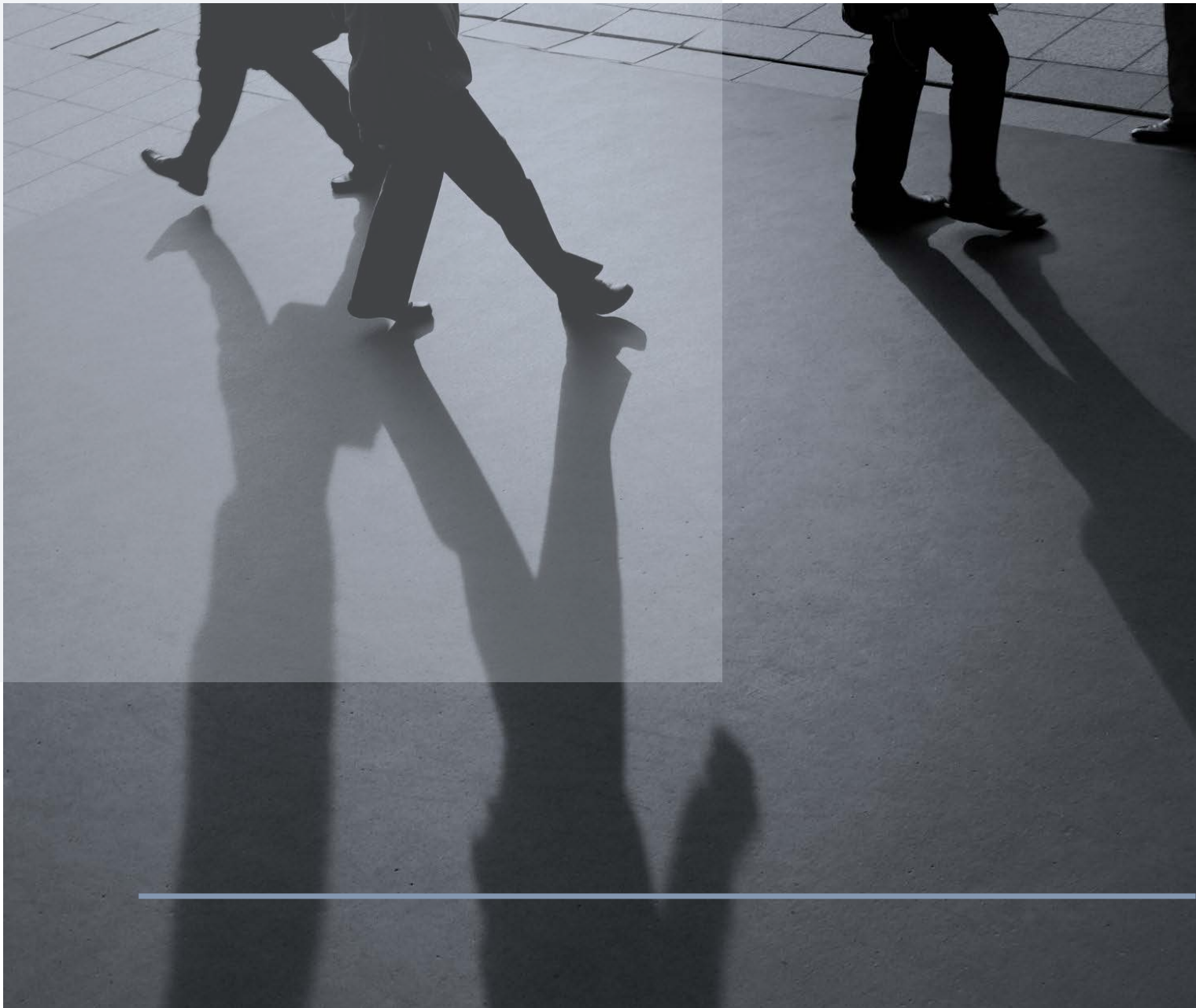


2025

Q2 MEETING

MAY 14, 2025



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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**

