

Executive Committee Agenda

Location: Virtual Attendance Only

Date: July 10, 2024

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

[Microsoft Teams Meeting Link](#)

- I. Call to Order & Welcome - *Commissioner Kinney, Chair*
 - a. Roll Call - *Commissioner House, Secretary*
 - i. () Commissioner Kraig Kinney [IN], Chair
 - ii. () Commissioner Wayne Denny [ID], Vice Chair
 - iii. () Commissioner Joe House [KS], Secretary
 - iv. () Commissioner Brad Vande Lune [IA], Treasurer
 - v. () Commissioner Aaron Koehler [WY], Member-at-Large
 - vi. () Commissioner Joe Schmider [TX], Immediate Past Chair
- II. Public Comment
 - a. Matters Not on the Agenda - *Kinney*
- III. Old Business
 - a. Administrative Rule Change (Rules Posted)
 - b. Workgroup: EMS Workforce Privacy Protection
- IV. Reports
 - a. Treasurer's Report- *Vande Lune*
 - b. Review May 2024 Executive Committee Meeting Summary - *House*
 - c. Chair's Report – *Kinney*
 - d. Bylaws & Rules Committee Report – *Schmider*
 - e. Executive Director's Report – *Donnie Woodyard, Executive Director*
 - f. National EMS Coordinated Database Administrator Update – NREMT
- V. New Business
 - a. JEMS Opportunity – Edward “Ted” Lee, Ed.D., NRP, Editor in Chief JEMS
 - b. Provider Bridge Presentation - Anne K. Lawler, JD, RN, Federation of State Medical Boards
 - c. Draft Position Paper: Privilege to Practice Code of Conduct
- VI. Partner Organization Updates
- VII. Adjourn Meeting

Future Executive Committee Dates	Future Commission Meeting Dates
August 8, 2024	
September 4, 2024	October 9, 2024 (Elections)

Meeting Norms:

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

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

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



National Registry of Emergency Medical Technicians®

THE NATION'S EMS CERTIFICATION™

Rocco V. Morando Building
6610 Busch Blvd, Columbus, OH 43229
(614) 888-4484

July 2024 NEMSCD Administrator Report

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

Current NEMSCD Projects	
EMS ID Primary Identifier	In Queue
NREMT# / EMS ID#	In Queue
National Registry Data Tab	In Queue

24 **267,559** **325,000**
MEMBER STATES COMPACT PROVIDERS TOTAL ESTIMATED
IN DATABASE IN DATABASE COMPACT PROVIDERS

State EMS Discipline Posting

State EMS Office	Most Recent Discipline Created Date	Cases Created Last Four Months	Most Recent Discipline Update Date	Cases Updated Last Four Months
LOUISIANA	06/28/2024	29	06/28/2024	29
WYOMING	06/20/2024	1		1
KANSAS	06/07/2024	2	03/01/2024	2
UTAH	06/06/2024	34	06/06/2024	34
COLORADO	05/29/2024	11	10/09/2023	11
TEXAS	05/20/2024	4	05/20/2024	4
MISSISSIPPI	04/17/2024	3		3
IDAHO	12/14/2023	0	12/14/2023	0
GEORGIA	12/13/2023	0	10/13/2021	0
SOUTH CAROLINA	10/12/2022	0		0
MISSOURI	01/14/2022	0		0
ALABAMA		0		0

States Onboarding	Last Meeting/Coordination
Tennessee	6/28/2024
North Dakota	6/26/2024
Delaware BLS	6/12/2024
Nebraska	5/16/2024
Delaware ALS	5/14/2024
Pennsylvania	4/26/2024
Indiana	4/25/2024
South Dakota ALS	
Oklahoma	

Acadis



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Draft Position Paper 2024-__ Privilege to Practice Code of Conduct

Introduction

DRAFT POSITION PAPER

Medical professions adopt codes of conduct to reinforce expectations, establish, and maintain professional standards of behavior and ethical conduct. These codes serve as guidelines that outline the expected conduct, responsibilities, and ethical principles that healthcare professionals should adhere to in their practice. The Hippocratic Oath, which is one of the oldest and most well-known codes of conduct in healthcare, has been a guiding principle for physicians for centuries. Its emphasis on ethical principles such as confidentiality, honesty, and respect for patients has influenced the development of modern codes of conduct for healthcare professionals.

The EMS Compact is comprised of individually licensed EMS practitioners with a Privilege to Practice in multiple Member States, creating a need for a unified Code of Conduct that is adopted and implemented by all states and jurisdictions licensing EMS personnel. Codes of conduct help in ensuring high standards of behavior and ethical conduct in the field and they serve as a critical tool in maintaining public trust in the profession. Therefore, the EMS Compact is calling upon State Licensing authorities to adopt a Uniform EMS Code of Conduct.

To assist with this, the following Uniform EMS Code of Conduct is being offered:

Uniform Code of Conduct

As a professional EMS Practitioner, I commit to upholding the following code of conduct:

- Promote professionalism and provide competent emergency medical care to all people.
- Use my professional knowledge and skills to promote health, alleviate suffering, and do no harm.
- Treat all patients with respect, compassion, and dignity regardless of nationality, race, creed, color, age, gender, disability, religion, or socioeconomic status.
- Assume responsibility to uphold professional standards and education, striving to provide competent medical care to every patient that I encounter.
- Advocate for patients that lack medical decision-making capacity and ensure equal access to medical services.
- Act responsibly, ethically, and lawfully within my training, knowledge, and scope of practice to enhance the reputation of the profession.
- Work cooperatively with other healthcare professionals in the best interests of our patients, and act in a responsible and professional manner that does not discredit or dishonor other health care practitioners.
- Act with honesty by being objective, truthful, and complete. I will include all relevant information in data collection and reporting, statements, applications, and testimony, and acknowledge errors and will not distort or alter facts.
- Respect every person's right to privacy by maintaining confidentiality of my patient's condition and history to those only in the medical field with an immediate need-to-know.
- Exercise a level of care and judgment consistent with my level of licensure, certification, and training.

