

2025

Q4 MEETING

NOVEMBER 5, 2025



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Q4 2025 Meeting Agenda

Location: Virtual, MS Teams
Date: November 5, 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*
 - i. Lewis Robinson [OK], seated September 30, 3035
 - ii. Margaret B. Hansen [SD], seated October 17, 2025
 - 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. Committee Reports
 - i. Stakeholder Advisory Committee Report- *Commissioner Aaron Koehler (WY)*
 - ii. Criminal History and Fitness to Practice Evaluation Committee - *Commissioner Jon Jones (SC)*
 - iii. Rules & Bylaws Committee – *Commissioner Joe Schminder (TX)*
 - iv. Nominations Committee – *Commissioner Joe Schminder (TX)*
 - e. Database Administrator Report – *Ray Mollers (NREMT)*
- IV. Old Business
 - a. Action: Approve Q2 2025 Meeting Minutes - *House*
- V. New Business
 - a. Administrative Rulemaking
 - b. National Collegiate EMS Week 2025 Resolution
 - c. Election of Executive Committee Members
 - i. Vice Chair
 - ii. Secretary
- VI. NGO / Stakeholder Partner Updates
- VII. Adjourn Meeting

**** Certified Executive Session with Full Commission upon adjournment of Public 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.
 - 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.

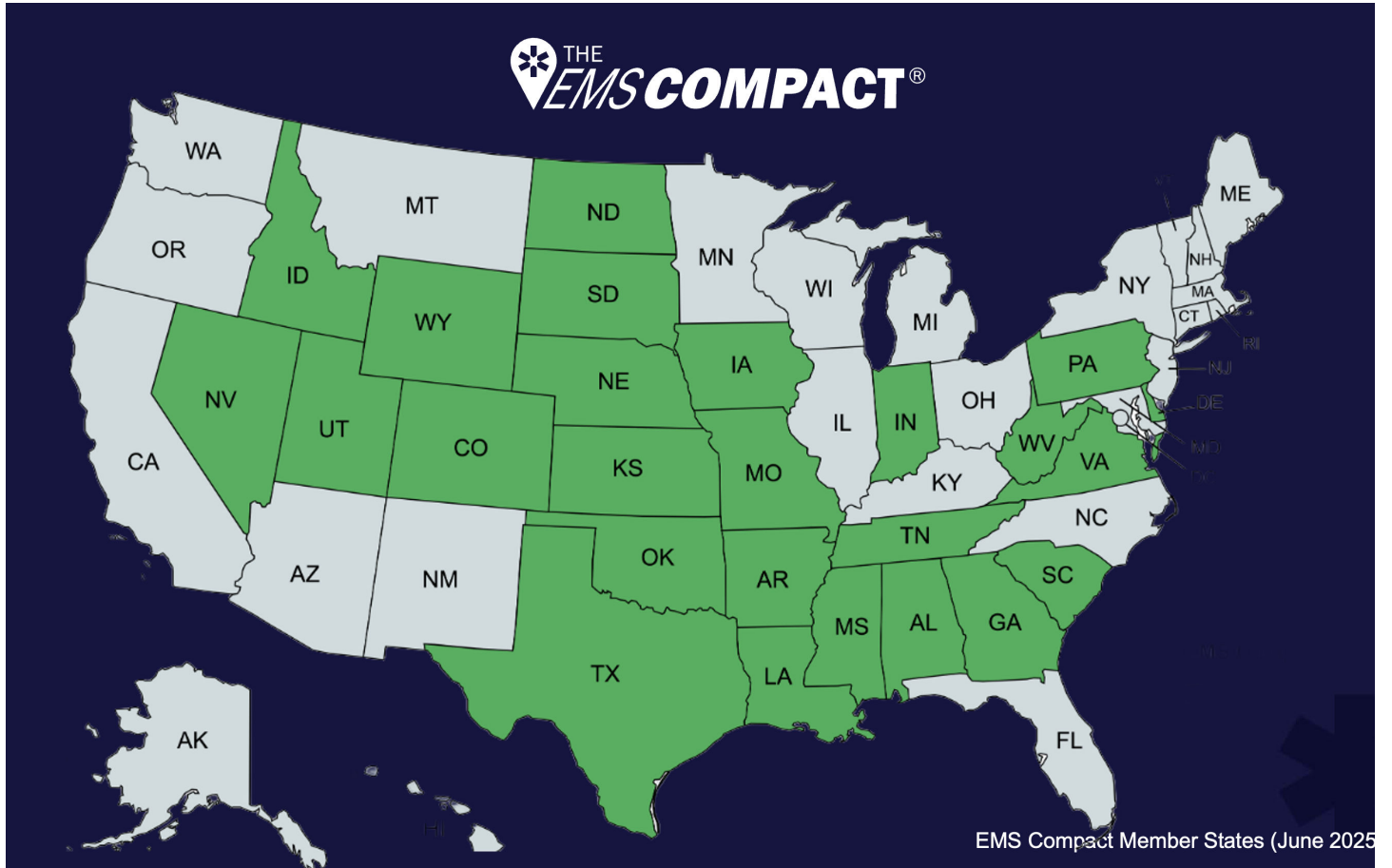
Commissioner Roll Call - November 5, 2025

State	Commissioner	Elected Role	Present Absent
Alabama	Jamie Gray		☐ Present ☐ Absent
Arkansas	Christy Kresse		☐ Present ☐ Absent
Colorado	Michael Bateman		☐ Present ☐ Absent
Delaware	Britany Huss		☐ Present ☐ Absent
Georgia	Michael Johnson		☐ 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	Lewis Robinson		☐ Present ☐ Absent
Pennsylvania	Anthony Martin		☐ Present ☐ Absent
South Carolina	Jonathan Jones		☐ Present ☐ Absent
South Dakota	Margaret B. Hansen		☐ Present ☐ Absent
Tennessee	Brandon Ward		☐ Present ☐ Absent
Texas	Joseph Schmider	Immediate Past Chair	☐ Present ☐ Absent
Utah	Mark Herrera		☐ Present ☐ Absent
Virginia	Maria Beermann-Foat		☐ 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 <i>Page, Wolfberg & Wirth</i>	☐ Present ☐ Absent
Database Administrator	Ray Mollers / National Registry of EMTs	☐ Present ☐ Absent

MAP: 2025 EMS Compact Member States



Previous Meeting Minutes (Q2 2025)

<<To be added at the Commission Meeting>>

Interstate Commission for EMS Personnel Practice Meeting Summary**Date:** May 14, 2025**Time:** 2:00 PM Eastern**Location:** Amway Grand Hotel, Grand Rapids, MI**I. Educational Sessions**

- **Interstate Compacts 101**
- **Best Practices in EMS Personnel Licensure Discipline**
- **EMS Interactions with Autonomous Vehicles**

Business Meeting**II. Call to Order & Welcome**

- **Chairperson:** Commissioner Kraig Kinney (IN)
The meeting of the Interstate Commission for EMS Personnel Practice was convened on May 14, 2025, at 4:03 p.m. Eastern Time. Chairperson Kinney presided over the meeting, welcomed all attendees, and outlined the meeting protocol.
 - **Roll Call** – Secretary: Commissioner Joseph House (KS)
Secretary House (KS) conducted the roll call (as noted). With 1 absent member, Chairmain Kinney (IN) declared a quorum present.
 - **Introduction of New Commissioners** – Chairman Kinney (IN)
Introduced and welcomed Commissioner Michaelde'Angelo Tascier of Oklahoma. Introduced and welcomed Commissioner Christy Kresse of Arkansas. Introduced and welcomed Dr. Maria Beermann-Foat, Commissioner for the Commonwealth of Virginia.
 - **Adoption of Business Agenda** – Chairman Kinney (IN)
Commissioner Kinney (IN) asked for adoption of the business agenda as presented by voice vote. The business agenda was adopted without opposition.

II. 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 provided a report highlighting the activities of the EMS Compact which included:
 - Observation of great traction and work by the Rules and Bylaws Committee.
 - Quality process on the development of position papers.
 - Announced his potential for becoming president-Elect for NASEMSO, but wanted to reinforce he remains fully committed to the Compact and the Commission.
 - Introduced counsel Christie Mellott and thanked her for being present.
- **Treasurer's Report:** Treasurer: Commissioner Brad Vande Lune (IA)
Treasurer Vande Lune (IA) 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 his activities since the previous meeting as well as opportunities upcoming which included:
 - Pending legislation in Massachusetts and New Jersey.
 - Bill pulled in Oregon and transitioned to a study with a better likelihood of passing in 2 years.
 - Request for technical assistance in North Carolina.
 - Started process with NREMT for updating and upgrading NEMSCD.
 - Funding request submitted to the UDUNDMHP for support of the EMS Compact for a better understanding of the number of EMS personnel as well as the number of EMS personnel currently serving in the National Guard.
 - Meeting with elected officials as well for potential Congressional appropriation of \$1.5M.
 - Focusing on funding through the NREMT until additional is procured.
 - Upcoming travel to Anchorage for a panel discussion on disaster preparedness and the role of Compacts. Alaska is subsidizing up to \$2500 of the EMS Compact's associated cost.
 - Upcoming travel to Pennsylvania to provide Regional Council support, technical assistance, and a thank you for utilization.
- **Stakeholder Advisory Committee:** Commissioner Aaron Koehler (WY)
Commissioner Koehler (WY) stated the group had their inaugural meeting with great discussion and great participation. Their

next meeting was scheduled for June. They were looking to be researching data upon the Compact's usage from amongst the committee members.

- **Database Administrator Report:** Ray Mollers (NREMT)
Mr. Mollers provided a report and update upon on-boarding citing 9 states remain who are not in the coordinated database. 2 of whom are within the QA process. 2 of whom are in testing. One which is partially reporting as they are split between ALS and BLS and then 3 have no action or activity and 1 is on hold at the moment due to a changing state structure.

V. Old Business

- **Action:** Review of February 2025 (Q1) Meeting Minutes – Commissioner Joseph House (KS)
Commissioner Jamie Gray (AL) moved to approve the February 2025 (Q1) meeting minutes as presented. Commissioner Jonathan Jones (SC) seconded the motion.
 - **Vote:** The minutes were approved.

VI. New Business

a. Action: EMS Week 2025 Resolution

Executive Director Woodyard read the Resolution into the record. With no amendments or recommendations for changes, Commissioner Anthony Martin (PA) made a motion to approve and adopt the resolution as presented. Commissioner Michael Bateman (CO) seconded the motion.

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

b. Action: EMS for Children Day 2025 Resolution

Executive Director Woodyard read the Resolution into the record noting a change from the word “week” to “day” to appropriately reflect EMS for Children Day during EMS Week 2025. With no further changes, Commissioner Jonathan Jones (SC) made a motion to approve and adopt the resolution as amended. Commissioner Jamie Gray (AL) seconded the motion.

- **Vote:** The Commission voted unanimously to approve and adopt the resolution as amended.

c. Action: Criminal History and Fitness to Practice Evaluation Committee Charter

Executive Director Woodyard provided an overview of the potential charter for this committee noting whereby member states are required to perform the check, there is not a requirement upon a process to evaluate. The key factor was noted of state sovereignty. However, it is felt this group may provide guidance upon the restricted license. Executive Director Woodyard outlined the authority in sections 1.2, 1.3, 1.5., 1.6, and 3.C.4. Guidance was requested from the Commission.

Commissioner Anthony Martin (PA) made a motion to proceed with the charter and to allow the Executive Committee to determine membership. Commissioner Jamie Gray (AL) seconded the motion.

- **Vote:** The Commission voted unanimously to proceed with the charter and the standing up of the committee by the Executive Committee.

Commissioner Jonathan Jones (SC) appointed as chair. Any other commissioner seeking to be a member should contact Executive Director Woodyard or Chairman Kinney (IN).

VII. NGO / Stakeholder Partner Updates

- None provided

VIII. Adjournment

Immediate past-chair Joseph Schmider (TX) made a motion to thank and acknowledge the work and effort of the National Registry in their support of the EMS Compact. Commissioner Anthony Martin (PA) seconded the motion. The motion passed without opposition.

Commissioner Jamie Gray (AL) made a motion to acknowledge NASEMSO's support of the EMS Compact in providing the venue for our annual in-person meeting and thanking them for their continued support. Commissioner Bobbie Sullivan (NV) seconded the motion. The motion passed without opposition.

Having reached the end of the published agenda, the Commission announced their intent to go into an Executive Session to discuss personnel matters. Counsel Christie Mellott certified the purpose of the Executive Session.

Chairman Kinney (IN) asked to recess the annual public business meeting at 4:49 p.m. Eastern Time for the Executive Session.

Immediate past-chair Joseph Schmider (TX) made a motion to enter into Executive Session. Commissioner Jamie Gray (AL) seconded the motion. No opposition noted and the Commission entered into Executive Session at 4:51 p.m. Eastern Time with all commissioners remaining as well as counsel and the Executive Director.

Adjournment Time: The Executive Session concluded at 5:52 p.m. Eastern Time and the business meeting was adjourned at the same time.