- I. Call to Order & Welcome - *Commissioner Kinney (IN), Chair*
 - a. Commissioner Roll Call - *Commissioner House (KS), Secretary*
 - b. Declare Quorum Present - *Kinney*
 - c. Introduce New Commissioners - *Kinney*
 - d. Adopt Business Agenda - *Kinney*
- II. Public Comments Regarding Matters Not on the Agenda - *Kinney*
- III. Reports
 - a. Chair's Report – *Kinney*
 - b. Treasurer's Report – *Commissioner Brad Vande Lunde (IA)*
 - c. Executive Director Report – *Woodyard*
 - d. Stakeholder Advisory Committee Report- *Commissioner Aaron Koehler (WY)*
 - e. Database Administrator Report – *Ray Mollers (NREMT)*
- IV. Old Business
 - a. Action: Approve Q1 2025 Meeting Minutes - *House*
- V. New Business
 - a. EMS Week 2025 Resolution
 - b. EMS for Children Day 2025 Resolution
 - c. Criminal History and Fitness to Practice Evaluation Committee Charter
- VI. NGO / Stakeholder Partner Updates
- VII. Adjourn Meeting

Meeting Norms:

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

- Public Attendees:
 - Public attendance is encouraged.
 - 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 - 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	Doug Wolfberg, JD / Christie Mellott, JD Page, Wolfberg & Wirth	☐ Present ☐ Absent
Database Administrator	Ray Mollers / National Registry of EMTs	☐ Present ☐ Absent



April 29, 2025

RE: RECOGNITION OF EMS PERSONNEL LICENSURE INTERSTATE COMPACT (REPLICA)

REPLICA,

In accordance with Section 10 – Establishment of the Interstate Commission for EMS Personnel Practice – The state of Oklahoma will appoint Michaelde'Angelo Tascier to serve as the official delegate seated on the Commission, effective immediately.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith Reed".

Keith Reed MPH, CPH | Commissioner of Health
Oklahoma State Department of Health





INTERSTATE COMMISSION FOR
EMS PERSONNEL PRACTICE

CERTIFICATE OF APPOINTMENT

THE INTERSTATE COMMISSION FOR EMERGENCY MEDICAL SERVICES PERSONNEL PRACTICE

hereby recognizes the appointment of

MICHAELDE'ANGELO TASCIER

**DELEGATE & COMMISSIONER
STATE OF OKLAHOMA**



Hereby duly recognized and officially seated by the Commission on **April 29, 2025** the appointee represents their state, commonwealth, district, or territory of the United States in all official activities and affairs of the Commission as defined in the *Recognition of EMS Personnel Licensure Interstate Compact* legislation. The Commissioner is granted one vote, which shall be cast in person and not by proxy, in matters concerning the promulgation of rules, the creation of bylaws, and the approval of motions.

Kraig Kinney

Kraig Kinney, JD
Chairperson, Executive Committee



Sarah Huckabee Sanders
GOVERNOR

Renee Mallory
SECRETARY OF HEALTH

Jennifer Dillaha
DIRECTOR

Date: April 4, 2025

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

FROM: **Renee Mallory, Arkansas Secretary of Health**

Subject: Notification of Delegate Appointment Memo

In accordance with Section 10.B.1 of the Recognition of EMS Personnel Interstate Compact ("REPLICA") model legislation, as enacted in Arkansas pursuant to Act 384 of 2025, the State of Arkansas hereby designates Christy Kresse as the delegate to the Interstate Commission of EMS Personnel Practice.

Arkansas Act 384 of 2025 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."

Delegate Duties and Responsibilities

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

Key responsibilities include:

- **Mandatory Attendance:** Delegates are required to attend all Commission meetings, which typically include three virtual meetings and one in-person meeting annually.
- **Non-Delegable Vote:** The Delegate's vote is a unique and critical function that cannot be delegated in their absence.
- **Compliance Oversight:** The Delegate shall ensure that Arkansas remains in compliance with the requirements of the EMS Compact, as defined in Arkansas Act 384 of 2025, and actively engage in actions necessary to uphold this compliance.

Arkansas Department of Health, Section of EMS
5800 W. 10th Street, Suite 800 • Little Rock, AR 72204
Ph.501-661-2262 Fax 501-280-4901

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

Appointment Effective Date

This appointment is effective April 4, 2025. Please update your records accordingly to reflect this designation.

If you need additional information regarding this appointment, please contact Renee Mallory at renee.mallory@arkansas.gov or 501.280.4648.

We appreciate your attention to this matter and look forward to Delegate's Christy Kresse's active participation in the Interstate Commission for EMS Personnel Practice.

