMSCD) Colorado requires all initial EMT applicants seeking a license to adhere to the following: ☒ Successful completion of the NREMT exam ☒ Completion and review of an FBI Biometric Criminal History Background Check	Medical Director	- The physician medical director is provided by Big Blue Ambulance Service. - Big Blue Ambulance Service is responsible for employing/contracting with a physician medical director in accordance with the laws, rules, regulations of Colorado & Kansas.
Remote State	- Kansas is a Compact Member State. - Kansas is required to recognize Bob's Privilege to Practice. - Kansas has the full authority to investigate, sanction and discipline Bob for violations of law, administrative rules or practice standards.	Scope of Practice	Defined by the laws and rules of Colorado, the Home State, in addition to what Big Blue Ambulance Service (and Medical Director) may limit or modify (in accordance with local requirements).
Protocols	Big Blue Ambulance Service's protocols.		
Privilege to Practice 	☒ Bob has a Valid Privilege to Practice ☒ The Privilege to Practice does not require an application or pre-approval authorization. ☒ Bob is authorized to utilize the Privilege to Practice in the Remote State ☒ Bob's employer can be confident Bob is legally valid to function as an EMT in the Remote State ☒ Kansas state law requires the Remote State to honor Bob's EMT PTP	Notes	☒ NREMT certification as a prerequisite for State Licensure is a requirement for all new initial licenses issued by the Home State, moving forward from the date the Compact Legislation was enacted. ☒ The FBI Background check is also a license prerequisite for all new initial licenses issued by the Home State. States have until March 2025 to implement this requirement.
Discussion	This example illustrates a valid multistate Privilege to Practice under the EMS Compact. It allows EMS Practitioners to perform their professional duties across state lines without requiring a license from the Remote State. The Remote State can still investigate complaints or violations, even if the practitioner isn't licensed there. Note that the scenario assumes the EMS Agency is operating in compliance with all applicable state regulations; the EMS Compact is for personnel not agencies.		



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Scenario B			
Description	Jane is licensed as a Paramedic in Texas (a Compact Member State). Jane works for the Big Blue Ambulance Service, a busy urban service. Jane is experiencing burnout and wants a change of pace. Jane has family that lives in rural Wyoming with skiing, mountains, and hiking nearby. Jane is <u>not</u> licensed in Wyoming. EMS in the local area is provided by XYZ Fire Department, and they have a staffing shortage. Jane takes a leave of absence from Big Blue Ambulance and starts working part-time for XYZ Fire Department in Wyoming as a Paramedic.		
EMS Practitioner	“Jane” is: ☒ A Paramedic with a valid, unrestricted license issued by Texas ☒ Over 18 years old ☒ Is employed by the XYZ Fire Department (paid or volunteer). ☒ Is properly credentialed by XYZ Fire Department. ☒ Able to use their EMSID to validate a Privilege to Practice status at www.emscompact.gov	Agency / Appropriate Authority	In this scenario, Big Blue Ambulance Service has no responsibilities for Jane in Wyoming. XYZ Fire Department assumptions: ☒ Is operating in accordance with all applicable laws and regulations in Wyoming. ☒ Is authorized to hire (paid/un-paid), supervise, and utilize EMS practitioners in Wyoming. ☒ Has a physician medical director
Home State	Texas is a Compact Member State and Jane’s Home State. Texas is: ☒ In compliance with all EMS Compact requirements ☒ Is submitting license data to the National EMS Coordinated Database (NEMSCD) Texas requires all initial Paramedic applicants seeking a license to adhere to the following: ☒ Successful completion of the NREMT exam ☒ Completion and review of an FBI Biometric Criminal History Background Check	Medical Director	• The physician medical director for Big Blue Ambulance Service has no responsibility for Jane in Wyoming. • The physician medical director for Jane will be provided by XYZ Fire Department in Wyoming.
Remote State	• Wyoming is a Compact Member State. • Wyoming law requires the state to recognize Jane’s Privilege to Practice. • Wyoming has the full authority to investigate, sanction and discipline Jane for violations of law, administrative rules or practice standards. • Wyoming can request Texas Office of EMS to assist with any enforcement or investigation actions, should they arise.	Scope of Practice	Defined by the laws and rules of Wyoming (the Remote State), in addition to what XYZ Fire Department (and Medical Director) may limit or modify (in accordance with local requirements).
Protocols	XYZ Fire Department protocols.		
Privilege to Practice 	☒ Jane has a Valid Privilege to Practice ☒ The Privilege to Practice does not require an application or pre-approval authorization. ☒ Jane is authorized to utilize the Privilege to Practice in the Remote State ☒ Jane’s employer can be confident Jane is legally valid to function as an EMT in the Remote State ☒ The Remote State’s law requires the State to honor Jane’s Paramedic PTP		
Discussion	This example highlights the value of the multistate Privilege to Practice offered by the EMS Compact. Given the high rate of burnout among EMS workers and the challenges faced by communities in recruiting and retaining EMS Practitioners, the Compact presents valuable tools for EMS agencies. In this scenario, Jane can transition to a new work environment, potentially rejuvenating her career without leaving the profession. The local EMS agency gains the benefit of immediately credentialing Jane and putting her to work. This arrangement allows Jane to apply her skills in a fresh setting, and her Home State employer may even have the opportunity to welcome her back revitalized in the future. It is important to note the critical steps taken by the XYZ Fire Department: they interview, affiliate, and locally credential Jane.		