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DRAFT POSITION PAPER

- Abide by all applicable state and federal laws, rules, regulations, and permits.

Furthermore, I understand that as an EMS Practitioner licensed in a Member State or utilizing a Privilege to Practice:

- It is my professional responsibility and obligation to read, understand, and comply with all state statutes and regulations related to the provision of Emergency Medical Services in the relevant jurisdiction(s).
- I can only function as an EMS Practitioner if my license is current, and I have authorization from an EMS Agency Medical Director.
- Maintaining my license, tracking my expiration date, and continuing my education is my individual responsibility.

As an EMS Practitioner, I acknowledge and understand that:

- The State may review and request further information for consideration about any violation of any state or federal law, rules, regulations including but not limited to violations that have been dismissed, deferred, or sealed when determining my fitness to practice as an EMS Practitioner.
- Failure to follow this code of conduct provides just cause for disciplinary action by the Department.
- Sanctions or discipline imposed on my license will be a public record and final dispositions will be reported to the National Practitioner Data Bank, the Interstate Commission for EMS Personnel Practice, and the National Registry of Emergency Medical Technicians.

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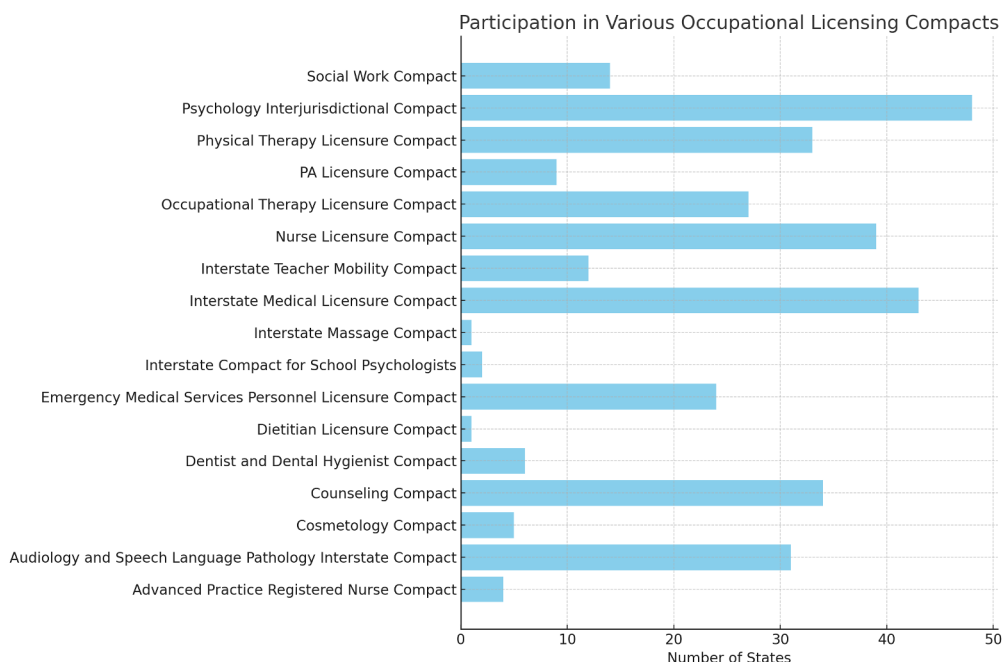
A Summary of Occupational Licensure Compacts in the United States

This report, as of July 2024, provides an overview and comparison of various occupational licensure interstate compacts, focusing on the EMS Compact and other similar agreements.

Occupational licensure compacts are regarded as the gold standard for states seeking to enhance licensure portability. These compacts allow states to establish uniform standards that reduce barriers to multi-state practice while maintaining each state's practice act and initial licensure process. Additionally, licensure compacts enhance public protection by enabling member states to efficiently share licensure data, including disciplinary actions.

Developed through an extensive stakeholder-informed and consensus-based process, licensure compacts draw from existing state policies and address the unique needs of each profession. States join these interstate compacts by agreeing to the uniform provisions through the legislative process.

The Council of State Governments (CSG) has played a pivotal role in advancing state occupational licensure policy in recent years. Based on their experience, CSG believes that interstate compacts are the most effective means to achieve borderless practice for licensed professionals and military spouses, alleviating the burden of maintaining multiple state licenses.



Current Occupational Licensing Compacts

Since January 2016, states have enacted over 350 pieces of licensure compact legislation. Currently, 51 states and territories have adopted occupational licensure compacts across a range of professions, such as nursing, medicine, physical therapy, emergency medical services, psychology, speech-language pathology, audiology, occupational therapy, and counseling.

Advanced Practice Registered Nurse Compact

Allows advanced practice registered nurses to have one multistate license giving them the ability to practice across all compact member states.

Audiology and Speech Language Pathology Interstate Compact

Facilitates the interstate practice of audiologists and speech-language pathologists while maintaining public protection.

Cosmetology Compact

The Cosmetology Licensure Compact seeks to provide licensees with opportunities for multistate practice, support relocating military families, improve the safety of cosmetology services and foster workforce development by reducing unnecessary licensure burdens.

Counseling Compact

Allows professional counselors licensed and residing in a compact member state to practice in other compact member states without the need for multiple licenses.

Dentist and Dental Hygienist Compact

The Dentist and Dental Hygienist Compact is a legally binding agreement among states that establishes an optional, additional pathway for dentists and dental hygienists to practice in states where they do not hold a license.

Dietitian Licensure Compact

The Dietitian Licensure Compact is a legally binding agreement among states that provides a pathway to practice through which dietitians can obtain compact privileges which authorize practice in states where they are not licensed.