Sincerely,



Renee Mallory, RN, BSN
Secretary of Health



INTERSTATE COMMISSION FOR
EMS PERSONNEL PRACTICE

CERTIFICATE OF APPOINTMENT

THE INTERSTATE COMMISSION FOR EMERGENCY MEDICAL SERVICES PERSONNEL PRACTICE

hereby recognizes the appointment of

CHRISTY KRESSE

DELEGATE & COMMISSIONER
STATE OF ARKANSAS



Hereby duly recognized and officially seated by the Commission on **April 4, 2025** the appointee represents their state, commonwealth, district, or territory of the United States in all official activities and affairs of the Commission as defined in the *Recognition of EMS Personnel Licensure Interstate Compact* legislation. The Commissioner is granted one vote, which shall be cast in person and not by proxy, in matters concerning the promulgation of rules, the creation of bylaws, and the approval of motions.

Kraig Kinney

Kraig Kinney, JD
Chairperson, Executive Committee



COMMONWEALTH of VIRGINIA

Karen Shelton, MD
State Health Commissioner

Department of Health
P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

February 10, 2025

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

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 Virginia Code § 32.1-371, the Commonwealth of Virginia hereby designates Maria Beermann-Foat as the delegate ("Commissioner") to the Interstate Commission of EMS Personnel Practice.

Virginia Code § 32.1-371 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:

Donnie Woodyard, Jr.
February 10, 2025
Page 2

- **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 Virginia remains in compliance with the requirements of the EMS Compact, as defined in Virginia Code § 32.1-371, and actively engage in actions necessary to uphold this compliance.

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

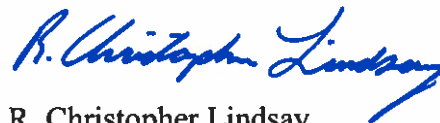
Appointment Effective Date

This appointment is effective February 10, 2025. Please update your records accordingly to reflect this designation.

If you need additional information regarding this appointment, please contact me at 804-864-7030 or christopher.lindsay@vdh.virginia.gov.

We appreciate your attention to this matter and look forward to Commissioner Maria Beermann-Foat's active participation in the Interstate Commission for EMS Personnel Practice.

Sincerely,



R. Christopher Lindsay
Chief Operating Officer



CERTIFICATE OF APPOINTMENT

THE INTERSTATE COMMISSION FOR EMERGENCY MEDICAL SERVICES PERSONNEL PRACTICE
hereby recognizes the appointment of