Commissioner Roll Call - MAY 14, 2025

State	Commissioner	Elected Role	Present Absent
Alabama	Jamie Gray		☒ Present ☐ Absent
Arkansas	Christy Kresse		☒ Present ☐ Absent
Colorado	Michael Bateman		☒ Present ☐ Absent
Delaware	Britany Huss		☒ Present ☐ Absent
Georgia	Michael Johnson		☒ 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	Michaelde'Angelo Tascier		☒ 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	Maria Beermann-Foat		☒ 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	Christie Mellott, JD Page, Wolfberg & Wirth	☒ Present ☐ Absent
Database Administrator	Ray Mollers / National Registry of EMTs	☒ Present ☐ Absent

Q2 2025 Meeting Agenda

Location: Amway Grand Hotel, 187 Monroe NW, Grand Rapids, MI
Date: May 14, 2025
Time: 2:00 p.m. (Eastern Time)

Educational Sessions

- **2:00–2:50 PM: Interstate Compacts 101**, designed for all state EMS officials, will provide a foundational understanding of interstate compacts and their critical role in modern governance.
- **3:00–3:40 PM: Best Practices in EMS Personnel Licensure Discipline** is an interactive workshop exploring best practices in EMS personnel licensure discipline, providing all state EMS officials with practical tools for effectively managing investigations.
- **3:40–4:00 PM: EMS Interactions with Autonomous Vehicles.** Learn about the resources available to EMS personnel when interacting with autonomous vehicles.
- **4:00–5:00 PM: Annual In-Person Commission Meeting**

- VIII. 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*
- IX. Public Comments Regarding Matters Not on the Agenda - *Kinney*
- X. Reports
- a. Chair's Report – *Kinney*
 - b. Treasurer's Report – *Commissioner Brad Vande Lunde (IA)*
 - c. Executive Director Report – *Woodyard*
 - d. Stakeholder Advisory Committee Report- *Commissioner Aaron Koehler (WY)*
 - e. Database Administrator Report – *Ray Mollers (NREMT)*
- XI. Old Business
- a. Action: Approve Q1 2025 Meeting Minutes - *House*
- XII. New Business
- a. EMS Week 2025 Resolution
 - b. EMS for Children Day 2025 Resolution
 - c. Criminal History and Fitness to Practice Evaluation Committee Charter
- XIII. NGO / Stakeholder Partner Updates
- XIV. Adjourn Meeting

Meeting Norms:

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Database Administrator Reports



API Reporting NEMSCD

State EMS Office	Latest API Submission Date	First API Submission Date
COLORADO	11/03/2025	10/26/2020
GEORGIA	11/03/2025	10/05/2021
IDAHO	11/03/2025	02/07/2022
LOUISIANA	11/03/2025	08/10/2021
SOUTH CAROLINA	11/03/2025	03/25/2021
SOUTH DAKOTA	11/03/2025	08/27/2021
TEXAS	11/03/2025	04/02/2021
VIRGINIA	11/03/2025	04/01/2020
ALABAMA	11/01/2025	02/25/2021
IOWA	11/01/2025	11/01/2023
KANSAS	11/01/2025	07/30/2021
NORTH DAKOTA	11/01/2025	05/28/2025
ARKANSAS	10/31/2025	08/13/2025
MISSISSIPPI	10/31/2025	04/28/2022
MISSOURI	10/31/2025	10/20/2021
UTAH	10/31/2025	09/23/2021
WEST VIRGINIA	10/31/2025	10/20/2021
WYOMING	10/31/2025	06/16/2021
NEVADA	10/30/2025	09/28/2023
DELAWARE	09/23/2025	02/28/2025
TENNESSEE	09/05/2025	08/18/2025
INDIANA		
NEBRASKA		
PENNSYLVANIA		

State Discipline

State EMS Office	Most Recent Discipline Created Date	Cases Created Last Four Months
UTAH	10/30/2025	13
LOUISIANA	10/27/2025	41
IOWA	10/20/2025	4
GEORGIA	10/17/2025	4
MISSISSIPPI	10/13/2025	4
NEVADA	10/13/2025	1
TEXAS	10/02/2025	6
WEST VIRGINIA	10/02/2025	3
IDAHO	04/30/2025	0
KANSAS	01/11/2025	0
WYOMING	11/15/2024	0
COLORADO	05/23/2024	0
SOUTH CAROLINA	10/12/2022	0
MISSOURI	01/14/2022	0
SOUTH DAKOTA		0
VIRGINIA		0
ALABAMA		0
NORTH DAKOTA		0
ARKANSAS		0
DELAWARE		0
TENNESSEE		0
INDIANA		0
NEBRASKA		0
PENNSYLVANIA		0

QA API Testing

Statistics

Total Active Licenses for DELAWARE

404

Active Paramedic Licenses for DELAWARE

1

Active AEMT Licenses for DELAWARE

0

Active EMT Licenses for DELAWARE

403

Licenses with Adverse Actions for DELAWARE

0

Providers with multiple active PTP...

2

11/03/2025 08:27 EST

Statistics

Total Active Licenses for NEBRASKA

6,674

Active Paramedic Licenses for NEBRASKA

1,647

Active AEMT Licenses for NEBRASKA

26

Active EMT Licenses for NEBRASKA

5,001

Licenses with Adverse Actions for NEBRASKA

0

Providers with multiple active PTP...

0

11/03/2025 08:29 EST

Statistics

Total Active Licenses for INDIANA

274

Active Paramedic Licenses for INDIANA

24

Active AEMT Licenses for INDIANA

5

Active EMT Licenses for INDIANA

244

Licenses with Adverse Actions for INDIANA

0

Providers with multiple active PTP...

0

11/03/2025 08:32 EST

Statistics

Total Active Licenses for OKLAHOMA

0

Active Paramedic Licenses for OKLAHOMA

0

Active AEMT Licenses for OKLAHOMA

0

Active EMT Licenses for OKLAHOMA

0

Licenses with Adverse Actions for OKLAHOMA

0

Providers with multiple active PTP...

0

11/03/2025 08:25 EST

Statistics

Total Active Licenses for PENNSYLVANIA

0

Active Paramedic Licenses for PENNSYLVANIA

0

Active AEMT Licenses for PENNSYLVANIA

0

Active EMT Licenses for PENNSYLVANIA

0

Licenses with Adverse Actions for PENNSYLVANIA

0

Providers with multiple active PTP...

0

11/03/2025 08:26 EST

No Reporting

MEMORANDUM

TO: Commissioners
FROM: Donnie Woodyard, Jr., MAML, NRP, Executive Director
Via: Commissioner Joe Schmider (TX), Chair – Rules Committee
DATE: November 1, 2025
SUBJECT: Executive Committee Nominations

In accordance with Section 12 (Rulemaking) of the *Recognition of EMS Personnel Licensure Interstate Compact (REPLICA)* and the Administrative Procedures of the United States EMS Compact Commission, the proposed Administrative Rules were posted for public review and comment for a period exceeding ninety (90) days. The Notice of Proposed Rulemaking was published on the Commission’s website and distributed to all Member States in compliance with statutory requirements.

Summary of Process

Pursuant to Section 12(F)–(K) of the REPLICA statute, the Commission provided an opportunity for interested persons to submit written data, facts, opinions, and arguments related to the proposed rules.

- The **public comment period** remained open for more than 90 days.
- **No requests for a public hearing** were received.
- **No requests to speak** were submitted by members of the public.
- Two (2) written comments were received and are reproduced verbatim below.

These comments are being provided to the Commission, in Appendix 1 below, for review and consideration prior to the Commission’s vote on the proposed Administrative Rules scheduled for November 5, 2025.

Appendix 1 - Public Comments Received

1. Submitted August 30, 2025, 14:01–14:02

By: *Kate Carlson, Utah Bureau of EMS*

“The provisional privilege to practice is interesting for those who can’t pass a background. It doesn’t appear there is a time period involved.

The definition for moral turpitude is more broad than ours in my opinion. ‘Social duties’ is pretty vague.

Serious Misdemeanor is also pretty expansive for ‘reasonably be considered to pose a threat to public safety or trust.’

There is a technical glitch on line 232 it is most like ‘5 CFR 731.202...’ not ‘US CFR.’”

2. Submitted October 17, 2025, 10:03–10:10

By: *Jacob Swinney, HCA Midwest Health – Research Medical Center ER*

“A bit of a complicated and long story, but I am a NREMT-certified paramedic and have an active state license in Missouri. I initially certified and was licensed in my home state of Kansas. However, due to strict laws / regulations by the KS Board of EMS, I was denied a recertification in 2023 (for not submitting a ‘retroactive approval for CE within 180 days’ of completing college-level EMS courses). Now, upon trying to re-certify again for a new job I accepted, they are not recognizing reciprocity (from either my national nor MO state) and telling me my CEUs for the time my Kansas license was expired (2021–2023 cycle) are ‘insufficient.’

Would this new legislation allow me to work in the state of Kansas with my active Missouri license?”

MEMORANDUM

TO: Commissioners
FROM: Donnie Woodyard, Jr., MAML, NRP, Executive Director
Via: Commissioner Joe Schmider (TX), Chair – Nominations Committee
DATE: November 1, 2025
SUBJECT: Executive Committee Nominations

The nominations period for Executive Committee positions closed on October 31, 2025. The election will be held on Wednesday, November 5, 2025, during the Q4 2025 meeting of the Commission. The election will be conducted in accordance with the procedures and requirements outlined in the Commission's Bylaws and the REPLICA statute.

As of midnight on October 31, 2025, the following nominations were received:

Vice Chair

The following Commissioners have been nominated for the position of Vice Chair:

- **Wayne Denny**, Commissioner from Idaho
- **Joseph House**, Commissioner from Kansas
- **Mark Herrera**, Commissioner from Utah

Letters of commitment for each nominee are included in **Appendix One**.

Secretary

The following Commissioners have been nominated for the position of Secretary:

- **Mark Herrera**, Commissioner from Utah
- **Michael Johnson**, Commissioner from Georgia

Letters of commitment for these nominees are provided in **Appendix Two**.

The Commission will conduct the election during the scheduled meeting according to the established procedures. All Commissioners are encouraged to review the nomination materials in advance to ensure an informed and efficient voting process.

Appendix 1 | Vice Chair Position

Per Article 1 of the Bylaws:

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 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:

<...>

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.

Letter From Commissioner Mark Herrera [UT]

Nominee Letter of Commitment

I respectfully submit my commitment to serve on the Executive Committee of the Interstate Commission for EMS Personnel Practice in the role of Secretary or Vice Chairperson. I understand and fully accept the responsibilities of these positions.

Commitment to Service

I acknowledge that the term of service is two years, beginning with the Q4 Commission Meeting in 2025 and concluding with the Q4 Commission Meeting in 2027. I recognize that the Executive Committee meets at least monthly, and I commit to attending all meetings as required. I also understand that EC officers are expected to participate in additional committee meetings as assigned and to be present for all quarterly full Commission meetings. I pledge to be present, engaged, and responsive in fulfilling these duties, ensuring that the work of the Executive Committee and the Commission as a whole continues without interruption.

Reason for Interest

I am seeking election to the Executive Committee because I believe deeply in the mission of the EMS Compact and its role in supporting mobility, workforce stability, and public protection across state lines. The Compact is a critical step forward for EMS, and I want to contribute my skills and energy to strengthening its implementation and growth.

In my current role, I oversee EMS education, training, rural EMS, and specialty care programs. These responsibilities have given me a broad perspective on the challenges and opportunities facing EMS systems of all sizes. I work closely with providers, educators, agencies, and policymakers, which has taught me how to balance regulatory needs with practical realities in the field. I believe this combination of administrative experience and field awareness would be an asset to the Executive Committee.

Education and training have been central to my career, and I have seen how strong, consistent standards can directly improve patient care and provider readiness. Rural EMS has also been a major focus, where workforce shortages and limited resources highlight the need for cooperative solutions across states. Specialty care transport adds another layer, requiring collaboration and adaptability to ensure patients receive timely, high quality care. These experiences align closely with the Compact's mission, and I believe they allow me to bring a grounded, solutions oriented perspective to the Committee.

My vision for the EC is to continue building trust, transparency, and consistency in Compact operations, while also anticipating the future needs of the EMS profession. The Compact has already created a strong framework for collaboration among states; the next step is ensuring it remains flexible and responsive to workforce challenges, evolving technology, and the growing demands of our communities. As Secretary, I would ensure accurate records, clear communication, and strong organizational support for the Committee and the Commission. As Vice Chairperson, I would focus on supporting the Chair, facilitating effective discussion, and helping to guide the EC's work with consistency and accountability.

State Compliance

My state is in full compliance with the legal requirements of the EMS Compact legislation.

In closing, I am honored to be considered for this position. I am committed to serving with integrity, reliability, and dedication to advancing the mission of the EMS Compact. Thank you for your consideration.

Sincerely,
Mark Herrera

Letter From Commissioner Wayne Denny [ID]

I am currently serving in the vice chair position and understand that this would extend my service another two years. I understand that the EC holds monthly meetings, and attendance is mandatory for members of the EC. I acknowledge that I have missed a few monthly meetings during my term but missed meetings are the exception and only happen when faced with extenuating circumstances (i.e. State EMS Director responsibilities). I understand that members of the EC attend additional committee meetings and the quarterly full commission meetings. I have been a strong advocate of the compact since the inception and will continue to attend, be engaged and present regardless of the seat that I fill.

I have a history with the compact dating back to being a member of the drafting team that wrote the model compact language. I feel that my experience with and knowledge of the compact enables me to help educate and navigate issues as they arise. I feel the EC is in a position with Mr. Woodyard as the Executive Director to continue improving and expanding the compact's impact on EMS in the US.

Idaho continues to be in full compliance with the requirements set forth in the compact.

Respectfully,

Wayne Denny

.....

Letter From Commissioner Joseph House [KS]

Fellow EMS Compact Commissioners –

I deeply appreciate the opportunity to serve you in the role of vice-chair for the EMS Compact Commission. Having not only been one of the commissioners since its inception, but also having been a representative and active member of the drafting team for the REPLICA Legislation we have all enacted, I will provide the commission with a strong rooted advocate devoted to the success of our EMS Compact.

All of the executive committee members have an increased time commitment for the continued operation and success of the Commission and having served the Commission in the role of Secretary for the past five years, I have no concerns with continuing this time commitment into the foreseeable future. I believe my record has demonstrated my ongoing commitment to the Commission in all of its asks and within all of its activities. My heart and my passion are committed to ensuring the Commission continues to grow until we have all states and territories as Member States.

My commitment to you does include my attending all monthly Executive Committee meetings, actively participating in committees and sub-committees of the Commission as well as active participation within all quarterly Commission meetings. My commitment to you would also be to support the needs of our Chair in ensuring a seamless leadership structure.

As we progress into the future, I believe the Executive Committee will need to continue to showcase its strength and support of all aspects of the EMS Compact. Continuing to support its growth as we mature and continuing to find innovative and fresh ways to explain and educate upon how the EMS Compact benefits not only the providers, but also each and every member State. I believe over the next 2 years, the EMS Compact should be looking to strengthen itself through capitalizing upon the benefits we are afforded through our legislation. As just one example, the sharing of significant investigatory information across member states. I look forward to bringing a strong knowledge and understanding of our rules in achieving these goals leading to the ultimate success of our Commission.

The State of Kansas is fully compliant with all Compact requirements and we will continue to push to educate and support other Member States to gain compliance with a minimal impact upon their daily operations.