Scenario C			
Description	Sam is a licensed as a Paramedic in Virginia (a Compact Member State). Sam works for an aeromedical service ("We-Fly") located in Virginia, but the aeromedical service has multiple bases in other Compact Member States including West Virginia. Sam is <u>not</u> licensed in any other state. We-Fly has a staffing shortage in West Virginia (a Compact State) and Sam accepts the overtime shift. Sam, an employee of "We-Fly (Virginia)" drives to the base of "We-Fly (West Virginia)" to cover a shift as a Paramedic.		
EMS Practitioner	"Sam" is: ☒ A Paramedic with a valid, unrestricted license issued by Virginia ☒ Over 18 years old ☒ Is employed by the We-Fly in Virginia. ☒ Able to use their EMSID to validate a Privilege to Practice status at www.emscompact.gov	Agency / Appropriate Authority	When Sam goes to the base in West Virginia (the State), the agency is the We-Fly entity that is licensed and regulated by West Virginia (which may be a different entity than the We-Fly that Sam routinely works for). We-Fly (in West Virginia) assumptions: ☒ Is operating in accordance with all applicable laws and regulations in West Virginia. ☒ Is authorized to hire (paid/un-paid), supervise, and utilize EMS practitioners in West Virginia. ☒ Has a physician medical director
Home State	Virginia is a Compact Member State and the Home State. Virginia is: ☒ In compliance with all EMS Compact requirements ☒ Is submitting license data to the National EMS Coordinated Database (NEMSCD) Virginia requires all initial Paramedic applicants seeking a license to adhere to the following: ☒ Successful completion of the NREMT exam ☒ Completion and review of an FBI Biometric Criminal History Background Check	Medical Director	• Paramedic Sam needs to determine who is the physician medical director for We-Fly (West Virginia). It may be the same Medical Director for We-Fly (Virginia), or it may be different. • If it is a different Medical Director, Sam must ensure she is properly credential by the new Medical Director.
Remote State	• West Virginia is a Compact Member State. • West Virginia is required to recognize Sam's Privilege to Practice. • West Virginia has the full authority to investigate, sanction and discipline Sam for violations of law, administrative rules or practice standards.	Scope of Practice	Sam will be responsible for operating under the Scope of Practice established by West Virginia (the Remote State), in addition to what We-Fly (West Virginia) and the local Medical Director may limit or modify (in accordance with local requirements).
Protocols	Sam will operate under the Protocols used by We-Fly (West Virginia). Because it is the same parent company the protocols may be standardized, but it's Sam's responsibility to know and abide by any differences.		
Privilege to Practice 	☒ Sam has a Valid Privilege to Practice ☒ The Privilege to Practice does not require an application or pre-approval authorization. ☒ Sam is authorized to utilize the Privilege to Practice in the Remote State ☒ Sam's employer can be confident Sam is legally valid to function as an EMT in the Remote State ☒ The Remote State's law requires the State to honor Sam's Paramedic PTP		
Discussion	This scenario highlights the complexities of workforce mobility enabled by the EMS Compact. While Sam's Privilege to Practice is valid, it's crucial to note that all EMS Practitioners must be affiliated (Credentialed) with a local EMS agency and have an appropriate medical director. Given that the aeromedical base is in a different state, variations in medical directors, scope of practice, or protocols may exist, potentially affecting Sam's ability to work seamlessly across state lines. Once these factors are confirmed and aligned, Sam can confidently		