MARIA BEERMANN-FOAT
DELEGATE & COMMISSIONER
COMMONWEALTH OF VIRGINIA

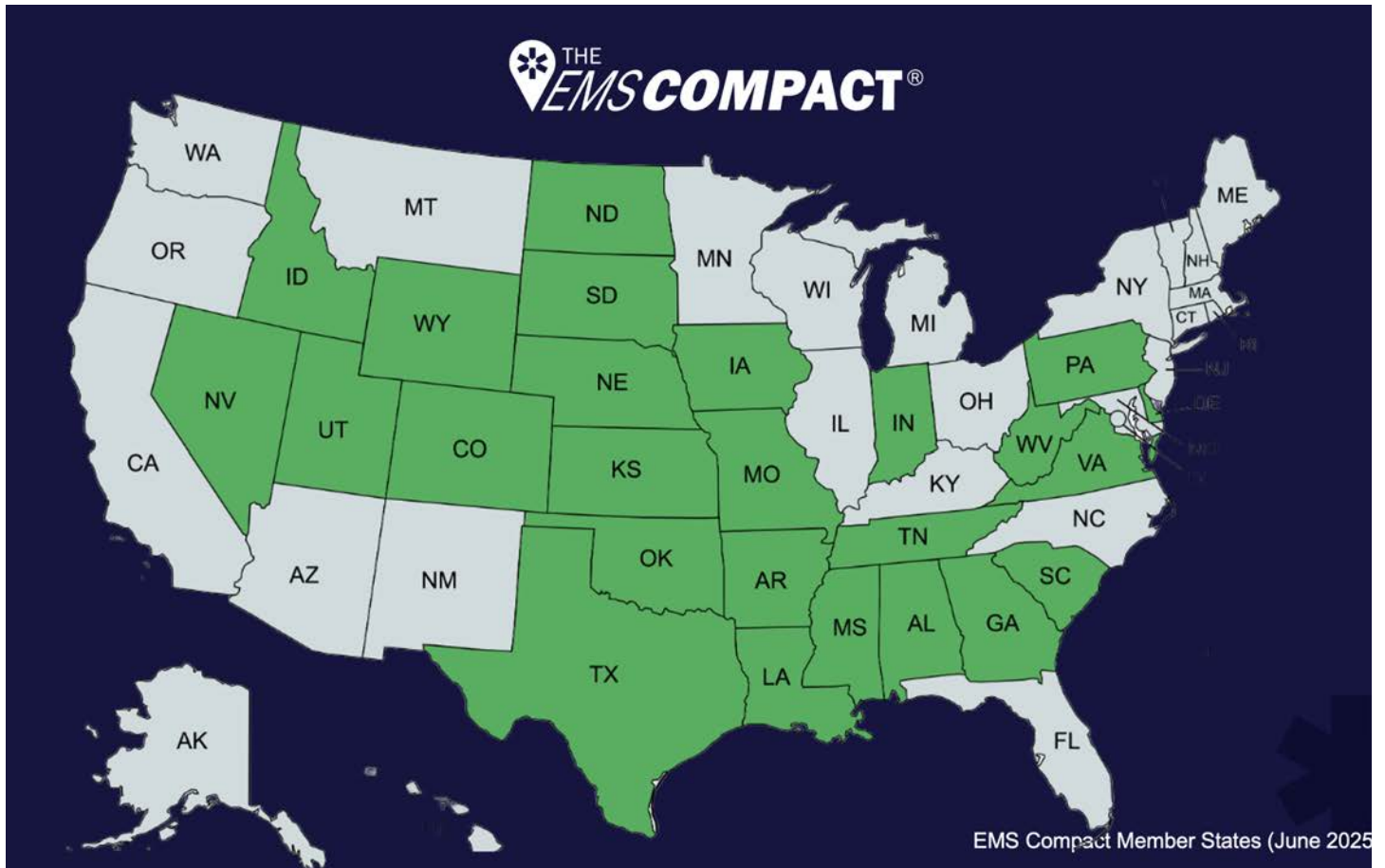


Hereby duly recognized and officially seated by the Commission on **February 10, 2025** the appointee represents their state, commonwealth, district, or territory of the United States in all official activities and affairs of the Commission as defined in the *Recognition of EMS Personnel Licensure Interstate Compact* legislation. The Commissioner is granted one vote, which shall be cast in person and not by proxy, in matters concerning the promulgation of rules, the creation of bylaws, and the approval of motions.

Kraig Kinney

Kraig Kinney, JD
Chairperson, Executive Committee

MAP: 2025 EMS Compact Member States



Interstate Commission for EMS Personnel Practice Meeting Summary**Date:** February 19, 2025**Time:** 3:00 PM Eastern**Location:** Microsoft Teams**I. Call to Order & Welcome**

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

The meeting of the Interstate Commission for EMS Personnel Practice was convened on February 19, 2025, at 3:01 p.m. Eastern Time via Microsoft Teams. Chairperson Kinney presided over the meeting, welcomed all attendees, and outlined the meeting protocol.

- **Roll Call** – Secretary: Commissioner Joseph House (KS)
Secretary House conducted the roll call (as noted). Commissioner and Vice-Chairperson Wayne Denny (ID) was excused. With 4 absent members, Chairmain Kinney (IN) declared a quorum present.
- **Introduction of New Commissioners** – Chairman Kinney (IN)
Introduced and welcomed Commissioner Jonathan Jones of South Carolina. Introduced and welcomed Dr. Maria Beermann-Foat, anticipated to be the next delegate and Commissioner for the Commonwealth of Virginia.
- **Adoption of Business Agenda** – Chairman Kinney (IN)
Commissioner Brad Vande Lune (IA) motioned to adopt the business agenda. Commissioner Mark Herrera (UT) seconded. No discussion and 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 deferred the report to allow for more time for the business before the Commission.
- **Treasurer's Report:** Treasurer: Commissioner Brad Vande Lune (IA)
Treasurer Vande Lune provided a report of the financial standing of the Commission. Report accepted as provided.
- **Executive Director's Report:** Executive Director Donnie Woodyard
Executive Director Woodyard provided a report highlighting his activities since the previous meeting as well as opportunities upcoming which included:
 - D.C. trip to provide technical briefings with 14 states' Congressional members
 - Invitation to present upon the EMS Compact at the JEMS FDIC conference
 - A panel session in Alaska on the overarching role of Compacts
 - Nationwide webinar for AAA in March
 - Noted a 5 year agreement with the National Registry of EMTs with a noted increase in funding
 - Working upon a Memorandum of Understanding with Federal Partners
 - No cost agreement with ACEP for EMS week promotion
- **Bylaws & Rules Committee:** Commissioner Joe Schmider (TX)
Commissioner Schmider deferred the report to be provided during new business related to administrative rule making.
- **Database Administrator Report:** Ray Mollers (NREMT)
Mr. Mollers provided a report and update upon on-boarding citing 8 states remain who are not in the coordinated database. 4 of whom are actively working on transferring the appropriate information in a workable format. Work continues upon removal of the social security number if the individual has an EMS ID. Work continues upon changing the status of the privilege to practice to Not Qualified when conditions are met which would render the individual ineligible to have a valid PTP.