I deeply appreciate each and every one of you for your support – past, present, and future – and I look forward to serving you in the role of vice-chair.

Sincerely,

Joseph House, Paramedic
Secretary and EMS Compact Commissioner – Kansas

Appendix 2 | Secretary

Per Article 1 of the Bylaws:

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 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:

<...>

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.

.....

Letter From Commissioner Mark Herrera [UT]

Nominee Letter of Commitment

I respectfully submit my commitment to serve on the Executive Committee of the Interstate Commission for EMS Personnel Practice in the role of Secretary or Vice Chairperson. I understand and fully accept the responsibilities of these positions.

Commitment to Service

I acknowledge that the term of service is two years, beginning with the Q4 Commission Meeting in 2025 and concluding with the Q4 Commission Meeting in 2027. I recognize that the Executive Committee meets at least monthly, and I commit to attending all meetings as required. I also understand that EC officers are expected to participate in additional committee meetings as assigned and to be present for all quarterly full Commission meetings. I pledge to be present, engaged, and responsive in fulfilling these duties, ensuring that the work of the Executive Committee and the Commission as a whole continues without interruption.

Reason for Interest

I am seeking election to the Executive Committee because I believe deeply in the mission of the EMS Compact and its role in supporting mobility, workforce stability, and public protection across state lines. The Compact is a critical step forward for EMS, and I want to contribute my skills and energy to strengthening its implementation and growth.

In my current role, I oversee EMS education, training, rural EMS, and specialty care programs. These responsibilities have given me a broad perspective on the challenges and opportunities facing EMS systems of all sizes. I work closely with providers, educators, agencies, and policymakers, which has taught me how to balance regulatory needs with practical realities in the field. I believe this combination of administrative experience and field awareness would be an asset to the Executive Committee.

Education and training have been central to my career, and I have seen how strong, consistent standards can directly improve patient care and provider readiness. Rural EMS has also been a major focus, where workforce shortages and limited resources highlight the need for cooperative solutions across states. Specialty care transport adds another layer, requiring collaboration and adaptability to ensure patients receive timely, high quality care. These experiences align closely with the Compact's mission, and I believe they allow me to bring a grounded, solutions oriented perspective to the Committee.

My vision for the EC is to continue building trust, transparency, and consistency in Compact operations, while also anticipating the future needs of the EMS profession. The Compact has already created a strong framework for collaboration among states; the next step is ensuring it remains flexible and responsive to workforce challenges, evolving technology, and the growing demands of our communities. As Secretary, I would ensure accurate records, clear communication, and strong organizational support for the Committee and the Commission. As Vice Chairperson, I would focus on supporting the Chair, facilitating effective discussion, and helping to guide the EC's work with consistency and accountability.

State Compliance

My state is in full compliance with the legal requirements of the EMS Compact legislation.

In closing, I am honored to be considered for this position. I am committed to serving with integrity, reliability, and dedication to advancing the mission of the EMS Compact. Thank you for your consideration.

Sincerely,
Mark Herrera

Letter From Commissioner Michael Johnson [GA]

Michael B. Johnson, MS, NRP
Director, Office of EMS and Trauma
1680 Phoenix Blvd, Ste. 200
Atlanta, GA 30349

October 9, 2025

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

RE: Self-Nomination for the Position of Secretary on the Executive Committee of the Interstate Commission for EMS Personnel Practice

Dear Director Woodyard and Fellow EMS Compact Commissioners,

Please accept this letter as my self-nomination for the position of Secretary on the EMS Compact Executive Committee. As the Delegate and Commissioner from the State of Georgia, I have actively participated in Commission meetings, served on the Rules and Bylaws Committee, and chaired the workgroup that produced Position Paper 2024-02: Code of Conduct.

As a Commissioner, I have actively attended the Executive Committee meetings and participated in the discussions when asked or felt needed. If elected, I understand it will be for a two-year term with monthly meetings for the Executive Committee and quarterly for the full Commission meetings and that my attendance is required. I also pledge to be engaged and responsive in fulfilling my duties and to meet other requirements of the position to fulfill the needs of the Executive Committee and EMS Compact.

Although I have sometimes been outspoken about my opinions on how the EMS Compact should work, I have and continue to fully support the EMS Compact and its mission. The EMS Compact has created a way to strengthen the EMS workforce in the United States and allowed for shareable licensure data to flow easily between the states to assure public safety is still forefront. The EMS Compact has brought and will continue to bring a standardization of EMS within the United States that is desperately needed.

Being from Georgia, I feel the southeast United States is currently underrepresented on the Executive Committee, and I would like the opportunity to serve to help expand and strengthen the EMS Compact within the southeast United States. In what seems to be an uncertain future of the EMS industry, I believe the EMS Compact is in a strategic place in this time in our short history to make some very impactful and lasting changes and I would like to be as involved in these exciting times as possible.

Thank you for your consideration,

Michael B. Johnson, MS, NRP



November 2025 NEMSCD Administrator Report



25 MEMBER STATES 329,900 COMPACT PROVIDERS IN DATABASE 400,000 TOTAL ESTIMATED COMPACT PROVIDERS

API Reporting NEMSCD

State EMS Office	Latest API Submission Date	First API Submission Date
COLORADO	11/03/2025	10/26/2020
GEORGIA	11/03/2025	10/05/2021
IDAHO	11/03/2025	02/07/2022
LOUISIANA	11/03/2025	08/10/2021
SOUTH CAROLINA	11/03/2025	03/25/2021
SOUTH DAKOTA	11/03/2025	08/27/2021
TEXAS	11/03/2025	04/02/2021
VIRGINIA	11/03/2025	04/01/2020
ALABAMA	11/01/2025	02/25/2021
IOWA	11/01/2025	11/01/2023
KANSAS	11/01/2025	07/30/2021
NORTH DAKOTA	11/01/2025	05/28/2025
ARKANSAS	10/31/2025	08/13/2025
MISSISSIPPI	10/31/2025	04/28/2022
MISSOURI	10/31/2025	10/20/2021
UTAH	10/31/2025	09/23/2021
WEST VIRGINIA	10/31/2025	10/20/2021
WYOMING	10/31/2025	06/16/2021
NEVADA	10/30/2025	09/28/2023
DELAWARE	09/23/2025	02/28/2025
TENNESSEE	09/05/2025	08/18/2025
INDIANA		
NEBRASKA		
PENNSYLVANIA		

State Discipline

State EMS Office	Most Recent Discipline Created Date	Cases Created Last Four Months
UTAH	10/30/2025	13
LOUISIANA	10/27/2025	41
IOWA	10/20/2025	4
GEORGIA	10/17/2025	4
MISSISSIPPI	10/13/2025	4
NEVADA	10/13/2025	1
TEXAS	10/02/2025	6
WEST VIRGINIA	10/02/2025	3
IDAHO	04/30/2025	0
KANSAS	01/11/2025	0
WYOMING	11/15/2024	0
COLORADO	05/23/2024	0
SOUTH CAROLINA	10/12/2022	0
MISSOURI	01/14/2022	0
SOUTH DAKOTA		0
VIRGINIA		0
ALABAMA		0
NORTH DAKOTA		0
ARKANSAS		0
DELAWARE		0
TENNESSEE		0
INDIANA		0
NEBRASKA		0
PENNSYLVANIA		0

QA API Testing

Statistics

Total Active Licenses for DELAWARE

404

Active Paramedic Licenses for DELAWARE

1

Active AEMT Licenses for DELAWARE

0

Active EMT Licenses for DELAWARE

403

Licenses with Adverse Actions for DELAWARE

0

Providers with multiple active PTP...

2

11/03/2025 08:27 EST

Statistics

Total Active Licenses for NEBRASKA

6,674

Active Paramedic Licenses for NEBRASKA

1,647

Active AEMT Licenses for NEBRASKA

26

Active EMT Licenses for NEBRASKA

5,001

Licenses with Adverse Actions for NEBRASKA

0

Providers with multiple active PTP...

0

11/03/2025 08:29 EST

Statistics

Total Active Licenses for INDIANA

274

Active Paramedic Licenses for INDIANA

24

Active AEMT Licenses for INDIANA

5

Active EMT Licenses for INDIANA

244

Licenses with Adverse Actions for INDIANA

0

Providers with multiple active PTP...

0

11/03/2025 08:32 EST

No Reporting

Statistics

Total Active Licenses for OKLAHOMA

0

Active Paramedic Licenses for OKLAHOMA

0

Active AEMT Licenses for OKLAHOMA

0

Active EMT Licenses for OKLAHOMA

0

Licenses with Adverse Actions for OKLAHOMA

0

Providers with multiple active PTP...

0

11/03/2025 08:25 EST

Statistics

Total Active Licenses for PENNSYLVANIA

0

Active Paramedic Licenses for PENNSYLVANIA

0

Active AEMT Licenses for PENNSYLVANIA

0

Active EMT Licenses for PENNSYLVANIA

0

Licenses with Adverse Actions for PENNSYLVANIA

0

Providers with multiple active PTP...

0

11/03/2025 08:26 EST

Proposed Resolution



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE™

Resolution 2025-05 | National Collegiate EMS Week 2025

Recognizing November 10–16, 2025, as National Collegiate Emergency Medical Services Week

WHEREAS, emergency medical services are an essential component of public health and safety in the United States, providing lifesaving care to those in need 24 hours a day, seven days a week; *and*

WHEREAS, collegiate and university-based EMS programs serve as a vital pipeline for the advancement of the EMS profession, offering students opportunities to develop clinical expertise, leadership skills, and a lifelong commitment to public service; *and*

WHEREAS, members of collegiate EMS agencies engage in thousands of hours of specialized training, education, and service, responding to emergencies within their campus communities and often supporting surrounding jurisdictions; *and*

WHEREAS, collegiate EMS clinicians exemplify the highest standards of professionalism, teamwork, and compassion, frequently balancing the rigorous demands of academic study with their responsibility to provide critical emergency care; *and*

WHEREAS, the United States EMS Compact recognizes the importance of interstate mobility for EMS clinicians, particularly those in collegiate programs who may live, study, and work across multiple states while maintaining clinical readiness and licensure compliance; *and*

WHEREAS, the National Collegiate Emergency Medical Services Foundation (NCEMSF) has designated November 10–16, 2025, as the 29th consecutive *National Collegiate Emergency Medical Services Week* to honor the dedication and accomplishments of collegiate EMS clinicians nationwide;

NOW, THEREFORE, BE IT RESOLVED, that the Interstate Commission for EMS Personnel Practice hereby recognizes November 10–16, 2025, as *National Collegiate Emergency Medical Services Week*; *and*

BE IT FURTHER RESOLVED, that the Commission commends the thousands of collegiate EMS clinicians and programs across the nation whose service strengthens the EMS profession, enhances community safety, and fosters the next generation of EMS leaders; *and*

BE IT FINALLY RESOLVED, that the Commission encourages member states and EMS agencies to join in recognizing and celebrating the contributions of collegiate EMS programs during this week of national appreciation.

ADOPTED by the
Interstate Commission for EMS Personnel Practice
on this __th day of November, 2025.



For Reference

Proposed 2026 Commission Meeting Schedule

To be considered by the Executive Committee in December 2025.

FULL COMMISSION

Date	Time (ET)	Format
Q1 - 2/11/2026	3PM - 5PM	Virtual
Q2 - 4/29/2026	TBD	In Person, Kansas City, MO
Q3 - 8/19/2026	3PM - 5PM	Virtual
Q4 - 11/18/2026 (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 & Letters

05 October 2025

Mr. Abe Sutton, JD
Deputy Administrator and Director
Center for Medicare & Medicaid Innovation
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Deputy Administrator Sutton,

The Interstate Commission for Emergency Medical Services Personnel Practice is the governmental body in the United States responsible for the interstate practice of emergency medical services personnel. Established under the Compact Clause of the U.S. Constitution and enacted as state law by member states, the United States EMS Compact provides regulatory oversight, facilitates clinician mobility across jurisdictions, and ensures consistent recognition of EMS licensure and practice across state lines. In this capacity, the Commission offers technical expertise and perspectives on policies that directly affect EMS personnel and the public's access to qualified emergency medical clinicians.

From this perspective, the Commission wishes to share its observations regarding the importance of a sustainable federal framework for evaluating and reimbursing EMS Treatment in Place (TIP) care delivery model. This model directly impact the working environment, operational expectations, and professional sustainability of licensed EMS personnel, whose practice decisions are influenced by policies and regulatory authorities.

Under current policy, the Medicare Ambulance Fee Schedule (MAFS) reimburses only for the costliest outcome: emergency ambulance transportation to an emergency department (ED). With ED visits averaging up to \$1,082 per encounter, this structure obligates Medicare to pay for outcomes that are often significantly more expensive than on-scene treatment. Currently, EMS clinicians (and EMS Agencies) are not reimbursed for providing treatment-in-place, even when that care is clinically appropriate. This results in unreimbursed labor for EMS personnel and lost access for communities where workforce shortages persist. This expectation, unique among healthcare professionals, does not accurately reflect the current scope of EMS practice, where paramedics and EMTs are educated to deliver protocol-driven, physician-supervised care in the field.

A structured Medicare pilot program could help evaluate the impact of reimbursing EMS-delivered treatment-in-place and non-transport care. Such a program might align payment rates with existing ambulance rules, recognize the patient's location as an originating site when telehealth is involved, and operate over a five-year period with an independent evaluation to examine outcomes, workforce implications, and patient access to EMS personnel.

Many Medicare beneficiaries who activate 9-1-1 present with low-acuity conditions that can be safely managed on location of the response. Research indicates that approximately 16.2% of Medicare patients treated by EMS fall into this category, representing as many as 2.2 to 2.8 million ED visits annually. Appropriately reimbursed TIP could result in potential Medicare savings of up to \$2 billion per year, while simultaneously improving access to EMS clinicians by reducing time lost to non-value-added transports and improving personnel retention through sustainable reimbursement structures.

Recent federal initiatives demonstrate feasibility. The Emergency Triage, Treat, and Transport (ET3) Model (2021–2023) allowed EMS clinicians to provide reimbursed TIP via telehealth. Similarly, during the Coronavirus Disease (COVID-19) public health emergency, CMS waived restrictions to permit reimbursement for EMS treatment without transport when delivered under authorized protocols. Evaluation of these programs revealed substantial Medicare savings, improved patient satisfaction, and reduced clinician burnout, averaging \$537.51 in net cost reduction per patient when TIP replaced ED transport.