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

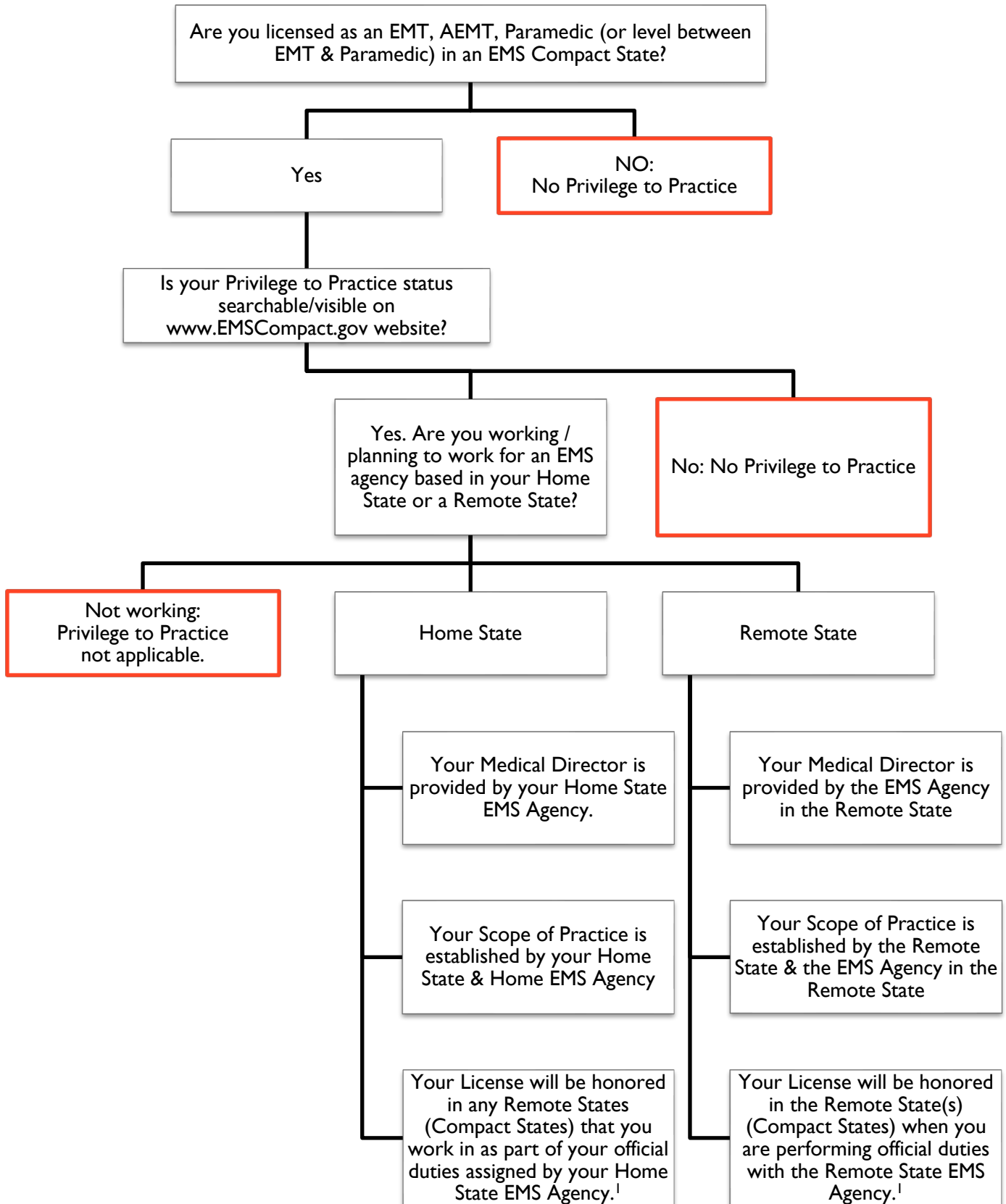
	work shifts, knowing that their Home State Paramedic License is recognized, and they have a valid Privilege to Practice.		
Scenario D			
Description	Jane is a licensed as an EMT in Georgia (a Compact Member State), but Jane is not currently employed as an EMT. Jane is <u>not</u> licensed in any other state. Jane sees an ad calling for EMTs to assist with a large music festival in Louisiana (a Compact Member State. Jane completes a virtual interview and is offered a temporary position with EMTs”R”US. While Jane will not be paid for her work at the festival, the agreement includes a free 4-day pass to the festival in exchange for 24 hours of volunteer work as an EMT. Jane goes to the festival. At the festival Jane meets the Physician Medical Director, is provided EMT protocols, and is briefed on the operational expectations. Later that day Jane is required to complete a series of practice scenarios and take a protocol quiz. The team coordinator reminds the EMTs of the applicable state and local rules and regulations related to event medicine.		
EMS Practitioner	“Jane” is: ☑ An EMT with a valid, unrestricted license issued by Georgia ☑ Over 18 years old ☑ Is employed by “EMTs”R’US (although not paid). ☑ Able to use their EMSID to validate a Privilege to Practice status at www.emscompact.gov	Agency / Appropriate Authority	EMTs”R”US assumptions: ☑ Is operating in accordance with all applicable laws and regulations in Louisiana. ☑ Is authorized to hire (paid/un-paid), supervise, and utilize EMS practitioners in Louisiana. ☑ Has a physician medical director
Home State	Georgia is a Compact Member State and the Home State. Georgia is: ☑ In compliance with all EMS Compact requirements ☑ Is submitting license data to the National EMS Coordinated Database (NEMSCD) Georgia requires all initial Paramedic applicants seeking a license to adhere to the following: ☑ Successful completion of the NREMT exam ☑ Completion and review of an FBI Biometric Criminal History Background Check	Medical Director	EMT Jane met the Physician Medical Director for EMTs”R”US.
Remote State	• Louisiana is a Compact Member State. • Louisiana state law requires the state to recognize Jane’s Privilege to Practice. • Louisiana has the full authority to investigate, sanction and discipline Jane for violations of law, administrative rules or practice standards.	Scope of Practice	Jane will be responsible for operating under the Scope of Practice established by Louisiana (the Remote State), in addition to what EMTs”R”US and the local Medical Director may limit or modify (in accordance with local requirements).
Protocols	Jane will operate under the Protocols used by EMTs”R”US.		
Privilege to Practice	 ☑ Jane has a Valid Privilege to Practice ☑ The Privilege to Practice does not require an application or pre-approval authorization. ☑ Jane is authorized to utilize the Privilege to Practice in the Remote State ☑ Jane’s employer can be confident Jane is legally valid to function as an EMT in the Remote State ☑ The Remote State’s law requires the State to honor Jane’s EMT PTP		
Discussion	This scenario underscores several critical factors, particularly the absence of independent practice authority for EMS practitioners. EMS practitioners do not have autonomous practice, and the EMS Compact does not grant them independent practice rights. EMS practitioners are employed by EMS agencies that must be duly authorized to hire EMS personnel and deliver medical services in the jurisdiction where they operate. In this situation, it’s apparent that the local EMS entity was complying with local laws, including having a physician medical director, established protocols, and Jane undergoing a local credentialing process.		