Emergency Medical Services Personnel Licensure Compact

Facilitates interstate practice for licensed EMS professionals.

Interstate Compact for School Psychologists

Facilitates the interstate practice of School Psychology in educational or school settings, improving the availability of School Psychological Services to the public.

Interstate Massage Compact

Allows eligible massage therapists to practice in all compact member states.

Interstate Medical Licensure Compact

Offers a voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states, increasing access to health care for patients in underserved or rural areas.

Interstate Teacher Mobility Compact

Creates a streamlined pathway for licensure mobility for teachers.

Nurse Licensure Compact

Establishes reciprocal licensing arrangements between the party states for licensed practical/vocational nurses.

Occupational Therapy Licensure Compact

Facilitates interstate practice of occupational therapists between compact member states.

PA Licensure Compact

Facilitates interstate practice for licensed physician assistants.

Physical Therapy Licensure Compact

Enhances public protection by facilitating the interstate practice of physical therapy with the goal of improving access to physical therapy services.

Psychology Interjurisdictional Compact

Facilitates the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.

Social Work Compact

Allows eligible social workers to practice in all compact member states.

Tables of Information

Occupational Licensing Compact Membership (July 2024)

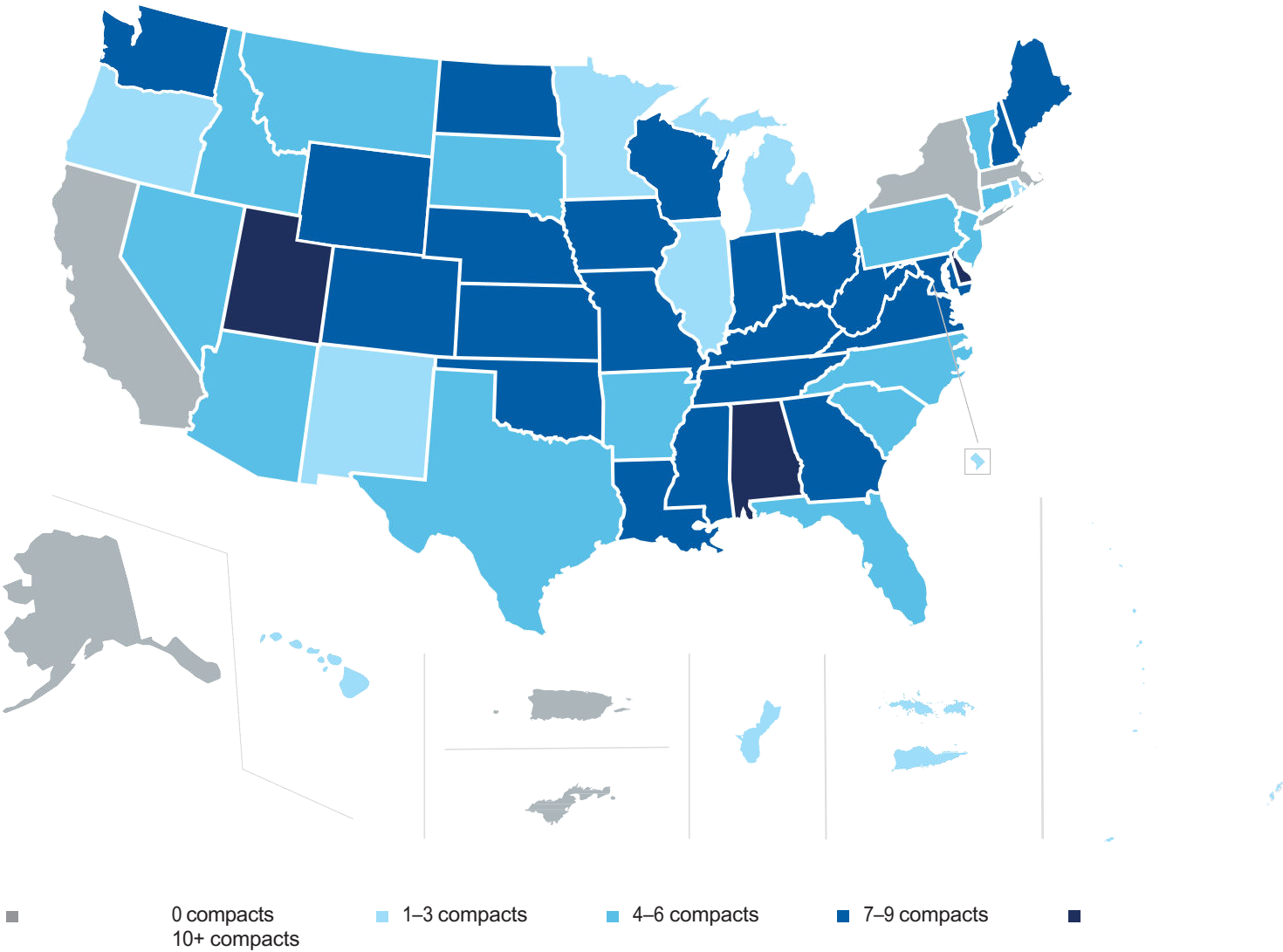


Table 1: Jurisdictions in the EMS Compact

State/Territory	Compact Name	Year Joined
Alabama	EMS Personnel Licensure Compact	2017
Colorado	EMS Personnel Licensure Compact	2015
Delaware	EMS Personnel Licensure Compact	2017
Georgia	EMS Personnel Licensure Compact	2017
Idaho	EMS Personnel Licensure Compact	2016
Indiana	EMS Personnel Licensure Compact	2020
Iowa	EMS Personnel Licensure Compact	2019
Kansas	EMS Personnel Licensure Compact	2016
Louisiana	EMS Personnel Licensure Compact	2020
Mississippi	EMS Personnel Licensure Compact	2017
Missouri	EMS Personnel Licensure Compact	2018
Nebraska	EMS Personnel Licensure Compact	2018
Nevada	EMS Personnel Licensure Compact	2023
North Dakota	EMS Personnel Licensure Compact	2019
Oklahoma	EMS Personnel Licensure Compact	2023
Pennsylvania	EMS Personnel Licensure Compact	2022
South Carolina	EMS Personnel Licensure Compact	2018
South Dakota	EMS Personnel Licensure Compact	2021
Tennessee	EMS Personnel Licensure Compact	2016
Texas	EMS Personnel Licensure Compact	2015
Utah	EMS Personnel Licensure Compact	2016
Virginia	EMS Personnel Licensure Compact	2016
West Virginia	EMS Personnel Licensure Compact	2020
Wyoming	EMS Personnel Licensure Compact	2017

Table 2: Jurisdictions Not in the EMS Compact but in Other Licensing Compacts

State/Territory	Compact Name	Year Joined
Arizona	Counseling Compact	2024
Arizona	Interstate Medical Licensure Compact	2016
Arizona	Nurse Licensure Compact	2016
Arizona	Occupational Therapy Licensure Compact	2022
Arizona	Physical Therapy Licensure Compact	2016
Arizona	Psychology Interjurisdictional Compact	2016
Arizona	Cosmetology Compact	2023
Arkansas	Audiology and Speech Language Pathology	2023
Arkansas	Counseling Compact	2023
Arkansas	Nurse Licensure Compact	2017
Arkansas	Occupational Therapy Licensure Compact	2023
Arkansas	Physical Therapy Licensure Compact	2019
Arkansas	Psychology Interjurisdictional Compact	2021
Connecticut	Counseling Compact	2023
Connecticut	Interstate Medical Licensure Compact	2022
Connecticut	Nurse Licensure Compact	2023
Connecticut	Physical Therapy Licensure Compact	2023

Connecticut	Psychology Interjurisdictional Compact	2022
District of Columbia	Interstate Medical Licensure Compact	2018
District of Columbia	Nurse Licensure Compact	2021
District of Columbia	Physical Therapy Licensure Compact	2021
District of Columbia	Psychology Interjurisdictional Compact	2021