While ET3 concluded early, its findings reinforce the importance of continued testing of reimbursement models that sustain the EMS workforce and improve the public's access to care. As CMS and the Center for Medicare & Medicaid Innovation (CMMI) consider future initiatives that strengthen patient choice, lower costs, and ensure the right care is delivered in the right setting, the EMS workforce must be recognized as an essential component of this system.

The Commission respectfully submits this perspective to support CMMI's ongoing work in exploring models that reflect the capabilities of today's licensed EMS personnel, sustain workforce readiness, and enhance the public's timely access to emergency medical care.

Sincerely,

On behalf of the Interstate Commission for EMS Personnel Practice,

A handwritten signature in black ink, reading "Donnie Woodyard, Jr." in a cursive script.

Donnie Woodyard, Jr.

Executive Director

Interstate Commission for EMS Personnel Practice

24 September 2025

Rear Admiral Darin K. Via
Bureau of Medicine and Surgery
7700 Arlington Blvd., Ste. 5113
Falls Church, VA 22042-5113

Dear Rear Admiral Via,

On behalf of the United States EMS Compact Commission and the 25 EMS Compact States, I extend our congratulations to Navy Medicine on the establishment of the new Hospital Corpsman Navy Enlisted Classification for Emergency Medical Technician (EMT). This important initiative enhances the Navy's lifesaving capacity while also strengthening the national EMS system by aligning the U.S. Navy's medical qualifications with those of other licensed healthcare professions.

The United States EMS Compact, enacted by law in 25 states, provides expedited pathways for military personnel to obtain state EMS licensure. This streamlined process both recognizes the excellence of military medical training and creates meaningful civilian career opportunities while expanding the availability of highly skilled EMS clinicians across the country. Once an EMT or Paramedic is licensed in any member state, that license is immediately valid for practice in all Compact states under the authority of the Compact law.

While we understand that obtaining a state EMT license is not part of the Navy's new EMT initiative, we recognize that many Corpsmen will be interested in pursuing state licensure. Our governmental office stands ready to provide any technical assistance necessary to ensure the process is both clear and expedited.

We commend the Navy for this forward-looking step and would welcome future collaboration to ensure that Corpsmen who earn this EMT credential can seamlessly continue their service to the nation—both in uniform and, when their military service concludes, within civilian EMS systems.

Respectfully,



Donnie Woodyard, Jr.
Executive Director
Interstate Commission for EMS Personnel Practice

PRESS RELEASE

Lewis Robinson Appointed as Oklahoma's Commissioner for the Interstate Commission for EMS Personnel Practice

08 OCT 2025 Washington, DC — The Interstate Commission for EMS Personnel Practice is pleased to announce the appointment of Lewis Robinson as the new Delegate & Commissioner for the State of Oklahoma, effective October 1, 2025. Commissioner Robinson succeeds Oklahoma's previous delegate and will represent the state in advancing the mission of the United States EMS Compact to enhance interstate mobility and public protection.

Commissioner Robinson currently serves as the EMS and Trauma Manager for the Oklahoma State Department of Health, where he brings over thirteen years of experience in policy development, trauma systems, medical services, and stakeholder engagement. An Oklahoma native, Robinson earned a Bachelor of Science in Health Care Administration from Langston University and a Master of Business Administration from Southern Nazarene University. He is also a doctoral candidate in Healthcare Management at Liberty University.

"We are honored to welcome Commissioner Robinson to the United States EMS Compact," said Kraig Kinney, JD, NRP, Chair of the Interstate Commission for EMS Personnel Practice. "His background in trauma systems and policy leadership will strengthen Oklahoma's voice within the Compact and support our shared goals of clinician mobility and patient safety."



After Commissioner Robinson's appointment, he reinforced his commitment to advancing emergency medical services in Oklahoma, stating that he looks forward to "continuing to strengthen the partnership between the EMS Compact and the State of Oklahoma to support the EMS workforce and the communities we serve."

The EMS Compact is part of Oklahoma state law, enacted with 100% bipartisan support as 63 OK Stat § 1-2550, "the Emergency Medical Services Personnel Licensure Interstate Compact" (REPLICA). Oklahoma Governor Kevin Stitt signed House Bill 2422, introduced by Representative Alonso-Sandoval and Senator Bill Coleman, on May 23, 2023, making Oklahoma the 23rd state to join the EMS Compact.

The Commission extends its appreciation to Keith Reed, MPH, CPH, Commissioner of Health for the Oklahoma State Department of Health, for his continued support of the Compact and its mission.

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

###

About the Interstate Commission for EMS Personnel Practice

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



PRESS RELEASE

Interstate Commission for EMS Personnel Practice Takes Key Actions at May 14 Meeting

Grand Rapids, MI — At its quarterly meeting held on May 14, 2025, in Grand Rapids, Michigan, the Interstate Commission for EMS Personnel Practice approved several significant actions reaffirming its commitment to EMS clinicians, state officials, and national partners.

The Commission unanimously adopted four resolutions:

- **Honoring National EMS Week**, recognizing the dedication, sacrifice, and essential contributions of EMS clinicians nationwide.
- **Honoring EMS for Children Day**, highlighting the critical role EMS clinicians play in providing specialized care for pediatric patients.
- **Recognizing the National Registry of Emergency Medical Technicians (NREMT)** for its enduring support of the Commission's mission, licensure framework, and technological infrastructure supporting the National EMS Coordinated Database.
- **Recognizing the National Association of State EMS Officials (NASEMSO)** for its generous in-kind support in hosting the Commission's annual meeting alongside the NASEMSO Annual Meeting of State EMS Officials.

Additionally, the Commission voted to establish a new committee to develop best practice guidelines for the licensure of individuals with criminal convictions, supporting fair, consistent, and transparent approaches across EMS Compact member states.

These actions reflect the Commission's ongoing leadership in promoting public safety, enhancing EMS clinician workforce mobility, and fostering strong collaboration across the EMS profession.

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PRESS RELEASE

United States EMS Compact Congratulates Tennessee on Successful Integration with the National EMS Coordinated Database

23 SEPT 2025 Washington, DC — The United States EMS Compact congratulates the State of Tennessee on successfully connecting its EMS licensure system to the National EMS Coordinated Database (NEMSCD). This achievement fulfills a legal requirement under *Tennessee Code Annotated § 68-140-601*, the *Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA)*, and represents a major advancement in both public protection and interstate mobility for EMS clinicians.

Tennessee joined the Compact in 2016 when HB 1888 passed with unanimous, bipartisan support in both the House and Senate. This overwhelming legislative endorsement reflected a strong commitment to strengthening EMS, improving emergency response, and supporting clinicians who serve the public across state lines.

Across all 25 Compact states, the legislation has received extraordinary bipartisan backing with more than 3,200 elected officials voting in favor and an overall 98% “yes” vote. This makes the United States EMS Compact one of the strongest and most widely supported EMS legislative initiatives in the history of the profession.

With this integration, more than 20,000 licensed Tennessee EMTs, Advanced EMTs, and Paramedics now have immediate access to a Privilege to Practice (PTP) in all 25 EMS Compact member states. This expanded mobility enables Tennessee EMS clinicians to respond where they are needed most, while ensuring patient safety through real-time verification of licensure status.

The Compact also recognizes the leadership of Tennessee EMS Commissioner Brandon Ward, who oversaw the technology upgrades necessary to achieve this milestone.

Employers and EMS clinicians can validate an individual's EMS Compact PTP status through the online portal at www.emscompact.gov by entering the clinician's 12-digit National EMS ID number. If the number is not readily available, it can be retrieved through the individual's NREMT account or the state EMS office portal.

Under the Compact, any EMS clinician with a valid, unrestricted license issued in a member state is immediately recognized under state law in all other Compact states. Clinicians remain subject to state requirements, including agency affiliation, physician medical direction, approved protocols, and compliance with all applicable laws and regulations.

“Tennessee's successful integration into the National EMS Coordinated Database is a win for both clinicians and the public,” said Donnie Woodyard, MAML, NRP, Executive Director of the United States EMS Compact. “By meeting this milestone, Tennessee strengthens the protections that keep patients safe, while at the same time empowering more than 20,000 EMS professionals with the ability to serve across state lines when duty calls.”

“This milestone is not only a success for Tennessee but also a strengthening of the entire Compact,” said Kraig Kinney, JD, Indiana Commissioner and Chair of the United States EMS Compact Commission. “Every state that integrates with the National EMS Coordinated Database helps build a more reliable, connected, and responsive EMS system. Tennessee's leadership demonstrates how collaboration across state lines directly benefits the clinicians who serve and the communities that depend on them.”

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

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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.



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



DRAFT ADMINISTRATIVE RULES

The Commission has released draft administrative rules for public review. Proposed changes are highlighted in red text.

- **Public Comment Period:** Written comments must be received no later than **5:00 PM ET on October 31, 2025**. Public input is strongly encouraged. Comments may be submitted online at: [Submit a Public Comment](#).
- **Commission Vote:** The full Commission will consider these proposed changes at its **Q4 2025 meeting on November 5, 2025, at 3:00 PM ET**.
- **Public Testimony:** Individuals wishing to address the Commission directly at the hearing must submit a written request via email to info@emscompact.gov and request to appear and testify **no fewer than five (5) business days before the scheduled hearing date**.

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.

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- 36 **2.2** **“Commissioner”** means: the appointed delegate from each State as described in Section
37 10.B.1. of the Compact.
- 38 **2.3** **“Compact,”** hereinafter “the Compact” means: The Recognition of Emergency Medical
39 Services Personnel Licensure Interstate Compact (REPLICA) as enacted by a Member State.
- 40 **2.4** **“Compact Data Participation Agreement”** means: the agreement established between the
41 Commission and the Coordinated Database Administrator.
- 42 **2.5** **“Conviction”** means: a finding by a court of competent jurisdiction that an individual is
43 guilty of a criminal offense through adjudication, or the entry of a plea of guilty or nolo
44 contendere (no contest). Conviction also includes a finding of guilt for a Serious Offense
45 under the Uniform Code of Military Justice (UCMJ).
- 46 **2.6** **“Conviction Requiring Review”** means: any criminal conviction that may impact an
47 individual’s fitness to practice as an EMS Clinician and requires evaluation by a State EMS
48 Authority prior to the issuance or recognition of a license. This includes, but is not limited to
49 any Felony conviction; any Serious Misdemeanor conviction; or any conviction involving
50 Moral Turpitude.
- 51 **2.7** **“Conditions of Practice”** means: the circumstances under which an EMS Clinician is
52 authorized to practice in a Remote State under a privilege to practice.
- 53 **2.8** **“Coordinated Database”** also referred to as the National EMS Coordinated Database
54 (NEMSCD) means: the information system and consolidated data established and maintained
55 by the Commission as set forth in the Compact. The Coordinated Database collects,
56 maintains, analyzes, reports, and shares authorized information on EMS personnel licensure,
57 certification, privilege to practice, investigations, enforcement, and disciplinary information.
- 58 **2.9** **“Coordinated Database Administrator”** means: the contractor, person or employee named
59 by the Commission to provide oversight and management of the Coordinated Database.
- 60 **2.10** **“EMS Agency”** means: an organization that is authorized by a State EMS Authority to
61 operate an ambulance service, or non-transport service.
- 62 **2.11** **“EMS Clinician”** means: an individual Licensed by a jurisdiction in the United States as an
63 Emergency Medical Technician (EMT), Advanced-EMT (AEMT), Paramedic, or a level in
64 between EMT and Paramedic.
- 65 **2.12** **“Felony”** means: a serious criminal offense that is graded, codified or classified as a felony
66 under the laws of the state in which the defendant was convicted.
- 67 **2.13** **“License”** means: the authorization by a State for an individual to practice as an EMT,
68 AEMT, Paramedic, or a level in between EMT and Paramedic.
- 69 **2.14** **“License Endorsement”** means an authorization by the State EMS Authority to permit the
70 EMS Clinician to perform additional skills or interventions as a supplement to the EMS
71 Clinician’s Scope of Practice.
- 72 **2.15** **“Member State”** means: a State that has enacted the Compact.

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- 73 **2.16 “Moral Turpitude”** means: an act involving baseness, vileness, or depravity in private or
74 social duties that one owes to others or to society, contrary to accepted moral standards,
75 regardless of whether it directly involves EMS practice.
- 76 **2.17 “National EMS ID number”** means: a randomly generated, unique 12-digit identification
77 number issued by the National Registry of EMTs.
- 78 **2.18 “Notify the Commission”** means: communication whether written, verbal or through
79 submission of information through the Coordinated Database. For the purposes of these
80 Rules, submission of information to the Coordinated Database shall be deemed to have
81 satisfied any requirements under the Compact to a Home State or Member State. Nothing in
82 the Commission Rules shall be construed as prohibiting the sharing of information directly
83 between Member States, assuming all other requirements for submission to the Coordinated
84 Database are satisfied.
- 85 **2.19 “Non-Member State”** means: a State, territory or jurisdiction of the United States that has
86 not enacted the Compact.
- 87 **2.20 “Personally Identifiable Information” (PII)** means: any representation of information that
88 permits the identity of an individual to whom the information applies to be reasonably
89 inferred by either direct or indirect means. Further, PII is defined as information: (i) that
90 directly identifies an individual (e.g., legal name, address, social security number or other
91 identifying number or code, telephone number, email address, etc.) or (ii) by which an agency
92 intends to identify specific individuals in conjunction with other data elements, i.e., indirect
93 identification. (These data elements may include a combination of gender, race, birth date,
94 geographic indicator, and other descriptors). Additionally, information permitting the physical
95 or online contacting of a specific individual is the same as personally identifiable information.
96 This information can be maintained in either paper, electronic or other media.
- 97 **2.21 “Privilege to Practice”** means: an individual’s authority to deliver emergency medical
98 services in Remote States as authorized under this compact.
- 99 **2.22 “Provisional Privilege to Practice”** means: a temporary form of Compact recognition
100 granted to an EMS Clinician who holds a license that meets all but one or more of the criteria
101 for a Qualified License under Rule 4.7(B). Provisional Privilege to Practice is not
102 automatically recognized by Remote States and requires individual state-level review and
103 approval as outlined in Rule 4.2.
- 104 **2.23 “Remote State Appropriate Authority”** means: the State EMS Authority, the Physician
105 EMS Medical Director, or the EMS Agency.
- 106 **2.24 “Rule”** means: a written Statement by the Commission promulgated pursuant to Section 12 of
107 the Compact that is of general applicability; implements, interprets, or prescribes a policy or
108 provision of the Compact; or is an organizational, procedural, or practice requirement of the
109 Commission and has the force and effect of statutory law in a Member State and includes the
110 amendment, repeal, or suspension of an existing Rule.
- 111 **2.25 “Scope of Practice”** means: defined parameters of various duties or services that may be
112 provided by an individual with specific credentials. Whether regulated by rule, statute, or
113 court decision, it tends to represent the limits of services an individual may perform.