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Scenario E			
Description	Jane is a licensed as an EMT in Tennessee (a Compact Member State) and works for Big Blue Ambulance Service. Jane is <u>not</u> licensed in any other state. Jane sees an ad calling for EMTs to assist with a sporting event and festival in Alabama (a Compact Member State). Jane completes a virtual interview and is offered a temporary position with Festive-Medics. While Jane will not be paid for her work at the festival, the agreement includes a free 4-day pass to the festival in exchange for 24 hours of volunteer work as an EMT. Jane sees that Festive-Medics is a non-profit organization but is not able to find a state issued license. When Jane arrives at the festival, she is provided an access badge and a medical bag. When Jane asks about protocols and medical direction the Festive-Medics supervisor tells Jane, "We only use EMS Compact EMTs, so use your Home State protocols and medical director."		
EMS Practitioner	"Jane" is: ✓ An EMT with a valid, unrestricted license issued by Tennessee ✓ Over 18 years old ✓ Is employed by Festive-Medics (although not paid). ✓ Able to use their EMSID to validate a Privilege to Practice status at www.emscompact.gov	Agency / Appropriate Authority	Festive-Medics is registered as a Non-Profit volunteer entity in Alabama, but: • notes that non-transport agencies are not regulated in Alabama. • does not have agency-approved protocols or a designed physician medical director.
Home State	Tennessee is a Compact Member State and the Home State. Tennessee is: ✓ In compliance with all EMS Compact requirements ✓ Is submitting license data to the National EMS Coordinated Database (NEMSCD) Tennessee requires all initial Paramedic applicants seeking a license to adhere to the following: ✓ Successful completion of the NREMT exam ✓ Completion and review of an FBI Biometric Criminal History Background Check	Medical Director	Festive-Medics tells Jane to use her Home State Medical Director. This is not permitted because the Medical Director services are being provided to Jane in her official capacity with Big Blue Ambulance Service, not as an individual practitioner.
Remote State	• Alabama is a Compact Member State. • Alabama has the full authority to investigate, sanction and discipline Jane for violations of law, administrative rules or practice standards.	Scope of Practice	In theory Jane's EMT scope of practice has not been modified by an Appropriate Authority in the Remote state, so Jane's Scope of Practice will remain the same as the Home State Scope of Practice. But...there are bigger problems with this scenario.
Protocols	None. Festive-Medics tells Jane to just follow her 'normal' protocols used when working for Big Blue Ambulance Service. This is not acceptable because Jane is not working as an agent/employee of Big Blue Ambulance Service at the festival.		
Privilege to Practice 	✓ Jane has not established that she is working for an Agency authorized in the Remote State. ✓ Jane has not established a valid Physician Medical Director in the Remote State.		
Discussion	- This scenario involves misconceptions related to EMS Compact, local credentialing, and medical direction. EMS Practitioners work within a defined scope of practice under agency affiliation, following medical protocols. EMS Agencies, including non-traditional employers of EMS practitioners, are required to comply with state and local regulations. - Physician Medical Directors are generally employed/contracted by EMS agencies or municipalities, not individual EMS practitioners. - Properly credentialed EMS Practitioners are permitted to practice when affiliated with an agency with physician medical direction, authorization to use agency/employer protocols, medications, and supplies outside official agency work is generally not permitted. - This scenario also highlights an example where a local agency lacks legal status due to deficient credentialing, medical direction, protocols, and other essential elements.		