V. Old Business

- **Action:** Review of October 2024 (Q4) Meeting Minutes – Commissioner House (KS)
Commissioner Joseph House (KS) moved to approve the October 2024 (Q4) meeting minutes. Commissioner Joe Schmider (TX) seconded the motion.
 - **Vote:** The minutes were approved.

VI. New Business**a. Action: Position Paper: 2025-01-EMS Workforce Privacy Protection (pages 6-8 of the Q1 2025 Board Book)**

Executive Director Woodyard called upon Commissioner Michael Bateman (CO) to present the position paper. It was offered as a reminder, a position paper is simply a formal stance of the Commission and acts as a means to communicate our official stance. Further discussion yielded an amendment to the position paper to make "Final agency action information, if applicable,

available and authorized” to be considered as part of the public display of information. With no further amendments or recommendations for changes, Commissioner Joe Schmider (TX) made a motion to approve and adopt the position paper as amended. Commissioner Teresa Windham (MS) seconded the motion.

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

b. Administrative Rulemaking

Chairman Kinney (IN) called upon Commissioner Joe Schmider (TX) to provide the overview of the proposed administrative rules. Commissioner Schmider noted the administrative rules had been posted as required and comments have been open and received since the publishing of the public notice of hearing on December 16, 2024. It was also noted there were no requests to make comments upon the rules during the public hearing. All submitted individual comments were provided to Commissioners (pages 9-14 of the Q1 2025 Board Book). Commissioner Joe Schmider (TX) made a motion to adopt the proposed rules. Commissioner Mark Herrera (UT) seconded the motion.

Amendments:

- In accordance with, and subsequent to, one of the comments related to Section 4.4 paragraph B, Commissioner Schmider asked to strike paragraph B from Section 4.4. Amendment was accepted by the Commission without opposition.
- In Section 11.2 (C)(2) Displayed Information – to add the word “Legal” before First Name and Last Name. Thereby making this consistent with the identifying information listed within Section 11.3. Amendment was accepted by the Commission without opposition.

Chairman Kinney asked if there were any public comments related to these changes. Robert McClintock with the International Association of Firefighters (IAFF) thanked the Commission for their consideration and endorsement of the IAFF proposed change in Section 4.4.

Having no further comments and no further amendments Chairman Kinney asked for a Roll Call Adoption of the proposed rules as Amended.

- **Vote:** The Proposed rules were adopted as amended upon a 20-0-4 roll call vote as noted:
- **Aye (20):** CO, DE, GA, IN, IA, KS, LA, MS, MO, NE, NV, ND, OK, PA, SC, SD, TX, UT, WV, WY
- **Nay (0):** None
- **Absent (4):** AL, ID, TN, VA

VII. NGO / Stakeholder Partner Updates

- None provided

VIII. Adjournment

Having reached the end of the published agenda and with no further business before the Commission, Commissioner and Chair Kraig Kinney (IN) adjourned the meeting.

- **Adjournment Time:** The meeting was adjourned at 4:01 p.m. Eastern Time.

Commissioner Roll Call - FEBRUARY 19, 2025

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

Ex-Officio & Staff

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

Commissioner Roll Call Vote - Adoption of Rules as Amended

State	Commissioner	Vote
Alabama	Jamie Gray	Absent
Colorado	Michael Bateman	Aye
Delaware	Britany Huss	Aye
Georgia	Michael Johnson	Aye
Idaho	Wayne Denny	Absent
Indiana	Kraig Kinney	Aye
Iowa	Brad Vande Lune	Aye
Kansas	Joe House	Aye
Louisiana	Susan Bailey	Aye
Mississippi	Teresa Windham	Aye
Missouri	George Miller	Aye
Nebraska	Tim Wilson	Aye
Nevada	Bobbie Sullivan	Aye
North Dakota	Christopher Price	Aye
Oklahoma	Wyatt Hockmeyer	Aye
Pennsylvania	Anthony Martin	Aye
South Carolina	Jonathan Jones	Aye
South Dakota	Whitney Burrows	Aye
Tennessee	Brandon Ward	Absent
Texas	Joseph Schmider	Aye
Utah	Mark Herrera	Aye
Virginia	Camela Crittenden	Absent
West Virginia	David Jamie Weller	Aye
Wyoming	Aaron Koehler	Aye