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2.26 “Serious Misdemeanor” means: a criminal offense, classified as a misdemeanor under applicable state law, that involves conduct of a serious nature—such as violence, theft, or other acts that could reasonably be considered to pose a threat to public safety or trust if committed by an EMS clinician.

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

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

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

2.30 “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 who is Licensed in another Member State, provided that the following conditions are satisfied:

- (A) The Home State complies with Section 3 of the Compact model legislation and Section 11 of these Rules; and
- (B) the EMS Clinician is performing EMS duties that are assigned by an EMS agency that is authorized in the Remote State (for purposes of this section, such duties shall include the individual's travel to, from and between the location(s) in the Remote State at which the individual's assigned EMS duties are to be performed); and
- (C) the EMS Clinician has an unrestricted License issued by the Home State; and
- (D) the EMS Clinician’s Privilege to Practice has not been restricted or revoked by any Member State (except as provided in section 4.2 of these Rules); and
- (E) the EMS Clinician Adheres to the published Professional Code of Conduct, as Stated in 4.6; and
- (F) the EMS Clinician’s Home State License status is visible in the Coordinated Database when queried by the EMS ID Number; and
- (G) the EMS Clinician’s Privilege to Practice status in the Coordinated Database is set to ‘Yes’ or ‘Active’.

4.1 Notification of Privilege to Practice status

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(A) Home States shall notify the Commission of the Privilege to Practice status for each EMS Clinician Licensed by the Home State to the Commission as described in Section 11.3 of these Rules as unrestricted, restricted, suspended, revoked 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) Eligible for Privilege to Practice restoration. The Home State EMS authority where the action was taken authorizes the individual to request reinstatement of the Privilege to Practice in Remote States, or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) For individuals licensed on or before the date their state joined the Compact, the license is recognized as qualified, regardless of prior National Registry of EMTs certification status.

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- (4) For initial licenses issued after the state joined the Compact, the EMS Clinician shall have a valid National Registry of EMTs certification at the time of initial license application.
- (5) For initial licenses issued after March 15, 2025, the State EMS Authority shall require a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with US CFR §731.202.
- (6) The license was not issued to an individual with a Conviction Requiring Review, as defined in Section 2 of these Rules.

(B) Provisional Privilege to Practice.

- (1) An EMS Clinician who meets all criteria for a Qualified License except one or more of the following may be issued a Provisional Privilege to Practice:
- (i) The EMS Clinician did not have a valid National Registry of EMTs certification at the time of initial license application in a Member State that had already joined the Compact;
 - (ii) The EMS Clinician's initial license was issued after March 15, 2025, without review of a biometric criminal history check by the State EMS Authority or its designee;
 - (iii) The EMS Clinician holds a license and has a Conviction Requiring Review, as defined in Section 2.
- (2) Determination of whether a Conviction Requiring Review disqualifies an individual from a Privilege to Practice shall remain at the discretion of the Member State EMS Authority, consistent with applicable State laws and regulations.
- (3) A Provisional Privilege to Practice is not automatically recognized by Remote States. An EMS Clinician with this status must seek recognition under Rule 4.2 (Restoration or Recognition of Privilege to Practice) from each Remote State where they intend to practice.

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

- (1) Licenses issued by any state or jurisdiction that is not a Member State.
- (2) Licenses issued by any Member State that is not in compliance with the provisions of the EMS Compact legislation or Administrative Rules and for which the Member State has been sanctioned by the Commission.
- (3) Licenses issued below the level of EMT, such as Emergency Medical Responder (EMR) or First Responder.

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

(D) Impact on Compact Privilege to Practice.

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

SECTION 5. Conditions Of Practice In A Remote State

5.0 Privilege to Practice Circumstances

- (A) As used in Section 5 of the Compact, the term “individual” shall mean an EMS Clinician who holds a current, active license issued by a Member State and who is granted a Compact Privilege to Practice under the terms of the Compact and Commission Rules.
- (B) An EMS Clinician practicing under a Privilege to Practice in a Remote State must do so only in the performance of their official EMS duties as assigned by an appropriate authority, which may include an EMS agency, authority having jurisdiction, or other legally authorized employer or supervisor, as recognized by the Remote State.
- (C) An EMS Clinician may practice in a Remote State under the Compact Privilege to Practice until the individual is no longer qualified under the Compact and Commission Rules. As specified in the Compact, there is no time limit on an EMS Clinician’s exercise of the Privilege to Practice.

SECTION 6. Not Used

SECTION 7. Not Used

SECTION 8. Adverse Actions

8.0 Investigation.

- (A) Member States shall collaborate in investigating alleged individual misconduct.
- (B) In those cases where the subject is licensed by one or more Member States and therefore has more than one Home State, the responsibility for the investigation shall fall to the Home State that Licenses, certifies, Commissions, or otherwise authorizes

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the agency or appropriate authority for which the subject was providing patient care when the alleged misconduct occurred.

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

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

8.1 Reporting of adverse actions.

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

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

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

SECTION 9. Not Used

SECTION 10. The Commission.

10.0 (Reserved)

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

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

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

(1) To the extent possible and practicable, this determination shall be made by the Executive Committee after the date of enactment but before the effective date of such law. If the timeframe between enactment and effective date is insufficient to allow for this determination to be made by the Executive Committee prior to the law's effective date, the Executive Committee shall make the determination required by this paragraph as soon as practicable after the law's effective date. The fact that such a review may occur subsequent to

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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

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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

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Executive Committee and/or Commission concur that such provision is unconstitutional in the State.

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

10.4 Commissioner Appointment.

(A) Member States shall:

- (1) appoint one delegate, also known as a Commissioner, to serve on the Commission, in accordance with Section 10(B)(1) of the Compact Model Legislation; and
- (2) ensure the appointed Commissioner is the responsible official of the State EMS Authority or his designee;
- (3) ensure any Commissioner vacancy is promptly filled within thirty (30) calendar days.

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

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

SECTION 11. Coordinated Database

11.0 The Coordinated Database — General

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

(B) **Data Ownership.**

- (1) **Member State Data:** Member State data refers to any data provided by the Member State. All data submitted by a Member State to the Coordinated Database remains the property of the Member State. Any use of the data in the Coordinated Database, other than that expressly allowed by the Commission, is prohibited.
- (2) **Derived Data:** Derived data refers to any data that is generated or produced by the Commission from Member State data or other external data sources. Derived data includes analyses, reports, and aggregated statistics created by the Commission. Derived data is owned by the Commission.
- (3) **Compact Data:** Compact data refers to any data that is generated directly by the Compact itself, independent of Member State submissions or third-party data. This includes internal administrative data, operational metrics, and other

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information produced by the Compact's activities. Examples of Compact data include the Privilege to Practice status and history. Compact data is owned by the Commission.

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

11.1 Data Submission and Validation

- (A) **Method of data submission.** Member States shall submit the Uniform Data Set described in Section 11.3 of these Rules to the Coordinated Database.
- (B) **Primary Source Equivalency.** Member State data records in the Coordinated Database are an accurate reflection of the Member State licensure status for EMS Clinicians. The Coordinated Database status is equivalent to validating an EMS Clinician's status directly with the Member State.
- (C) **Implementation.** A new Member State shall provide the Uniform Data Set to the Coordinated Database in the form and format specified by the Commission. In the event a Member State does not submit the Uniform Data Set, the Member State shall be in default of the requirements of the Compact and the Commission. In situations where there is a default in the submission of the Uniform Data Set by a Member State, the Commission shall follow the requirements in Section 13.
- (D) **Maintenance of Uniform Data Set.** The accuracy of Member State data submitted to and maintained in the Coordinated Database, shall be the responsibility of Member State.
- (E) **Correction of records.** In the event an EMS Clinician asserts that the individual's Uniform Data Set information is inaccurate, the Commission shall direct the EMS Clinician to the data owner to research the claim, and, if necessary, modify the disputed record(s). The Commission shall not modify Member State data or Third Party Data.

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

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

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

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

(B) Government Access

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

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

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

(a) State License status

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

(C) Public Access

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

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

(a) Legal First Name

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- (b) Legal Last Name
- (c) National EMS ID Number
- (d) Privilege to Practice Status
- (e) State Licensure Status
- (f) State Number/Identifier
- (g) Jurisdiction(s) issuing the License
- (h) License level(s)
- (i) License expiration date(s)
- (j) Third-party data as authorized by the Commission.

(D) Employer Access

- (1) **Individual EMS Clinician Search:** an Employer of an ems clinician may query a single EMS Clinician at a time, and the query may be initiated by entering a valid 12-digit National EMS ID number, the EMS Clinician's legal First Name and legal Last Name, or a State License Number.
- (2) **Bulk Search Capability:** an Employer of an ems clinician may perform bulk searches of ems clinicians using National EMS ID Numbers in a form and format specified by the Commission.
- (3) **User Account Validation:** Employers of ems clinicians must have a validated user account to access the system.
- (4) **Displayed Information:** Employers of ems clinicians will have access to the Public Access data for each employee searched.

(E) General Provisions

- (1) **Authorization:** All requests and designations must be made in accordance with the procedures established by the Commission.
- (2) **Review and Audit:** The Commission reserves the right to review and audit access logs to ensure compliance with established Rules and regulations.

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

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

- (1) Full legal name (first, middle, last); and
- (2) suffix (if applicable); and
- (3) date of birth (month, day, year); and
- (4) Mailing address; and
- (5) eMail address; and
- (6) Phone number; and
- (7) identification number (one or both of the following):
 - (a) Social Security Number
 - (b) National EMS ID number.

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

- (1) State of licensure; and
- (2) License level; 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 investigatory information.** In the fulfillment of public protection, Member States shall submit significant investigatory information to the Coordinated Database, including but not limited to:

- (1) subject's identifying information as Stated in section 11.3(A) of these Rules; and
- (2) declaration of the existence of an investigation or pending adverse action related to the incident or act of misconduct.

(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

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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 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 participation in an alternative program will be reported.

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

- (1) Applicant's identifying information as Stated in Section 11. 3(A) of these Rules; and
- (2) Summary of the reason for denial, specifically highlighting the cause or public protection concerns; and
- (3) Declaration, if applicable, of the existence of a criminal investigation or pending criminal charges related to the denial; and
- (4) Declaration of any restrictions on future applications for licensure, or a Statement indicating that there are no such restrictions.

(H) Other acts of misconduct or criminal convictions. Individual acts of misconduct or criminal convictions that a Member State becomes aware of, from sources other than the FBI background check that may result in action against an EMS Clinician's License or Privilege to Practice in any Member State must be reported as soon as possible, but no later than two (2) business days of discovery by the State making the discovery.

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

11.4 Data Disclosure, Inspection of Records, and Requests.

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

- (1) The following EMS Clinician information:
 - a. personal identifying information; and
 - b. personal contact information; and
 - c. disciplinary records; and
 - d. any data elements labeled as confidential by the data owner.
- (2) The following internal Commission records:
 - a. personnel records of Commission staff;
 - b. Commission personnel practice and procedures;
 - c. matters specifically exempted from disclosure by federal or state statutes
 - d. trade secrets, commercial, or financial information that is privileged or confidential;
 - e. censures and accusations of a crime;
 - f. personal information where disclosure would constitute an unwarranted invasion of personal privacy;
 - g. investigative records compiled for law enforcement purposes;
 - h. information that specifically relates to a civil action or other legal proceeding except by order of a court with jurisdiction;
 - i. closed session records related to any of the above topics;
 - j. records that contain legal advice or attorney-client communications or attorney work product;
 - k. confidential mediation or arbitration documents.
- (3) After consultation with counsel, the Commission may designate records not designated exempt under sections (1) or (2) to be confidential and not available to the public for inspection.

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

- (C) **Restriction on Release of Personally Identifiable Information and Sensitive Data:** The Commission shall not release or generate public reports that contain Personally Identifiable Information, information that is exempt from disclosure under these rules, or sensitive data. All measures shall be taken to ensure that such information remains confidential and secure.
- (D) **Security and Protection:** The Commission shall take all necessary precautions to protect the security and integrity of the information contained in the coordinated database. This includes implementing robust security measures and protocols to prevent unauthorized access, disclosure, or misuse of data.
- (E) **Generation of Public Reports:** The Commission may, at its sole discretion, generate public reports that include summarized statistics and analytics on the EMS workforce. These reports shall not contain Personally Identifiable Information or sensitive data and will be designed to provide valuable insights and trends without compromising individual privacy.

SECTION 12. Rulemaking

- 12.0 Proposed Rules or amendments.** Proposed Rules or amendments to the Rules shall be adopted by majority vote of the members of the Commission. Proposed new Rules and amendments to existing Rules shall be submitted to the Commission office for referral to the Rules committee as follows:
- (A) Any Commissioner may submit a proposed Rule or Rule amendment for referral to the Rules committee during the next scheduled Commission meeting. This proposal shall be made in the form of a motion and approved by a majority vote of a quorum of the Commission members present at the meeting.
- (B) Standing committees of the Commission may propose Rules or Rule amendments by majority vote of that Committee.
- 12.1 Preparation of draft Rules.** The Rules committee shall prepare a draft of all proposed Rules and provide the draft to all Commissioners for review and comments. Based on the comments made by the Commissioners the Rules Committee shall prepare a final draft of the proposed Rule(s) or amendments for consideration by the Commission not later than the next Commission meeting.
- 12.2 Publication of draft Rules.** Prior to promulgation and adoption of a final Rule (in accordance with Section 12 of the Compact) the Commission shall publish the text of the proposed Rule or amendment prepared by the Rules committee not later than sixty (60) days prior to the meeting at which the vote is scheduled, on the official website of the Commission and in any other official publication that may be designated by the Commission for the publication of its Rules. All written comments received by the Rules committee on proposed Rules shall be posted on the Commission's website upon receipt. In addition to the text of the proposed Rule or amendment, the reason for the proposed Rule shall be provided.
- 12.3 Notification.** Each administrative Rule or amendment shall State:

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- (A) The place, time, and date of the scheduled public hearing, if any;
- (B) The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments; and
- (C) The name, position, physical and electronic mail address, telephone, and telefax number of the person to whom interested persons may respond with notice of their attendance and written comments.