Privilege to Practice Flowchart



¹ - EMS Personnel licenses are recognized and valid across all EMS Compact jurisdictions. However, it is the responsibility of EMS Agencies to ensure they are well-informed about and in compliance with all relevant laws and regulations pertaining to EMS agencies in the jurisdictions where they operate.



Executive Committee Service Dates

Chairperson

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

Vice Chairperson

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

Treasurer

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

Secretary

Joseph House	Kansas	April 3, 2020- Present
Andy Gienapp	Wyoming	Oct 7, 2017 - April 2020

Commissioner-At-Large

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

REPLICA[®]

Recognition of EMS Personnel Licensure Interstate CompAct

Model Legislation

As Enacted In:

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



MODEL LEGISLATION

SECTION 1. PURPOSE

In order to protect the public through verification of competency and ensure accountability for patient care related activities all states license emergency medical services (EMS) personnel, such as emergency medical technicians (EMTs), advanced EMTs and paramedics. This Compact is intended to facilitate the day to day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority and authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state. This Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of EMS personnel and that such state regulation shared among the member states will best protect public health and safety. This Compact is designed to achieve the following purposes and objectives:

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.

SECTION 2. DEFINITIONS

In this compact:

1. "Advanced Emergency Medical Technician (AEMT)" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
2. "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.
3. "Alternative program" means: a voluntary, non-disciplinary substance abuse recovery program approved by a state EMS authority.
4. "Certification" means: the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination.
5. "Commission" means: the national administrative body of which all states that have enacted the compact are members.
6. "Emergency Medical Technician (EMT)" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
7. "Home State" means: a member state where an individual is licensed to practice emergency medical services.
8. "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.
9. "Medical Director" means: a physician licensed in a member state who is accountable for the care delivered by EMS personnel.
10. "Member State" means: a state that has enacted this compact.
11. "Privilege to Practice" means: an individual's authority to deliver emergency medical services in remote states as authorized under this compact.

12. “Paramedic” means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
13. “Remote State” means: a member state in which an individual is not licensed.
14. “Restricted” means: the outcome of an adverse action that limits a license or the privilege to practice.
15. “Rule” means: a written statement by the interstate Commission promulgated pursuant to Section 12 of this 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.
16. “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.
17. “Significant Investigatory Information” means:
 - investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would result in the imposition of an adverse action on a license or privilege to practice; or
 - investigative information that indicates that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.
18. “State” means: means any state, commonwealth, district, or territory of the United States.
19. “State EMS Authority” means: the board, office, or other agency with the legislative mandate to license EMS personnel.

SECTION 3. HOME STATE LICENSURE

- A. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.
- B. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.
- C. A home state’s license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:
 1. Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;
 2. Has a mechanism in place for receiving and investigating complaints about individuals;
 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;
 4. No later than five years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with US CFR §731.202 and submit documentation of such as promulgated in the rules of the Commission; and
 5. Complies with the rules of the Commission.

SECTION 4. COMPACT PRIVILEGE TO PRACTICE

- A. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3.
- B. To exercise the privilege to practice under the terms and provisions of this compact, an individual must:
 1. Be at least 18 years of age;
 2. Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state recognized and licensed level with a scope of practice and authority between EMT and paramedic; and
 3. Practice under the supervision of a medical director.
- C. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.
- D. Except as provided in Section 4 subsection C, an individual practicing in a remote state will be subject to the remote state’s authority and laws. A remote state may, in accordance with due process and that state’s laws, restrict, suspend, or revoke an individual’s privilege to practice in the remote state and may take any other

necessary actions to protect the health and safety of its citizens. If a remote state takes action it shall promptly notify the home state and the Commission.

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

SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:

- 1. The individual originates a patient transport in a home state and transports the patient to a remote state;
- 2. The individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;
- 3. The individual enters a remote state to provide patient care and/or transport within that remote state;
- 4. The individual enters a remote state to pick up a patient and provide care and transport to a third member state;
- 5. Other conditions as determined by rules promulgated by the commission.

SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

Upon a member state's governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), all relevant terms and provisions of EMAC shall apply and to the extent any terms or provisions of this Compact conflicts with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such declaration.

SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY, AND THEIR SPOUSES

- A. Member states shall consider a veteran, active military service member, and member of the National Guard and Reserves separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.
- B. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members, and members of the National Guard and Reserves separating from an active duty tour, and their spouses.
- C. All individuals functioning with a privilege to practice under this Section remain subject to the Adverse Actions provisions of Section VIII.