Florida	Audiology and Speech Language Pathology	2024
Florida	Counseling Compact	2022
Florida	Interstate Medical Licensure Compact	2024
Florida	Interstate Teacher Mobility Compact	2023
Florida	Nurse Licensure Compact	2016
Florida	Psychology Interjurisdictional Compact	2023
Guam	Interstate Medical Licensure Compact	2017
Guam	Nurse Licensure Compact	2021
Hawaii	Interstate Medical Licensure Compact	2023
Hawaii	Psychology Interjurisdictional Compact	2023
Illinois	Interstate Medical Licensure Compact	2015
Illinois	Physical Therapy Licensure Compact	2023
Illinois	Psychology Interjurisdictional Compact	2018
Kentucky	Audiology and Speech Language Pathology	2021
Kentucky	Counseling Compact	2022
Kentucky	Interstate Medical Licensure Compact	2019
Kentucky	Nurse Licensure Compact	2017
Kentucky	Occupational Therapy Licensure Compact	2022
Kentucky	Physical Therapy Licensure Compact	2017
Kentucky	Psychology Interjurisdictional Compact	2021
Kentucky	Cosmetology Compact	2023
Kentucky	Interstate Teacher Mobility Compact	2023
Kentucky	Social Work Compact	2024
Maine	Audiology and Speech Language Pathology	2023
Maine	Counseling Compact	2022
Maine	Dentist and Dental Hygienist Compact	2024
Maine	Interstate Medical Licensure Compact	2017
Maine	Nurse Licensure Compact	2018
Maine	Occupational Therapy Licensure Compact	2021
Maine	PA Licensure Compact	2024
Maine	Physical Therapy Licensure Compact	2023
Maine	Psychology Interjurisdictional Compact	2021
Maine	Social Work Compact	2024
Maryland	Audiology and Speech Language Pathology	2021
Maryland	Counseling Compact	2021
Maryland	Interstate Medical Licensure Compact	2018
Maryland	Nurse Licensure Compact	2019
Maryland	Occupational Therapy Licensure Compact	2021

Maryland	Physical Therapy Licensure Compact	2019
Maryland	Psychology Interjurisdictional Compact	2021
Maryland	Cosmetology Compact	2024
Michigan	Interstate Medical Licensure Compact	2018
Michigan	Psychology Interjurisdictional Compact	2022
Minnesota	Interstate Medical Licensure Compact	2015
Minnesota	Psychology Interjurisdictional Compact	2021
Montana	Audiology and Speech Language Pathology	2023
Montana	Counseling Compact	2023
Montana	Dentist and Dental Hygienist Compact	2023
Montana	Interstate Medical Licensure Compact	2015
Montana	Nurse Licensure Compact	2015
Montana	Occupational Therapy Licensure Compact	2023
Montana	Physical Therapy Licensure Compact	2017
Montana	Psychology Interjurisdictional Compact	2021
New Hampshire	Audiology and Speech Language Pathology	2022
New Hampshire	Counseling Compact	2022
New Hampshire	Interstate Medical Licensure Compact	2016
New Hampshire	Nurse Licensure Compact	2017
New Hampshire	Occupational Therapy Licensure Compact	2021
New Hampshire	Physical Therapy Licensure Compact	2017
New Hampshire	Psychology Interjurisdictional Compact	2019
New Jersey	Counseling Compact	2024
New Jersey	Interstate Medical Licensure Compact	2022
New Jersey	Nurse Licensure Compact	2021
New Jersey	Physical Therapy Licensure Compact	2018
New Jersey	Psychology Interjurisdictional Compact	2021
New Mexico	Nurse Licensure Compact	2018
North Carolina	Audiology and Speech Language Pathology	2020
North Carolina	Counseling Compact	2022
North Carolina	Interstate Medical Licensure Compact	2017
North Carolina	Nurse Licensure Compact	2018
North Carolina	Occupational Therapy Licensure Compact	2022
North Carolina	Physical Therapy Licensure Compact	2017
North Carolina	Psychology Interjurisdictional Compact	2020
Northern Mariana Islands	Psychology Interjurisdictional Compact	2022
Oregon	Physical Therapy Licensure Compact	2016
Oregon	Interstate Teacher Mobility Compact	2023
Rhode Island	Interstate Medical Licensure Compact	2022
Rhode Island	Nurse Licensure Compact	2023
Rhode Island	Physical Therapy Licensure Compact	2023
Rhode Island	Psychology Interjurisdictional Compact	2022
Virgin Islands	Nurse Licensure Compact	2021
Wisconsin	Audiology and Speech Language Pathology	2023
Wisconsin	Counseling Compact	2023