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

- (A) If a hearing is held on the proposed Rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
- (B) All persons wishing to be heard at the hearing shall notify the Chairperson of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
- (C) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
- (D) No transcript of the public hearing is required, unless a written request for a transcript is made; in which case the person or entity making the request shall pay for the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the public hearing.
- (E) Nothing in this section shall be construed as requiring a separate hearing on each Rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- (F) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- (G) The Commission shall, by majority vote of a quorum of the Commissioners, take final action on the proposed Rule and shall determine the effective date of the Rule, if any, based on the Rulemaking record and the full text of the Rule.

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

12.6 Emergency Rulemaking. Upon determination that an emergency exists, the Commission may consider and adopt an emergency Rule that shall become effective immediately upon adoption, provided that the usual Rulemaking procedures provided in the Compact and in this

section shall be retroactively applied to the Rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the Rule. An emergency Rule is one that must be made effective immediately in order to:

- (A) Meet an imminent threat to public health, safety, or welfare;
- (B) Prevent a loss of federal or State funds;
- (C) Meet a deadline for the promulgation of an administrative Rule that is established by federal law or Rule; or
- (D) Protect public health and safety.

SECTION 13. Compliance Issues and Dispute Resolution Process

13.1 Initiation of Compliance

- (A) Compliance issues shall be initiated by the Executive Committee.
- (B) The Executive Committee shall first seek to provide remedial education and specific technical assistance for any potential default.
- (C) For unresolved potential defaults, the Executive Committee shall send a written notice of non-compliance to the Commissioner in the Member State with the alleged non-compliance issue. The State shall respond in writing within thirty (30) calendar days.
 - (1) If the Member States does not have a designated Commissioner, the written notice of non-compliance shall be sent to the Governor of the Member State.
 - (2) If the State fails to respond to the written notice, the Executive Committee, through the Executive Director, shall send a written notice of non-compliance to the Governor of the Member State, copied to the Commissioner, with the alleged non-compliance issue.
 - (3) If the response, in the determination of the Executive Committee fails to reasonably resolve the non-compliance issue, the Executive Committee shall request a written Plan of Correction.
- (D) The Executive Committee shall provide a report and make a recommendation to the Commission concerning issues of non-compliance that:
 - (1) do not have an approved Plan of Correction, with progress; or
 - (2) remain unresolved for three (3) or more calendar months.
- (E) Grounds for default include but are not limited to, failure of a Compact State to perform obligations or responsibilities imposed by the Compact, Commission Bylaws, or duly promulgated Rules.
- (F) If the Commission determines that a Compact State has at any time defaulted in the performance of any of its obligations or responsibilities under the Compact, Bylaws or duly promulgated Rules, the Commission shall notify the Commissioner and Governor

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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) Suspension of the Privilege to Practice for EMS Clinicians whose Home State license was issued by the defaulting Member State; and/or
- (5) Termination of membership in the Compact as provided in the Model Legislation and administrative Rules.

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

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

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

13.2 Dispute Resolution Process – Informal, Mediation and Arbitration.

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

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

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

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

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- (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.

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- (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.

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884 **14.1 Implementation Date.** The Compact was implemented on October 7, 2017, following the
885 enactment of the EMS Compact legislation in ten (10) Member States.

886 **14.2 Activation Date.** The Compact was activated on March 15, 2020.

887 **SECTION 15. Not Used**

NOTES: Thank you for your interest in the EMS Compact! Before introducing the EMS Compact legislation in your state, please carefully review the following:

1. Uniformity Is Required

This Model Legislation must not be modified. It serves as state law and a contractual agreement among all Compact Member States. All states must enact the same language to ensure legal consistency.

► Please consult the EMS Compact Commission before proposing any edits or amendments.

2. FBI Background Check Becomes a State Licensure Requirement

The legislation requires that biometric criminal history record checks—compliant with FBI standards—become a prerequisite for all newly issued state EMS licenses.

However, this legislation does not grant your state the legal authority required by the FBI to conduct such checks.

Your state must already have—or must separately enact—a statute authorizing FBI-compliant, fingerprint-based background checks for EMS personnel.

► *Ensure your state's EMS statutes provide this authority and that operational processes are in place to conduct and process these checks.*

Although this requirement is activated by participation in the Compact, it becomes part of your state's EMS licensure process, not an ongoing Compact-level mandate.

3. Licensure Data Sharing Is Required

Member States must share EMS personnel licensure data with the National EMS Coordinated Database.

- There is no charge from the Commission for data submission.
- Many states already comply. If your state software system does not, confirm that your licensure system can transmit data—or ensure resources are available to upgrade or implement a compatible system.

For technical or legal consultation, please contact the EMS Compact Commission office.

MODEL LEGISLATION

RECOGNITION OF EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE INTERSTATE COMPACT ("REPLICA")

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:

A. "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.

B. "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.

C. "Alternative program" means: a voluntary, non-disciplinary substance abuse recovery program approved by a state EMS authority.

D. "Certification" means: the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination.

E. "Commission" means: the national administrative body of which all states that have enacted the compact are members.

F. "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.

G. "Home State" means: a member state where an individual is licensed to practice emergency medical services.

H. "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.

I. "Medical Director" means: a physician licensed in a member state who is accountable for the care delivered by EMS personnel.

J. "Member State" means: a state that has enacted this compact.

K. "Privilege to Practice" means: an individual's authority to deliver emergency medical services in remote states as authorized under this compact.

L. "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.

M. "Remote State" means: a member state in which an individual is not licensed.

N. "Restricted" means: the outcome of an adverse action that limits a license or the privilege to practice.

O. "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.

P. "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.

Q. "Significant Investigatory Information" means:

1. 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

2. 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.

R. "State" means: means any state, commonwealth, district, or territory of the United States.

S. "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:

7. 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 8.

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.

05
06 5. The Commission may convene in a closed, non-public meeting if the
07 Commission must discuss:

08
09 a. Non-compliance of a member state with its obligations under
10 the Compact;

11
12 b. The employment, compensation, discipline or other personnel
13 matters, practices or procedures related to specific employees or
14 other matters related to the Commission's internal personnel
15 practices and procedures;

16
17 c. Current, threatened, or reasonably anticipated litigation;

18
19 d. Negotiation of contracts for the purchase or sale of goods,
20 services, or real estate;

21
22 e. Accusing any person of a crime or formally censuring any
23 person;

24
25 f. Disclosure of trade secrets or commercial or financial
26 information that is privileged or confidential;

27
28 g. Disclosure of information of a personal nature where
29 disclosure would constitute a clearly unwarranted invasion of
30 personal privacy;

31
32 h. Disclosure of investigatory records compiled for law
33 enforcement purposes;

34
35 i. Disclosure of information related to any investigatory reports
36 prepared by or on behalf of or for use of the Commission or other
37 committee charged with responsibility of investigation or
38 determination of compliance issues pursuant to the compact; or

39
40 j. Matters specifically exempted from disclosure by federal or
41 member state statute.

42
43 6. If a meeting, or portion of a meeting, is closed pursuant to this
44 provision, the Commission's legal counsel or designee shall certify that
45 the meeting may be closed and shall reference each relevant exempting
46 provision. The Commission shall keep minutes that fully and clearly
47 describe all matters discussed in a meeting and shall provide a full and
48 accurate summary of actions taken, and the reasons therefore, including a
49 description of the views expressed. All documents considered in
50 connection with an action shall be identified in such minutes. All
51 minutes and documents of a closed meeting shall remain under seal,
52 subject to release by a majority vote of the Commission or order of a
53 court of competent jurisdiction.

54
55 C. The Commission shall, by a majority vote of the delegates, prescribe

56 bylaws and/or rules to govern its conduct as may be necessary or appropriate
57 to carry out the purposes and exercise the powers of the compact, including
58 but not limited to:

- 59 1. Establishing the fiscal year of the Commission;
- 60 2. Providing reasonable standards and procedures:
 - 61 a. for the establishment and meetings of other committees; and
 - 62 b. governing any general or specific delegation of any authority
 - 63 or function of the Commission;
- 64 3. Providing reasonable procedures for calling and conducting meetings
65 of the Commission, ensuring reasonable advance notice of all meetings,
66 and providing an opportunity for attendance of such meetings by
67 interested parties, with enumerated exceptions designed to protect the
68 public's interest, the privacy of individuals, and proprietary
69 information, including trade secrets. The Commission may meet in closed
70 session only after a majority of the membership votes to close a meeting
71 in whole or in part. As soon as practicable, the Commission must make
72 public a copy of the vote to close the meeting revealing the vote of each
73 member with no proxy votes allowed;
- 74 4. Establishing the titles, duties and authority, and reasonable
75 procedures for the election of the officers of the Commission;
- 76 5. Providing reasonable standards and procedures for the establishment
77 of the personnel policies and programs of the Commission. Notwithstanding
78 any civil service or other similar laws of any member state, the bylaws
79 shall exclusively govern the personnel policies and programs of the
80 Commission;
- 81 6. Promulgating a code of ethics to address permissible and prohibited
82 activities of Commission members and employees;
- 83 7. Providing a mechanism for winding up the operations of the
84 Commission and the equitable disposition of any surplus funds that may
85 exist after the termination of the Compact after the payment and/or
86 reserving of all of its debts and obligations;
- 87 8. The Commission shall publish its bylaws and file a copy thereof,
88 and a copy of any amendment thereto, with the appropriate agency or
89 officer in each of the member states, if any.
- 90 9. The Commission shall maintain its financial records in accordance
91 with the bylaws.
- 92 10. The Commission shall meet and take such actions as are consistent
93 with the provisions of this Compact and the bylaws.

07 D. The Commission shall have the following powers:

08
09 1. The authority to promulgate uniform rules to facilitate and
10 coordinate implementation and administration of this Compact. The rules
11 shall have the force and effect of law and shall be binding in all member
12 states;

13
14 2. To bring and prosecute legal proceedings or actions in the name of
15 the Commission, provided that the standing of any state EMS authority or
16 other regulatory body responsible for EMS personnel licensure to sue or
17 be sued under applicable law shall not be affected;

18
19 3. To purchase and maintain insurance and bonds;

20
21 4. To borrow, accept, or contract for services of personnel,
22 including, but not limited to, employees of a member state;

23
24 5. To hire employees, elect or appoint officers, fix compensation,
25 define duties, grant such individuals appropriate authority to carry out
26 the purposes of the compact, and to establish the Commission's personnel
27 policies and programs relating to conflicts of interest, qualifications
28 of personnel, and other related personnel matters;

29
30 6. To accept any and all appropriate donations and grants of money,
31 equipment, supplies, materials and services, and to receive, utilize and
32 dispose of the same; provided that at all times the Commission shall
33 strive to avoid any appearance of impropriety and/or conflict of
34 interest;

35
36 7. To lease, purchase, accept appropriate gifts or donations of, or
37 otherwise to own, hold, improve or use, any property, real, personal or
38 mixed; provided that at all times the Commission shall strive to avoid
39 any appearance of impropriety;

40
41 8. To sell convey, mortgage, pledge, lease, exchange, abandon, or
42 otherwise dispose of any property real, personal, or mixed;

43
44 9. To establish a budget and make expenditures;

45
46 10. To borrow money;

47
48 11. To appoint committees, including advisory committees comprised of
49 members, state regulators, state legislators or their representatives,
50 and consumer representatives, and such other interested persons as may be
51 designated in this compact and the bylaws;

52
53 12. To provide and receive information from, and to cooperate with, law
54 enforcement agencies;

55
56 13. To adopt and use an official seal; and
57

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

09 director, employee or representative of the Commission in any civil
10 action seeking to impose liability arising out of any actual or alleged
11 act, error, or omission that occurred within the scope of Commission
12 employment, duties, or responsibilities, or that the person against whom
13 the claim is made had a reasonable basis for believing occurred within
14 the scope of Commission employment, duties, or responsibilities; provided
15 that nothing herein shall be construed to prohibit that person from
16 retaining his or her own counsel; and provided further, that the actual
17 or alleged act, error, or omission did not result from that person's
18 intentional or willful or wanton misconduct.

19
20 3. The Commission shall indemnify and hold harmless any member,
21 officer, executive director, employee, or representative of the
22 Commission for the amount of any settlement or judgment obtained against
23 that person arising out of any actual or alleged act, error or omission
24 that occurred within the scope of Commission employment, duties, or
25 responsibilities, or that such person had a reasonable basis for
26 believing occurred within the scope of Commission employment, duties, or
27 responsibilities, provided that the actual or alleged act, error, or
28 omission did not result from the intentional or willful or wanton
29 misconduct of that person.

30 31 **SECTION 11. COORDINATED DATABASE**

32
33 A. The Commission shall provide for the development and maintenance of a
34 coordinated database and reporting system containing licensure, adverse
35 action, and significant investigatory information on all licensed individuals
36 in member states.