SECTION 8. ADVERSE ACTIONS

- A. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.
- B. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.
 - 1. All home state adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.
 - 2. An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.
- C. A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended, or revoked to the Commission in accordance with the rules of the Commission.
- D. A remote state may take adverse action on an individual's privilege to practice within that state.
- E. Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.
- F. A home state's EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

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

SECTION 9. ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY

A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

1. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses, and/or the production of evidence from another member state, shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state EMS authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
2. Issue cease and desist orders to restrict, suspend, or revoke an individual's privilege to practice in the state.

SECTION 10. ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

- A. The Compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice.
1. The Commission is a body politic and an instrumentality of the Compact states.
 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.
- B. Membership, Voting, and Meetings
1. Each member state shall have and be limited to one (1) delegate. The responsible official of the state EMS authority or his designee shall be the delegate to this Compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the Governor of the state will determine which entity will be responsible for assigning the delegate.
 2. Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.
 3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.
 4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section XII.
 5. The Commission may convene in a closed, non-public meeting if the Commission must discuss:
 - a. Non-compliance of a member state with its obligations under the Compact;
 - b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - c. Current, threatened, or reasonably anticipated litigation;
 - d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;
 - e. Accusing any person of a crime or formally censuring any person;
 - f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
 - g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - h. Disclosure of investigatory records compiled for law enforcement purposes;

- i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or
 - j. Matters specifically exempted from disclosure by federal or member state statute.
- 6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.
- C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:
 - 1. Establishing the fiscal year of the Commission;
 - 2. Providing reasonable standards and procedures:
 - a. for the establishment and meetings of other committees; and
 - b. governing any general or specific delegation of any authority or function of the Commission;
 - 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;
 - 4. Establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the Commission;
 - 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
 - 6. Promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees;
 - 7. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
 - 8. The Commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any.
 - 9. The Commission shall maintain its financial records in accordance with the bylaws.
 - 10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.
- D. The Commission shall have the following powers:
 - 1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;
 - 2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;
 - 3. To purchase and maintain insurance and bonds;
 - 4. To borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;
 - 5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
 - 6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
 8. To sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;
 9. To establish a budget and make expenditures;
 10. To borrow money;
 11. To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
 12. To provide and receive information from, and to cooperate with, law enforcement agencies;
 13. To adopt and use an official seal; and
 14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of EMS personnel licensure and practice.
- E. Financing of the Commission
1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
 2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
 3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.
 4. 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.
 5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.
- F. Qualified Immunity, Defense, and Indemnification
1. The members, officers, executive director, 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.
 2. The Commission shall defend any member, officer, 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.
 3. The Commission shall indemnify and hold harmless any member, officer, 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.

SECTION 11. COORDINATED DATABASE

- A. The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action, and significant investigatory information on all licensed individuals in member states.
- B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this compact is applicable as required by the rules of the Commission, including:
 - 1. Identifying information;
 - 2. Licensure data;
 - 3. Significant investigatory information;
 - 4. Adverse actions against an individual's license;
 - 5. An indicator that an individual's privilege to practice is restricted, suspended or revoked;
 - 6. Non-confidential information related to alternative program participation;
 - 7. Any denial of application for licensure, and the reason(s) for such denial; and
 - 8. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.
- C. The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.
- D. Member states contributing information to the coordinated database may designate information that may not be shared with the public without the express permission of the contributing state.
- E. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

SECTION 12. RULEMAKING

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
- B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any member state.
- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
 - 1. On the website of the Commission; and
 - 2. On the website of each member state EMS authority or the publication in which each state would otherwise publish proposed rules.
- E. The Notice of Proposed Rulemaking shall include:
 - 1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
 - 2. The text of the proposed rule or amendment and the reason for the proposed rule;
 - 3. A request for comments on the proposed rule from any interested person; and
 - 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.
- G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
 - 1. At least twenty-five (25) persons;
 - 2. A governmental subdivision or agency; or
 - 3. An association having at least twenty-five (25) members.
- H. 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.
 - 1. All persons wishing to be heard at the hearing shall notify the executive director 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.
 - 2. 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.