Wisconsin	Dentist and Dental Hygienist Compact	2024
Wisconsin	Interstate Medical Licensure Compact	2015
Wisconsin	Nurse Licensure Compact	2017
Wisconsin	Occupational Therapy Licensure Compact	2022
Wisconsin	PA Licensure Compact	2023
Wisconsin	Physical Therapy Licensure Compact	2020
Wisconsin	Psychology Interjurisdictional Compact	2022

Table 3: Jurisdictions Not Part of Any Occupational Licensure Compact

State/Territory

California

Massachusetts

New York

Advocating for EMS: The Need for States to Join the EMS Compact

Now is the time to start expanding states participating in the EMS Compact to ensure that EMS professionals are not disenfranchised or disadvantaged compared to their medical professional colleagues who benefit from other occupational licensure compacts. The EMS Compact facilitates the interstate practice of licensed EMS professionals, allowing them to provide critical services across state lines efficiently and without unnecessary administrative burdens.

States that are already part of other occupational licensure compacts, such as the Nurse Licensure Compact or the Interstate Medical Licensure Compact, have recognized the value of enabling healthcare professionals to practice seamlessly across state lines. State legislatures are familiar with these interstate licensure compacts and understand their significant benefits. By joining the EMS Compact, these states can extend similar privileges to EMS professionals, ensuring they have the same opportunities and are not left behind in terms of mobility and practice rights.

Moreover, joining the EMS Compact enhances public safety and healthcare delivery by allowing for a more flexible and responsive EMS workforce. It supports the rapid mobilization of EMS personnel during both scheduled large-scale events and no-notice emergencies, while facilitating collaboration and unification of policies and practices among states. For states already participating in other compacts, the transition to include the EMS Compact is a logical step that aligns with their existing commitment to interstate professional practice and public protection.

Expanding the EMS Compact to include more states is essential for ensuring that EMS professionals receive equitable treatment and opportunities compared to other medical professionals. It strengthens the overall healthcare system's ability to respond to emergencies and provides a framework for improved workforce mobility and cooperation across state lines.



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

Administrative Rules - Interstate Commission for EMS Personnel Practice

- 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.

Administrative Rules - Interstate Commission for EMS Personnel Practice

(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.

- 389 **12.1 Preparation of draft rules.** The rules committee shall prepare a draft of all proposed rules
390 and provide the draft to all Commissioners for review and comments. Based on the comments
391 made by the Commissioners the Rules Committee shall prepare a final draft of the proposed
392 rule(s) or amendments for consideration by the Commission not later than the next
393 Commission meeting.
- 394 **12.2 Publication of draft rules.** Prior to promulgation and adoption of a final rule (in accordance
395 with Section 12 of the Compact) the Commission shall publish the text of the proposed rule or
396 amendment prepared by the rules committee not later than sixty (60) days prior to the meeting
397 at which the vote is scheduled, on the official website of the Commission and in any other
398 official publication that may be designated by the Commission for the publication of its rules.
399 All written comments received by the rules committee on proposed rules shall be posted on
400 the Commission's website upon receipt. In addition to the text of the proposed rule or
401 amendment, the reason for the proposed rule shall be provided.
- 402 **12.3 Notification.** Each administrative rule or amendment shall state:
- 403 (A) The place, time, and date of the scheduled public hearing, if any;
- 404 (B) The manner in which interested persons may submit notice to the Commission of their
405 intention to attend the public hearing and any written comments; and
- 406 (C) The name, position, physical and electronic mail address, telephone, and telefax
407 number of the person to whom interested persons may respond with notice of their
408 attendance and written comments.
- 409 **12.4 Public Hearings.** Every public hearing shall be conducted in a manner guaranteeing each
410 person who wishes to comment a fair and reasonable opportunity to comment. In accordance
411 with Section 12.H. of the Compact, specifically:
- 412 (A) If a hearing is held on the proposed rule or amendment, the Commission shall publish
413 the place, time, and date of the scheduled public hearing.
- 414 (B) All persons wishing to be heard at the hearing shall notify the Chairperson of the
415 Commission or other designated member in writing of their desire to appear and
416 testify at the hearing not less than five (5) business days before the scheduled date of
417 the hearing.
- 418 (C) Hearings shall be conducted in a manner providing each person who wishes to
419 comment a fair and reasonable opportunity to comment orally or in writing.
- 420 (D) No transcript of the public hearing is required, unless a written request for a transcript
421 is made; in which case the person or entity making the request shall pay for the
422 transcript. A recording may be made in lieu of a transcript under the same terms and
423 conditions as a transcript. This subsection shall not preclude the Commission from
424 making a transcript or recording of the public hearing.
- 425 (E) Nothing in this section shall be construed as requiring a separate hearing on each rule.
426 Rules may be grouped for the convenience of the Commission at hearings required by
427 this section.
- 428 (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