37
38 B. Notwithstanding any other provision of state law to the contrary, a
39 member state shall submit a uniform data set to the coordinated database on
40 all individuals to whom this compact is applicable as required by the rules of
41 the Commission, including:

- 42
43 1. Identifying information;
- 44
45 2. Licensure data;
- 46
47 3. Significant investigatory information;
- 48
49 4. Adverse actions against an individual's license;
- 50
51 5. An indicator that an individual's privilege to practice is
52 restricted, suspended or revoked;
- 53
54 6. Non-confidential information related to alternative program
55 participation;
- 56
57 7. Any denial of application for licensure, and the reason(s) for such
58 denial; and
59

60 8. Other information that may facilitate the administration of this
61 Compact, as determined by the rules of the Commission.
62

63 C. The coordinated database administrator shall promptly notify all member
64 states of any adverse action taken against, or significant investigative
65 information on, any individual in a member state.
66

67 D. Member states contributing information to the coordinated database may
68 designate information that may not be shared with the public without the
69 express permission of the contributing state.
70

71 E. Any information submitted to the coordinated database that is
72 subsequently required to be expunged by the laws of the member state
73 contributing the information shall be removed from the coordinated database.
74

75 **SECTION 12. RULEMAKING**

76

77 A. The Commission shall exercise its rulemaking powers pursuant to the
78 criteria set forth in this Section and the rules adopted thereunder. Rules and
79 amendments shall become binding as of the date specified in each rule or
80 amendment.
81

82 B. If a majority of the legislatures of the member states rejects a rule, by
83 enactment of a statute or resolution in the same manner used to adopt the
84 Compact, then such rule shall have no further force and effect in any member
85 state.
86

87 C. Rules or amendments to the rules shall be adopted at a regular or special
88 meeting of the Commission.
89

90 D. Prior to promulgation and adoption of a final rule or rules by the
91 Commission, and at least sixty (60) days in advance of the meeting at which
92 the rule will be considered and voted upon, the Commission shall file a Notice
93 of Proposed Rulemaking:
94

95 1. On the website of the Commission; and

96
97 2. On the website of each member state EMS authority or the
98 publication in which each state would otherwise publish proposed rules.
99

00 E. The Notice of Proposed Rulemaking shall include:
01

02 1. The proposed time, date, and location of the meeting in which the
03 rule will be considered and voted upon;
04

05 2. The text of the proposed rule or amendment and the reason for the
06 proposed rule;
07

08 3. A request for comments on the proposed rule from any interested
09 person; and
10

11 4. The manner in which interested persons may submit notice to the
12 Commission of their intention to attend the public hearing and any
13 written comments.

14
15 F. Prior to adoption of a proposed rule, the Commission shall allow persons
16 to submit written data, facts, opinions, and arguments, which shall be made
17 available to the public.

18
19 G. The Commission shall grant an opportunity for a public hearing before it
20 adopts a rule or amendment if a hearing is requested by:

- 21 1. At least twenty-five (25) persons;
- 22 2. A governmental subdivision or agency; or
- 23 3. An association having at least twenty-five (25) members.

24
25
26 H. If a hearing is held on the proposed rule or amendment, the Commission
27 shall publish the place, time, and date of the scheduled public hearing.

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

32 2. Hearings shall be conducted in a manner providing each person who
33 wishes to comment a fair and reasonable opportunity to comment orally or
34 in writing.

35 3. No transcript of the hearing is required, unless a written request
36 for a transcript is made, in which case the person requesting the
37 transcript shall bear the cost of producing the transcript. A recording
38 may be made in lieu of a transcript under the same terms and conditions
39 as a transcript. This subsection shall not preclude the Commission from
40 making a transcript or recording of the hearing if it so chooses.

41 4. Nothing in this section shall be construed as requiring a separate
42 hearing on each rule. Rules may be grouped for the convenience of the
43 Commission at hearings required by this section.

44
45 I. Following the scheduled hearing date, or by the close of business on the
46 scheduled hearing date if the hearing was not held, the Commission shall
47 consider all written and oral comments received.

48
49 J. The Commission shall, by majority vote of all members, take final action
50 on the proposed rule and shall determine the effective date of the rule, if
51 any, based on the rulemaking record and the full text of the rule.

52
53 K. If no written notice of intent to attend the public hearing by interested
54 parties is received, the Commission may proceed with promulgation of the
55 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.

13
14 B. Default, Technical Assistance, and Termination
15

16 1. If the Commission determines that a member state has defaulted in
17 the performance of its obligations or responsibilities under this compact
18 or the promulgated rules, the Commission shall:
19

20 a. Provide written notice to the defaulting state and other
21 member states of the nature of the default, the proposed means of
22 curing the default and/or any other action to be taken by the
23 Commission; and
24

25 b. Provide remedial training and specific technical assistance
26 regarding the default.
27

28 2. If a state in default fails to cure the default, the defaulting
29 state may be terminated from the Compact upon an affirmative vote of a
30 majority of the member states, and all rights, privileges and benefits
31 conferred by this compact may be terminated on the effective date of
32 termination. A cure of the default does not relieve the offending state
33 of obligations or liabilities incurred during the period of default.
34

35 3. Termination of membership in the compact shall be imposed only
36 after all other means of securing compliance have been exhausted. Notice
37 of intent to suspend or terminate shall be given by the Commission to the
38 governor, the majority and minority leaders of the defaulting state's
39 legislature, and each of the member states.
40

41 4. A state that has been terminated is responsible for all
42 assessments, obligations, and liabilities incurred through the effective
43 date of termination, including obligations that extend beyond the
44 effective date of termination.
45

46 5. The Commission shall not bear any costs related to a state that is
47 found to be in default or that has been terminated from the compact,
48 unless agreed upon in writing between the Commission and the defaulting
49 state.
50

51 6. The defaulting state may appeal the action of the Commission by
52 petitioning the U.S. District Court for the District of Columbia or the
53 federal district where the Commission has its principal offices. The
54 prevailing member shall be awarded all costs of such litigation,
55 including reasonable attorney's fees.
56

57 C. Dispute Resolution
58

59 1. Upon request by a member state, the Commission shall attempt to
60 resolve disputes related to the compact that arise among member states
61 and between member and non-member states.
62

63 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

15 Compact shall become effective and binding upon any member state until it is
16 enacted into the laws of all member states.
17

18 **SECTION 15. CONSTRUCTION AND SEVERABILITY**
19

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



ADMINISTRATIVE RULES

ADOPTED BY THE COMMISSION: FEBRUARY 19, 2025

EFFECTIVE: FEBRUARY 19, 2025

SECTION 1. Purpose and Authority

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

SECTION 2. Definitions

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

- 2.0 “Adverse Action”** means: any administrative, civil, equitable or criminal action permitted by a State’s laws which may be imposed against licensed EMS personnel by a State EMS Authority or State court, including, but not limited to, actions against an individual’s license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual’s practice, letters of reprimand or admonition, fines, criminal convictions and State court judgments enforcing adverse actions by the State EMS Authority.
- 2.1 “Commission”** means: the national administrative body of which all States that have enacted the Compact are members.
- 2.2 “Commissioner”** means: the appointed delegate from each State as described in Section 10.B.1. of the Compact.
- 2.3 “Compact,”** hereinafter “the Compact” means: The Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA) as enacted by a Member State.
- 2.4 “Compact Data Participation Agreement”** means: the agreement established between the Commission and the Coordinated Database Administrator.
- 2.5 “Conditions of Practice”** means: the circumstances under which an EMS Clinician is authorized to practice in a Remote State under a privilege to practice.
- 2.6 “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.

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- 40 **2.7** **“Coordinated Database Administrator”** means: the contractor, person or employee named
41 by the Commission to provide oversight and management of the Coordinated Database.
- 42 **2.8** **“EMS Agency”** means: an organization that is authorized by a State EMS Authority to
43 operate an ambulance service, or non-transport service.
- 44 **2.9** **“EMS Clinician”** means: an individual Licensed by a jurisdiction in the United States as an
45 Emergency Medical Technician (EMT), Advanced-EMT (AEMT), Paramedic, or a level in
46 between EMT and Paramedic.
- 47 **2.10** **“License”** means: the authorization by a State for an individual to practice as an EMT,
48 AEMT, Paramedic, or a level in between EMT and Paramedic.
- 49 **2.11** **“License Endorsement”** means an authorization by the State EMS Authority to permit the
50 EMS Clinician to perform additional skills or interventions as a supplement to the EMS
51 Clinician’s Scope of Practice.
- 52 **2.12** **“Member State”** means: a State that has enacted the Compact.
- 53 **2.13** **“National EMS ID number”** means: a randomly generated, unique 12-digit identification
54 number issued by the National Registry of EMTs.
- 55 **2.14** **“Notify the Commission”** means: communication whether written, verbal or through
56 submission of information through the Coordinated Database. For the purposes of these
57 Rules, submission of information to the Coordinated Database shall be deemed to have
58 satisfied any requirements under the Compact to a Home State or Member State. Nothing in
59 the Commission Rules shall be construed as prohibiting the sharing of information directly
60 between Member States, assuming all other requirements for submission to the Coordinated
61 Database are satisfied.
- 62 **2.15** **“Non-Member State”** means: a State, territory or jurisdiction of the United States that has
63 not enacted the Compact.
- 64 **2.16** **“Personally Identifiable Information” (PII)** means: any representation of information that
65 permits the identity of an individual to whom the information applies to be reasonably
66 inferred by either direct or indirect means. Further, PII is defined as information: (i) that
67 directly identifies an individual (e.g., legal name, address, social security number or other
68 identifying number or code, telephone number, email address, etc.) or (ii) by which an agency
69 intends to identify specific individuals in conjunction with other data elements, i.e., indirect
70 identification. (These data elements may include a combination of gender, race, birth date,
71 geographic indicator, and other descriptors). Additionally, information permitting the physical
72 or online contacting of a specific individual is the same as personally identifiable information.
73 This information can be maintained in either paper, electronic or other media.
- 74 **2.17** **“Privilege to Practice”** means: an individual’s authority to deliver emergency medical
75 services in Remote States as authorized under this compact.
- 76 **2.18** **“Remote State Appropriate Authority”** means: the State EMS Authority, the Physician
77 EMS Medical Director, or the EMS Agency.

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- 78 **2.19** “**Rule**” means: a written Statement by the Commission promulgated pursuant to Section 12 of
79 the Compact that is of general applicability; implements, interprets, or prescribes a policy or
80 provision of the Compact; or is an organizational, procedural, or practice requirement of the
81 Commission and has the force and effect of statutory law in a Member State and includes the
82 amendment, repeal, or suspension of an existing Rule.
- 83 **2.20** “**Scope of Practice**” means: defined parameters of various duties or services that may be
84 provided by an individual with specific credentials. Whether regulated by rule, statute, or
85 court decision, it tends to represent the limits of services an individual may perform.
- 86 **2.21** “**State**” means: any State, commonwealth, district, or territory of the United States.
- 87 **2.22** “**State EMS Authority**” means: the board, office, or other agency with the legislative
88 mandate to License EMS personnel.
- 89 **2.23** “**Subject**” means: an individual who is under investigation by a State EMS Authority for
90 alleged misconduct.
- 91 **2.24** “**Uniform Data Set**” means: a standardized set of information that Member States must
92 submit to the Coordinated Database, as defined in Section 11.3 of these Rules.

SECTION 3. Not Used

SECTION 4. Privilege to Practice

- 97 **4.0** **Recognition of privilege to practice.** A Remote State shall recognize the Privilege to
98 Practice of an EMS Clinician who is Licensed in another Member State, provided that the
99 following conditions are satisfied:
- 100 (A) The Home State complies with Section 3 of the Compact model legislation and
101 Section 11 of these Rules; and
- 102 (B) the EMS Clinician is performing EMS duties that are assigned by an EMS agency that
103 is authorized in the Remote State (for purposes of this section, such duties shall
104 include the individual's travel to, from and between the location(s) in the Remote State
105 at which the individual's assigned EMS duties are to be performed); and
- 106 (C) the EMS Clinician has an unrestricted License issued by the Home State; and
- 107 (D) the EMS Clinician's Privilege to Practice has not been restricted or revoked by any
108 Member State (except as provided in section 4.2 of these Rules); and
- 109 (E) the EMS Clinician Adheres to the published Professional Code of Conduct, as Stated
110 in 4.6; and
- 111 (F) the EMS Clinician's Home State License status is visible in the Coordinated Database
112 when queried by the EMS ID Number; and
- 113 (G) the EMS Clinician's Privilege to Practice status in the Coordinated Database is set to
114 ‘Yes’ or ‘Active’.

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4.1 Notification of Privilege to Practice status

- (A) Home States shall notify the Commission of the Privilege to Practice status for each EMS Clinician Licensed by the Home State to the Commission as described in Section 11.3 of these Rules as unrestricted, restricted, suspended, revoked 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) Eligible for Privilege to Practice restoration. The Home State EMS authority where the action was taken authorizes the individual to request reinstatement of the Privilege to Practice in Remote States, or
 - (2) Ineligible for Privilege to Practice restoration. The Home State EMS authority where the action was taken does not authorize the individual to request reinstatement of the Privilege to Practice in Remote States.

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)(1) of these Rules and
 - (1) the Remote State restores the Privilege to Practice or removes the restriction of the privilege to practice; and
 - (2) the EMS Clinician whose License or Privilege to Practice in any Member State is restricted, suspended, or revoked has submitted a request to each Remote State wherein the individual wishes to have a privilege to practice.

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

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

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

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- (A) The EMS Clinician must practice only through an EMS Agency that is authorized to operate in the Remote State.
- (B) If the modified Scope of Practice differs from or exceeds that of the Home State, the Remote State Appropriate Authority may:
 - (i) Require additional education or training; and/or
 - (ii) Mandate a demonstration of competency; and/or
 - (iii) Restrict the EMS Clinician's Scope of Practice.

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

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

- (A) Failure to adhere to the *Professional Code of Conduct* shall be referred to both the EMS Clinician's Home State and Remote State for investigation and may be grounds for restriction, suspension, or revocation of the EMS Clinician's Privilege to Practice, as provided by the Rules of the Commission.
- (B) The Home State and Remote State shall coordinate on any disciplinary actions related to violations of the *Professional Code of Conduct* that affect the EMS Clinician's Privilege to Practice.
- (C) The Commission shall notify all Member States of any disciplinary actions or sanctions imposed in relation to violations of the *Professional Code of Conduct*
- (D) The *Professional Code of Conduct* shall be reviewed and updated as necessary by the Commission. The most current version of the *Professional Code of Conduct* will be made available on the Commission's website.

SECTION 5. Not Used

SECTION 6. Not Used

SECTION 7. Not Used

SECTION 8. Adverse Actions

8.0 Investigation.

- (A) Member States shall collaborate in investigating alleged individual misconduct.
- (B) In those cases where the subject is licensed by one or more Member States and therefore has more than one Home State, the responsibility for the investigation shall fall to the Home State that Licenses, certifies, Commissions, or otherwise authorizes

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the agency or appropriate authority for which the subject was providing patient care when the alleged misconduct occurred.