3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing 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 hearing if it so chooses.
4. 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.
- I. 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.
- J. The Commission shall, by majority vote of all members, 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.
- K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
- L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, 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. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 1. Meet an imminent threat to public health, safety, or welfare;
 2. Prevent a loss of Commission or member state funds;
 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
 4. Protect public health and safety.
- M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

SECTION 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

- A. Oversight
 1. The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.
 2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the Commission.
 3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.
- B. Default, Technical Assistance, and Termination
 1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the Commission shall:
 - a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
 - b. Provide remedial training and specific technical assistance regarding the default.
 2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
 3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the

Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
 5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the Commission and the defaulting state.
 6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
- C. Dispute Resolution
1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the compact that arise among member states and between member and non-member states.
 2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.
- D. Enforcement
1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.
 2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
 3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

SECTION 14. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

- A. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.
- B. Any state that joins the compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the compact becomes law in that state.
- C. Any member state may withdraw from this compact by enacting a statute repealing the same.
 1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.
- D. Nothing contained in this compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this compact.
- E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

SECTION 15. CONSTRUCTION AND SEVERABILITY

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

ADMINISTRATIVE RULES

ADOPTED BY THE COMMISSION: JUNE 5, 2024

EFFECTIVE: JUNE 5, 2024

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 individual is authorized to practice in a remote state under a privilege to practice.
- 2.6 **“Coordinated Database”** means: the information system established and maintained by the Commission as set forth in the compact.
- 2.7 **“Coordinated Database Administrator”** means: the contractor, person or employee named by the Commission to provide oversight and management of the coordinated database.
- 2.8 **“EMS Agency”** means: an organization that is authorized by a state EMS authority to operate an ambulance service, or non-transport service.

- 2.9 **“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.
- 2.10 **“Member State”** means: a state that has enacted the Compact.
- 2.11 **“National EMS ID number”** means: a randomly generated, unique 12-digit identification number issued by the National Registry of EMTs.
- 2.12 **“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.
- 2.13 **“Non-Member State”** means: a state, territory or jurisdiction of the United States that has not enacted the Compact.
- 2.14 **“Privilege to Practice”** means: an individual’s authority to deliver emergency medical services in remote states as authorized under this compact.
- 2.15 **“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.
- 2.16 **“State”** means: any state, commonwealth, district, or territory of the United States.
- 2.17 **“State EMS Authority”** means: the board, office, or other agency with the legislative mandate to license EMS personnel.
- 2.18 **“Subject”** means: an individual who is under investigation by a state EMS authority for alleged misconduct.

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 individual who is licensed in another member state, provided that:
- A) the home state complies with section 3 of the Compact; and
 - B) the 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

- D) the 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
- E) the individual's privilege to practice has not been restricted or revoked by any member state (except as provided in section 4.2 of these rules).

4.1 Notification of privilege to practice status

- A) Home states shall notify the Commission of the privilege to practice status for each individual licensed by the home state to the Commission as described in section 11.4 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:
 - (i) 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
 - (ii) 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
 - (i) the remote state restores the privilege to practice or removes the restriction of the privilege to practice; and
 - (ii) the 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 Individuals licensed in non-reporting home states. Individuals licensed in a home state that does not collect and submit all elements of the uniform data set are not 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.

4.4 Scope of practice. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by his or her home state unless or until modified by the 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.

- (B) 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.
 - (C) 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.
- 4.5 Notification.** A member state shall notify the Commission of any scope of practice modifications or limitations for individuals (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.
- 4.7 Individual responsibility.** An 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 described in the most current version of the Commission's standards manual.

SECTION 5. Not Used

SECTION 6. Not Used

SECTION 7. Not Used

SECTION 8. Adverse Actions

8.0 Investigation.

- (A) Member states 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 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 individual'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 individual'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 (Reserved)

11.1 Coordinated Database – General

- (A) **Method of data submission.** Member states shall submit the uniform data set described in section 11 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.
- (C) **Implementation.** A member state shall have thirty (30) days to initially provide the member state's uniform data set to the coordinated database. In the event a member state does not collect one or more elements of the uniform data set, the member state shall initially submit all elements currently collected within thirty (30) days and shall collect and submit any missing elements within eighteen (18) months.
- (D) **Maintenance of uniform data set.** The accuracy of 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 individual assert that the individual's uniform data set information is inaccurate, the individual shall 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 Uniform Data Set. Member states must submit the following uniform data set to the coordinated database at the frequency indicated.

- (A) **Identifying information.** The following information for each 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
 - (b) National EMS ID number.
- (B) **Licensure data.** The following information for each 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 information.** 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 11.0 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 11.2(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.** The information as described in section 4.1 of these rules for each 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, 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 individual's participation in an alternative program will be reported.
- (1) Any denial of applications for licensure. The following information must be reported within one month of the denial:
 - (2) applicant's identifying information as stated in Section 11. 2(A) of these rules; and
 - (3) summary of the reason for denial; and
 - (4) declaration of the existence of a criminal investigation or pending criminal charges related to the denial; and
 - (5) declaration of the duration of the denial.
- (G) **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 individual'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.
- (H) **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.

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.
 - (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.
 - (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 mediation, 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.