THE

***EMS* COMPACT™**

FICEMS STRATEGIC PLAN

2021-2025

Objective 6.2: Support SLTT efforts to enhance legal recognition and reciprocity of EMS practitioners across jurisdictions

States regulate and administer licensing for EMS practitioners to verify competency and ensure accountability for EMS practices in patient care. Variability in licensure requirements from state to state for EMS practitioners has unnecessarily complicated the availability of the EMS workforce to work across state boundaries. Many EMS practitioners have maintained multiple licenses to retain legal recognition to perform EMS duties in multiple states. The Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA) was created to facilitate the day-to-day movement of EMS practitioners across state boundaries and direct state EMS offices to afford immediate legal recognition to EMS personnel licensed in any member state.¹⁹ FICEMS will continue to support the expansion of REPLICA, as the EMS CompAct, to include more states.



INTERSTATE COMPACTS

Interstate compacts are legal agreements between states that bind member states to their provisions in the same manner as contracts entered into by individuals or corporations. Each state legislature accepts the compact by enacting a law that adopts the terms of the *agreement*. When the required number of states have enacted such a law, the compact is formed.

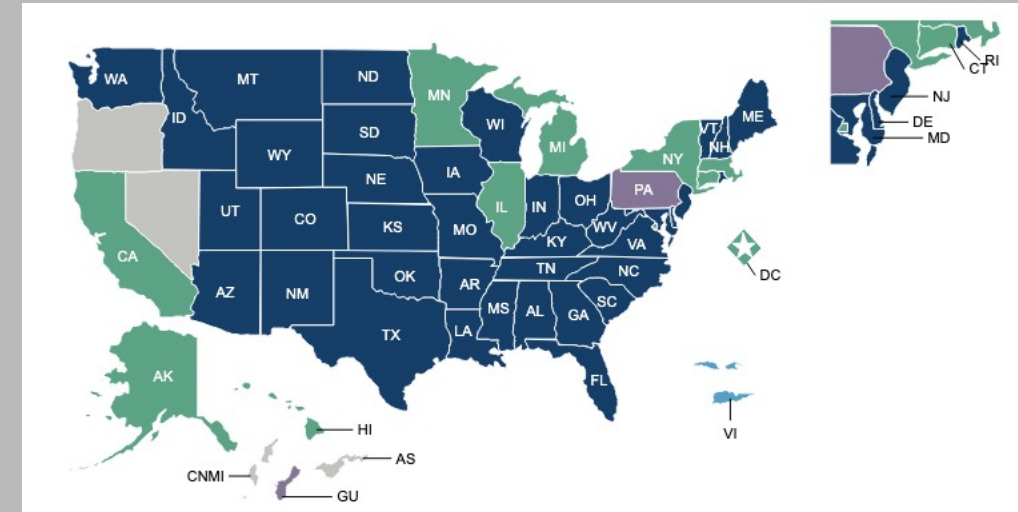
Medical Compacts

- **Emergency Medical Services Compact**
- **Psychology Interjurisdictional Compact**
- **Counseling Compact**
- **Audiology & Speech Language Hearing Compact**
- **Nurse Licensure Compact**
- **Advanced Practice Registered Nurse Compact**
- **Physical Therapy Compact**
- **Occupational Therapy Compact**
- **Physician Assistant / Associate Compact**
- **Dentistry & Dental Hygiene Compact**
- **Massage Therapy Compact**
- **Cosmetology Compact**
- **Social Work Compact**
- **Dietitian Compact**
- **School Psychologists Compact**
- **Physician / Interstate Medical Licensure Compact**

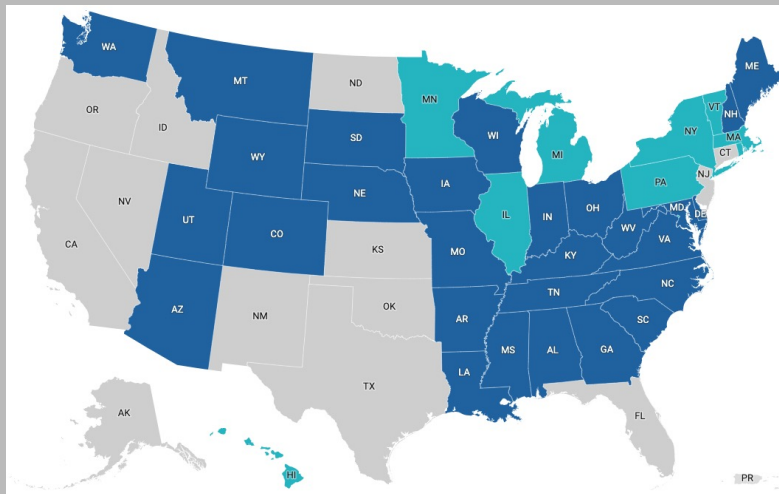
Interstate Compact Facts

- **325+ Pieces of Compact Legislation Passed By States Since 2016**
- **50 States are participating in at least one Licensure Compact**