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

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

8.1 Reporting of adverse actions.

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

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

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

SECTION 9. Not Used

SECTION 10. The Commission.

10.0 (Reserved)

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

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

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

(1) To the extent possible and practicable, this determination shall be made by the Executive Committee after the date of enactment but before the effective date of such law. If the timeframe between enactment and effective date is insufficient to allow for this determination to be made by the Executive Committee prior to the law's effective date, the Executive Committee shall make the determination required by this paragraph as soon as practicable after the law's effective date. The fact that such a review may occur subsequent to

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- 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

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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

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Executive Committee and/or Commission concur that such provision is unconstitutional in the State.

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

10.4 Commissioner Appointment.

(A) Member States shall:

- (1) appoint one delegate, also known as a Commissioner, to serve on the Commission, in accordance with Section 10(B)(1) of the Compact Model Legislation; and
- (2) ensure the appointed Commissioner is the responsible official of the State EMS Authority or his designee;
- (3) ensure any Commissioner vacancy is promptly filled within thirty (30) calendar days.

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

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

SECTION 11. Coordinated Database

11.0 The Coordinated Database — General

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

(B) **Data Ownership.**

- (1) **Member State Data:** Member State data refers to any data provided by the Member State. All data submitted by a Member State to the Coordinated Database remains the property of the Member State. Any use of the data in the Coordinated Database, other than that expressly allowed by the Commission, is prohibited.
- (2) **Derived Data:** Derived data refers to any data that is generated or produced by the Commission from Member State data or other external data sources. Derived data includes analyses, reports, and aggregated statistics created by the Commission. Derived data is owned by the Commission.
- (3) **Compact Data:** Compact data refers to any data that is generated directly by the Compact itself, independent of Member State submissions or third-party data. This includes internal administrative data, operational metrics, and other

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information produced by the Compact's activities. Examples of Compact data include the Privilege to Practice status and history. Compact data is owned by the Commission.

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

11.1 Data Submission and Validation

- (A) **Method of data submission.** Member States shall submit the Uniform Data Set described in Section 11.3 of these Rules to the Coordinated Database.
- (B) **Primary Source Equivalency.** Member State data records in the Coordinated Database are an accurate reflection of the Member State licensure status for EMS Clinicians. The Coordinated Database status is equivalent to validating an EMS Clinician's status directly with the Member State.
- (C) **Implementation.** A new Member State shall provide the Uniform Data Set to the Coordinated Database in the form and format specified by the Commission. In the event a Member State does not submit the Uniform Data Set, the Member State shall be in default of the requirements of the Compact and the Commission. In situations where there is a default in the submission of the Uniform Data Set by a Member State, the Commission shall follow the requirements in Section 13.
- (D) **Maintenance of Uniform Data Set.** The accuracy of Member State data submitted to and maintained in the Coordinated Database, shall be the responsibility of Member State.
- (E) **Correction of records.** In the event an EMS Clinician asserts that the individual's Uniform Data Set information is inaccurate, the Commission shall direct the EMS Clinician to the data owner to research the claim, and, if necessary, modify the disputed record(s). The Commission shall not modify Member State data or Third Party Data.

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

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

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

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

(B) Government Access

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

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

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

(a) State License status

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

(C) Public Access

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

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

(a) Legal First Name

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- 415 (b) Legal Last Name
- 416 (c) National EMS ID Number
- 417 (d) Privilege to Practice Status
- 418 (e) State Licensure Status
- 419 (f) State Number/Identifier
- 420 (g) Jurisdiction(s) issuing the License
- 421 (h) License level(s)
- 422 (i) License expiration date(s)
- 423 (j) Third-party data as authorized by the Commission.

424 (D) Employer Access

- 425 (1) **Individual EMS Clinician Search:** an Employer of an ems clinician may
426 query a single EMS Clinician at a time, and the query may be initiated by
427 entering a valid 12-digit National EMS ID number, the EMS Clinician's legal
428 First Name and legal Last Name, or a State License Number.
- 429 (2) **Bulk Search Capability:** an Employer of an ems clinician may perform bulk
430 searches of ems clinicians using National EMS ID Numbers in a form and
431 format specified by the Commission.
- 432 (3) **User Account Validation:** Employers of ems clinicians must have a
433 validated user account to access the system.
- 434 (4) **Displayed Information:** Employers of ems clinicians will have access to the
435 Public Access data for each employee searched.

436 (E) General Provisions

- 437 (1) **Authorization:** All requests and designations must be made in accordance
438 with the procedures established by the Commission.
- 439 (2) **Review and Audit:** The Commission reserves the right to review and audit
440 access logs to ensure compliance with established Rules and regulations.

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

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

- (1) Full legal name (first, middle, last); and
- (2) suffix (if applicable); and
- (3) date of birth (month, day, year); and
- (4) Mailing address; and
- (5) eMail address; and
- (6) Phone number; and
- (7) identification number (one or both of the following):
 - (a) Social Security Number
 - (b) National EMS ID number.

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

- (1) State of licensure; and
- (2) License level; 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 investigatory information.** In the fulfillment of public protection, Member States shall submit significant investigatory information to the Coordinated Database, including but not limited to:

- (1) subject's identifying information as Stated in section 11.3(A) of these Rules; and
- (2) declaration of the existence of an investigation or pending adverse action related to the incident or act of misconduct.

(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

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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 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 participation in an alternative program will be reported.

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

- (1) Applicant's identifying information as Stated in Section 11. 3(A) of these Rules; and
- (2) Summary of the reason for denial, specifically highlighting the cause or public protection concerns; and
- (3) Declaration, if applicable, of the existence of a criminal investigation or pending criminal charges related to the denial; and
- (4) Declaration of any restrictions on future applications for licensure, or a Statement indicating that there are no such restrictions.

(H) Other acts of misconduct or criminal convictions. Individual acts of misconduct or criminal convictions that a Member State becomes aware of, from sources other than the FBI background check that may result in action against an EMS Clinician's License or Privilege to Practice in any Member State must be reported as soon as possible, but no later than two (2) business days of discovery by the State making the discovery.

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

11.4 Data Disclosure, Inspection of Records, and Requests.

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

- (1) The following EMS Clinician information:

- a. personal identifying information; and
- b. personal contact information; and
- c. disciplinary records; and
- d. any data elements labeled as confidential by the data owner.

- (2) The following internal Commission records:

- a. personnel records of Commission staff;
- b. Commission personnel practice and procedures;
- c. matters specifically exempted from disclosure by federal or state statutes
- d. trade secrets, commercial, or financial information that is privileged or confidential;
- e. censures and accusations of a crime;
- f. personal information where disclosure would constitute an unwarranted invasion of personal privacy;
- g. investigative records compiled for law enforcement purposes;
- h. information that specifically relates to a civil action or other legal proceeding except by order of a court with jurisdiction;
- i. closed session records related to any of the above topics;
- j. records that contain legal advice or attorney-client communications or attorney work product;
- k. confidential mediation or arbitration documents.

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

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

- (C) **Restriction on Release of Personally Identifiable Information and Sensitive Data:** The Commission shall not release or generate public reports that contain Personally Identifiable Information, information that is exempt from disclosure under these rules, or sensitive data. All measures shall be taken to ensure that such information remains confidential and secure.
- (D) **Security and Protection:** The Commission shall take all necessary precautions to protect the security and integrity of the information contained in the coordinated database. This includes implementing robust security measures and protocols to prevent unauthorized access, disclosure, or misuse of data.
- (E) **Generation of Public Reports:** The Commission may, at its sole discretion, generate public reports that include summarized statistics and analytics on the EMS workforce. These reports shall not contain Personally Identifiable Information or sensitive data and will be designed to provide valuable insights and trends without compromising individual privacy.

SECTION 12. Rulemaking

- 12.0 Proposed Rules or amendments.** Proposed Rules or amendments to the Rules shall be adopted by majority vote of the members of the Commission. Proposed new Rules and amendments to existing Rules shall be submitted to the Commission office for referral to the Rules committee as follows:
- (A) Any Commissioner may submit a proposed Rule or Rule amendment for referral to the Rules committee during the next scheduled Commission meeting. This proposal shall be made in the form of a motion and approved by a majority vote of a quorum of the Commission members present at the meeting.
- (B) Standing committees of the Commission may propose Rules or Rule amendments by majority vote of that Committee.
- 12.1 Preparation of draft Rules.** The Rules committee shall prepare a draft of all proposed Rules and provide the draft to all Commissioners for review and comments. Based on the comments made by the Commissioners the Rules Committee shall prepare a final draft of the proposed Rule(s) or amendments for consideration by the Commission not later than the next Commission meeting.
- 12.2 Publication of draft Rules.** Prior to promulgation and adoption of a final Rule (in accordance with Section 12 of the Compact) the Commission shall publish the text of the proposed Rule or amendment prepared by the Rules committee not later than sixty (60) days prior to the meeting at which the vote is scheduled, on the official website of the Commission and in any other official publication that may be designated by the Commission for the publication of its Rules. All written comments received by the Rules committee on proposed Rules shall be posted on the Commission's website upon receipt. In addition to the text of the proposed Rule or amendment, the reason for the proposed Rule shall be provided.
- 12.3 Notification.** Each administrative Rule or amendment shall State:

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- (A) The place, time, and date of the scheduled public hearing, if any;
- (B) The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments; and
- (C) The name, position, physical and electronic mail address, telephone, and telefax number of the person to whom interested persons may respond with notice of their attendance and written comments.

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

- (A) If a hearing is held on the proposed Rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
- (B) All persons wishing to be heard at the hearing shall notify the Chairperson of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
- (C) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
- (D) No transcript of the public hearing is required, unless a written request for a transcript is made; in which case the person or entity making the request shall pay for the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the public hearing.
- (E) Nothing in this section shall be construed as requiring a separate hearing on each Rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- (F) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- (G) The Commission shall, by majority vote of a quorum of the Commissioners, take final action on the proposed Rule and shall determine the effective date of the Rule, if any, based on the Rulemaking record and the full text of the Rule.

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

12.6 Emergency Rulemaking. Upon determination that an emergency exists, the Commission may consider and adopt an emergency Rule that shall become effective immediately upon adoption, provided that the usual Rulemaking procedures provided in the Compact and in this

section shall be retroactively applied to the Rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the Rule. An emergency Rule is one that must be made effective immediately in order to:

- (A) Meet an imminent threat to public health, safety, or welfare;
- (B) Prevent a loss of federal or State funds;
- (C) Meet a deadline for the promulgation of an administrative Rule that is established by federal law or Rule; or
- (D) Protect public health and safety.

SECTION 13. Compliance Issues and Dispute Resolution Process

13.1 Initiation of Compliance

- (A) Compliance issues shall be initiated by the Executive Committee.
- (B) The Executive Committee shall first seek to provide remedial education and specific technical assistance for any potential default.
- (C) For unresolved potential defaults, the Executive Committee shall send a written notice of non-compliance to the Commissioner in the Member State with the alleged non-compliance issue. The State shall respond in writing within thirty (30) calendar days.
 - (1) If the Member States does not have a designated Commissioner, the written notice of non-compliance shall be sent to the Governor of the Member State.
 - (2) If the State fails to respond to the written notice, the Executive Committee, through the Executive Director, shall send a written notice of non-compliance to the Governor of the Member State, copied to the Commissioner, with the alleged non-compliance issue.
 - (3) If the response, in the determination of the Executive Committee fails to reasonably resolve the non-compliance issue, the Executive Committee shall request a written Plan of Correction.
- (D) The Executive Committee shall provide a report and make a recommendation to the Commission concerning issues of non-compliance that:
 - (1) do not have an approved Plan of Correction, with progress; or
 - (2) remain unresolved for three (3) or more calendar months.
- (E) Grounds for default include but are not limited to, failure of a Compact State to perform obligations or responsibilities imposed by the Compact, Commission Bylaws, or duly promulgated Rules.
- (F) If the Commission determines that a Compact State has at any time defaulted in the performance of any of its obligations or responsibilities under the Compact, Bylaws or duly promulgated Rules, the Commission shall notify the Commissioner and Governor

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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.

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- 699 (b) The initiating Commissioner shall provide a written Statement to the
700 Commissioner(s) of the concerned State(s). This Statement, which will
701 be copied to the Executive Committee, shall detail the nature of the
702 dispute.
- 703 (c) Upon receipt of the dispute letter, the Commissioner(s) of the State(s)
704 involved shall:
- 705 (i) Review the contents of the letter.
- 706 (ii) Conduct an inquiry into the matter.
- 707 (iii) Provide a written response addressing the issues raised.
- 708 (d) The response must be issued, in writing copied to the Executive
709 Committee, within 30 calendar days from the receipt of the dispute
710 letter.
- 711 (e) If interpretation of the Compact is necessary, the Commissioner(s) shall
712 contact the Executive Committee via the Executive Director to request
713 assistance in interpreting relevant provisions.
- 714 (f) The Commissioner raising the concern shall document all attempts to
715 resolve the issues.
- 716 (2) If the issues cannot be resolved between the Member States, the dispute shall
717 be referred to the Executive Committee for further consideration.
- 718 (3) Disputes between two (2) or more Member States which cannot be resolved
719 through informal resolution or through the Executive Committee, may be
720 referred to mediation and/or an arbitration panel to resolve the issues.
- 721 (F) Mediation.
- 722 (1) A Compact State that is a party to a dispute may request, or the Executive
723 Committee may require, the submission of a matter in controversy to
724 mediation.
- 725 (2) Mediation shall be conducted by a mediator appointed by the Executive
726 Committee from a list of mediators approved by the National Association of
727 Certified Mediators, or a mediator otherwise agreed to by all parties to the
728 dispute and pursuant to procedures customarily used in mediation proceedings.
- 729 (3) If all issues are resolved through mediation to the satisfaction of all Member
730 States involved, no further action is required.
- 731 (4) In the event mediation is necessary, and unless otherwise agreed in advance by
732 all parties, the prevailing party or parties may be entitled to recover the costs of
733 such medication, including reasonable attorneys' fees, to the extent permitted
734 by State law of the prevailing party State. The Commission shall not be liable
735 for any fees, costs or charges pertaining to mediation.
- 736 (G) Arbitration.

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- (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



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

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.