SECTION 15. Not Used

Bylaws

Adopted: October 17, 2017

Amended: June 13, 2023, November 15, 2023

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.

Section 2. Functions

In pursuit of the fundamental objectives set forth in the Compact, 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.

ARTICLE II.

MEMBERSHIP

The Commission Membership shall be comprised as provided by the Compact. Each Member State shall have and be limited to one appointed voting representative. 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.

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 shall be elected by the Commission 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.

Section 2. Removal of Officers

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

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:

Chairperson. The chairperson shall call and preside at all meetings of the Commission and in conjunction with the Executive Committee, the chairperson shall 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.

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 a new chairperson is elected by the Commission.

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.

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. 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.

Section 6. Resignation

An officer may resign at any time by filing a written resignation with the chairperson.

ARTICLE IV.

COMMISSION OFFICES AND PERSONNEL

Section 1. Commission Staff and Offices

Contractual arrangements may be made with a professional management firm to act or serve as an authorized agent on behalf of the Commission. The management firm must be approved by the Commission and serves 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 member of the Commission without 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.

ARTICLE V.

Qualified Immunity, Defense and Indemnification

The members, officers and authorized agents such as an executive director, other personnel acting on behalf 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.

The Commission shall defend any member, officer and other authorized agent 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.

The Commission shall indemnify and hold harmless any member, officer and other authorized agent 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. 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 Commission meetings at least thirty (30) days prior rules will be considered and voted on by the Commission. Final agendas shall be provided to all Commissioners no later than ten (10) days prior to any meeting of the Commission. Thereafter, additional agenda items requiring Commission action 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 any meeting. A meeting may enter closed session if 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.

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 quorum must be established before any vote of the Commission can be taken.

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.

Section 4. Procedure

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

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 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. 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 immediate past chairperson is a non-voting member of the Executive Committee. The procedures, duties, budget, and tenure of such an Executive Committee shall be determined by the Commission. The power of such an Executive

Committee to act on behalf of the Commission shall be subject to any limitations imposed by the Compact. Public notice of all Executive Committee meetings must be made at least three (3) days prior to the meeting date and the meeting agenda must be made public 24 hours prior to the meeting date.

Section 2. Committees

The Commission may establish such Committees as it deems necessary to advise it concerning the fulfillment of 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. The composition, procedures, duties, budget and tenure of such committees shall be determined by the Commission. 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) in compliance with the order of any court of competent jurisdiction;
- ii) pursuant to such reasonable rules as the Commission shall promulgate; and
- iii) to any Commissioner of a Member State, or their duly authorized representatives.

Section 4. 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.

Section 5. 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

WITHDRAWAL, DEFAULT AND TERMINATION

Member States may withdraw from the Compact only as provided by the Compact. The Commission may terminate a Member State as provided by the Compact.

ARTICLE X

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.

ARTICLE XI

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.

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. 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. A Member State is in good standing if it has paid its assessments timely.



The Seal of the Interstate Commission for EMS Personnel Practice

In the center of this emblem, a stylized white Star of Life resides within a hexagon, set against a background of rich blue. The blue hexagon, recognized for its symbolism of equilibrium and unity, envelops the emblem and represents the profound sense of trust, reliability, and steadfastness that are fundamental qualities within the field of Emergency Medical Services.

The Star of Life, an enduring symbol first granted to Nationally Registered EMTs in 1970, embodies professionalism, solidarity, and an unwavering commitment to the highest standards of practice. It was graciously bestowed upon the nation by the National Registry and serves as a unifying emblem for the EMS profession. At the core of the Star of Life, a radiant single star shines brightly, symbolizing the unified voice and identity of Emergency Medical Services across the nation. Adjacent to the Star of Life, an arrow points right, symbolizing the industry's collective progress and forward momentum.

The inclusion of a red circle, borrowed from the seal of the United States Department of Homeland Security, represents bureaucratic red tape. Just as the red circle is divided on the Department of Homeland Security's seal, signifying the removal of obstacles, this emblem features 24 openings within the red circle, mirroring the number of Compact Member states at the time this seal was adopted. This imagery illustrates the Compact's ability to transcend bureaucratic barriers and overcome hurdles in its pursuit of a brighter future.

The emblem's base proudly showcases ten Stars of Life, honoring the initial ten states whose legislative efforts gave rise to the EMS Compact. This serves as a testament to the collaborative spirit that was essential in establishing the EMS Compact.

The entire composition is set against a pristine white backdrop, symbolizing the purity, honor, and intrinsic value of the Emergency Medical Services profession. The colors red, white, and blue incorporated in the seal not only symbolize the United States but also reflect the dedication, unity, and unwavering commitment of the EMS Compact in facilitating the interstate movement and license recognition of EMS personnel, sharing data between states, enhancing public safety, and promoting collaboration to serve the nation's communities with excellence and care.