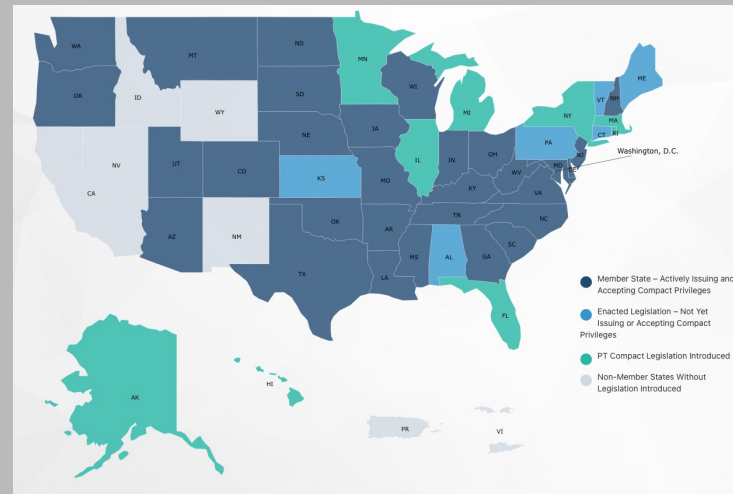
Nurse Compact Member States



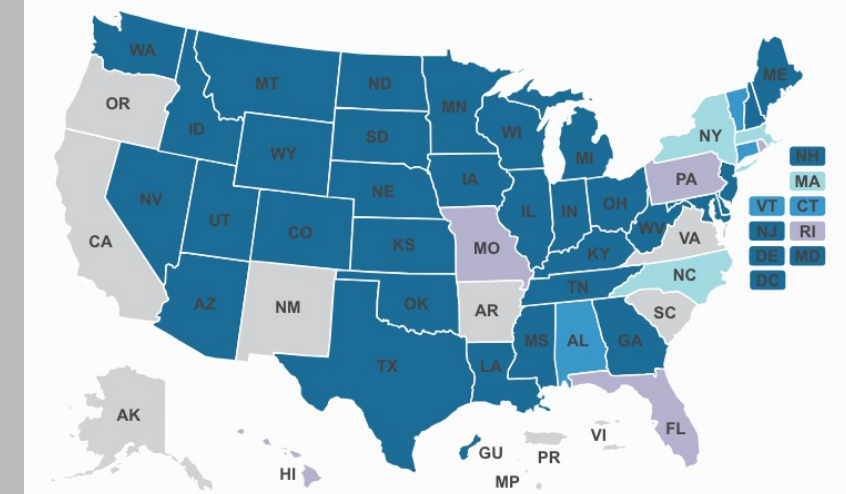
Occupational Therapy



Physical Therapy



Physician Medical Compact



Interstate Compacts

are the

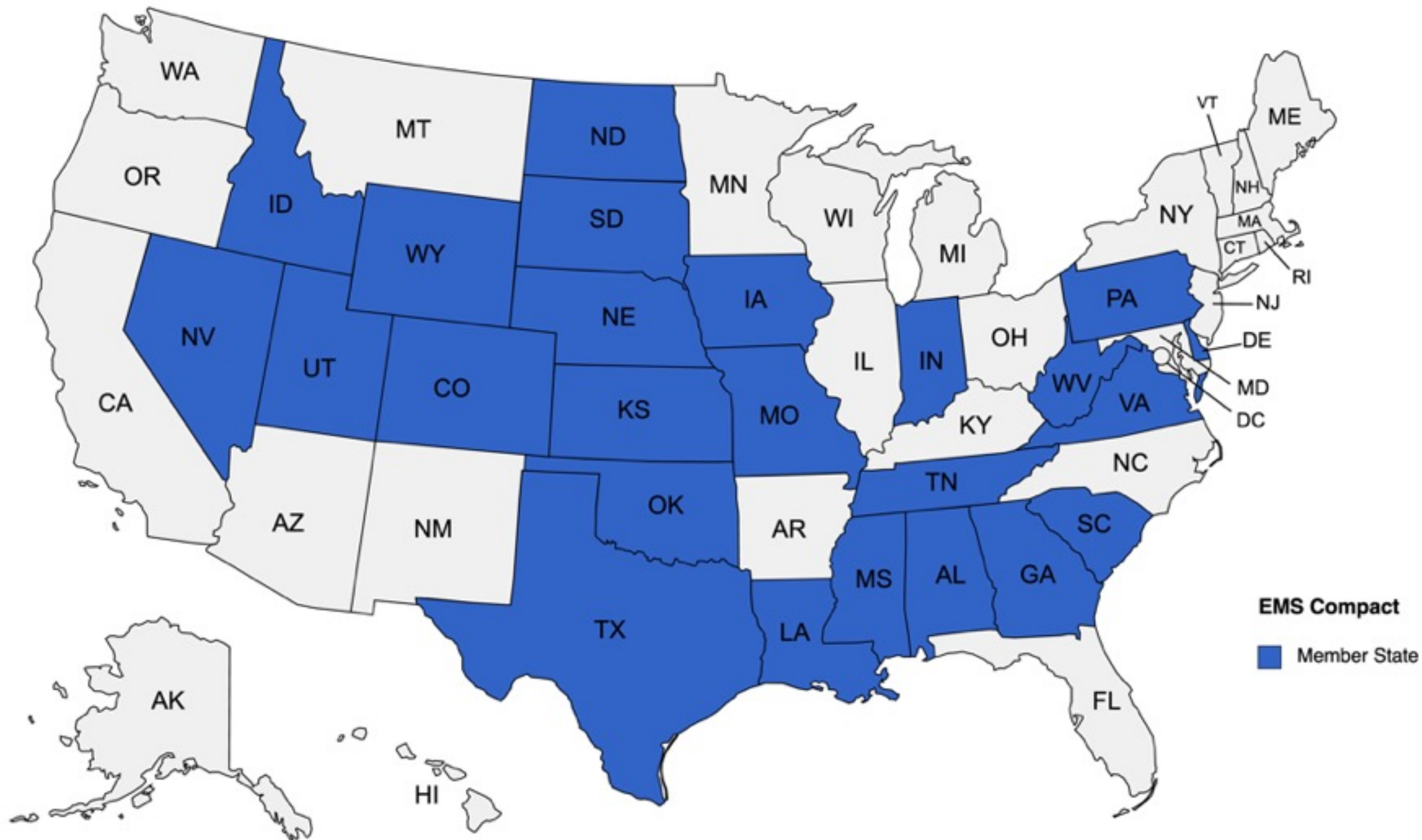
New Standard

for

Occupational Licensing







REPLICA*

Recognition of EMS Personnel Licensure Interstate CompAct

The interstate movement
of EMS personnel...
and so much more!



REPLICA*

Recognition of EMS Personnel Licensure Interstate CompAct

 **INTERSTATE COMMISSION ^{FOR}
EMS PERSONNEL PRACTICE**

 **NEMSCD**
NATIONAL EMS COORDINATED DATABASE



The Commission

- **Governmental Body**
- **Interstate Practice of EMS**
- **Has Rule-Making Authority**
- **Governor Appointed Commissioners**

How many total EMS personnel are in the U.S.?

How many are EMTs? Paramedics?

Where are EMS personnel located?



289,830

EMS Workforce

(2019) US Census Bureau's American
Community Survey

>1 Million

Licensed EMS Personnel

(2019) Healthcare Resilience Task
Force: EMS/911

>500,000

Certified EMS Personnel

(2024) National Registry of EMTs

1,030,000+

State Licensed EMS
Personnel

(2020) NASEMSO

238,742

EMS Workforce

(2023) HHS National Center for Health
Workforce Analysis

98,770

Paramedic Workforce

(2024) Bureau of Labor Statistics

Legislative Purpose & Mandates of the EMS Compact:

- Increase public access to EMS personnel;
- Enhance the states' ability to **protect the public's health and safety**, especially patient safety;
- **Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;**
- Support licensing of military members who are separating from an active-duty tour and their spouses;
- **Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action and significant investigatory information;**
- Promote compliance with the laws governing EMS personnel practice in each member state;
- Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.



NEMSCD

NATIONAL EMS COORDINATED DATABASE



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.

NATIONAL EMS ID NUMBER

#####-#####-#####

- ~2,000,000 issued
- NREMT Secure Identity Server
 - NREMT & Non-NREMT Personnel
 - Multivariant Matching
- Static Number
- Required by EMS Compact
- Urged for all states



- Government Secure System
- *Primary Source* Validation
- National EMS ID Number
- De-duplicates State Licensure Data
- Near Real Time Status Updates
 - Expiration Dates
 - Adverse Actions
 - Discipline
 - Privilege to Practice



Do I have Privilege to Practice?

3372-2754-7112



☒ I accept the [terms and conditions](#)

[What's an EMS ID?](#)

DONALD WOODYARD 

EMS ID: 3372-2754-7112

PRIVILEGE TO PRACTICE: Yes ✓

STATE LICENSES

STATE: Louisiana

LICENSE NUMBER: LA14-00911

LEVEL: PARAMEDIC

EXPIRATION: 03/31/2024

STATE: Colorado

LICENSE NUMBER: Q201070

LEVEL: PARAMEDIC

EXPIRATION: 06/17/2026

NATIONAL CERTIFICATION

NATIONAL REGISTRY NUMBER: M***7409

LEVEL: Paramedic

EXPIRATION: 03/31/2024

Qualified EMS Personnel (licensed from a Member State) not displaying a Privilege to Practice should contact the Member State's EMS licensure office for assistance with verification status or email info@emscompact.gov.

National Certification questions should be directed to support@nremt.org.

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LOUISIANA | PARAMEDIC | LA22-

[Discipline](#)

JASON L

NEMIS License Level	State Level	Basis For Licensure	Original License Date	Current License Issue Date License renewal/registration date	Expiration Date	License Status
Paramedic	Paramedic	NATIONAL REGISTRY			03/31/2024	Not Supplied
PTP Active	Created Date	Updated On	Is Denied			
YES		Not Supplied	NO			

• Please contact the EMS Office for license verification for endorsement. LOUISIANA does not participate in electronic license verification process.

ALABAMA | PARAMEDIC | 20-

JASON L

NEMIS License Level	State Level	Basis For Licensure	Original License Date	Current License Issue Date License renewal/registration date	Expiration Date	License Status
EMT-Paramedic	Paramedic	NOT AVAILABLE				Active
PTP Active	Created Date	Updated On	Is Denied			
YES		Not Supplied	NO			

• Please contact the EMS Office for license verification for endorsement. ALABAMA does not participate in electronic license verification process.

GEORGIA | PARAMEDIC | P0-

Jason Lee

INTERSTATE PRACTICE OF EMS

- **Day to Day Operations**
- **Special Events**
- **Surge Operations**
- **Disaster Response**
- **Workforce Mobility**
- **Active 24/7**
- **Immediate Recognition**
- **Preserves Public Protection**
- **Expands State Authority**
- **No Executive Order**
- **No Disaster Declaration**
- **Preserves EMAC**

PRIVILEGE TO PRACTICE

- **EMS Practitioner Must Be:**

- Licensed in a Home State
- At least 18 y/o
- EMT, Paramedic, or between EMT & Paramedic
- Unrestricted / Good Standing

- **Compact provides a Privilege to Practice:**

- In Remote States
- Immediate recognition
- No application process / No Fee

- **EMS Practitioner Must Have:**

- Medical Director
- Employer / EMS Agency
- Defined Scope of Practice

- **Remote State Authority:**

- Investigate / Regulate
- Subpoena Records
- Cross Border Jurisdiction for Investigations
- Limit / Revoke / Sanction PTP

EMS AGENCY AUTHORITY

- **Access to National Workforce**
- **Reduced Bureaucracy**
- **Immediate Licensure Recognition**
- **Responsible for Credentialing**
- **Local Protocols**
- **Local Medical Direction**
- **New Workforce Flexibility**

FUTURE

- **Increase Awareness**
- **Add States**
- **Expand Coordinated Database**

RESOURCES



**National Center for
Interstate Compacts**
THE COUNCIL OF STATE GOVERNMENTS



compacts.csg.org



www.EMSCompact.gov