Database Administrator Reports



May 2025 NEMSCD Administrator Report

API Reporting NEMSCD

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

State Discipline

State EMS Office	Most Recent Discipline Created Date	Cases Created Last Four Months
LOUISIANA	05/02/2025	23
IDAHO	04/30/2025	3
WEST VIRGINIA	04/28/2025	6
TEXAS	04/23/2025	6
MISSISSIPPI	04/08/2025	2
UTAH	04/04/2025	14
IOWA	03/21/2025	3
GEORGIA	02/26/2025	8
KANSAS	01/11/2025	18
WYOMING	11/15/2024	0
COLORADO	05/29/2024	0
SOUTH CAROLINA	10/12/2022	0
MISSOURI	01/14/2022	0
ALABAMA		0

25

MEMBER STATES

278,958

COMPACT PROVIDERS
IN DATABASE

400,000

TOTAL ESTIMATED
COMPACT PROVIDERS

Highlights

Highlights	
Arkansa Joined the EMS Compact	03/21/2025
Tennessee nearly complete QA test	05/02/2025
North Dakota nearly complete QA test	04/10/2025
Indiana has posted in QA	03/06/2025

State Onboarding

Last Meeting/Coordination		
Nebraska	5/2/2025	Initial discussions
North Dakota	4/28/2025	Final QA Testing
Tennessee	5/2/2025	Final QA Testing
Indiana	4/24/2025	Testing in QA
South Dakota	4/2/2025	Preparing to Test
Oklahoma	11/15/2024	Nothing to update.
Delaware ALS	5/14/2024	Nothing to update.
Pennsylvania	4/26/2024	Nothing to update.



April 2025 NEMSCD Administrator Report

API Reporting NEMSCD

State EMS Office	Latest API Submission Date	First API Submission Date
ALABAMA	04/02/2025	02/25/2021
COLORADO	04/02/2025	10/26/2020
GEORGIA	04/02/2025	10/05/2021
IDAHO	04/02/2025	02/07/2022
IOWA	04/02/2025	11/01/2023
LOUISIANA	04/02/2025	08/10/2021
NEVADA	04/02/2025	09/28/2023
TEXAS	04/02/2025	04/02/2021
VIRGINIA	04/02/2025	04/01/2020
WEST VIRGINIA	04/02/2025	10/20/2021
KANSAS	04/01/2025	07/30/2021
MISSISSIPPI	04/01/2025	04/28/2022
MISSOURI	04/01/2025	10/20/2021
SOUTH CAROLINA	04/01/2025	03/25/2021
UTAH	04/01/2025	03/23/2021
WYOMING	04/01/2025	06/16/2021
DELAWARE	03/31/2025	02/28/2025
SOUTH DAKOTA	06/26/2024	08/27/2021
ARKANSAS		
INDIANA		
NEBRASKA		
NORTH DAKOTA		
OKLAHOMA		
OREGON		
PENNSYLVANIA		
TENNESSEE		

State Discipline

State EMS Office	Most Recent Discipline Created Date	Cases Created Last Four Months
UTAH	04/01/2025	13
MISSISSIPPI	03/27/2025	1
IOWA	03/21/2025	3
LOUISIANA	03/21/2025	22
TEXAS	03/10/2025	6
WEST VIRGINIA	03/10/2025	4
IDAHO	02/27/2025	2
GEORGIA	02/26/2025	10
KANSAS	01/11/2025	18
WYOMING	11/15/2024	0
COLORADO	05/29/2024	0
SOUTH CAROLINA	10/12/2022	0
MISSOURI	01/14/2022	0

25

MEMBER STATES

273,899

COMPACT PROVIDERS
IN DATABASE

400,000

TOTAL ESTIMATED
COMPACT PROVIDERS

Highlights

Highlights	
Arkansa Joined the EMS Compact	03/21/2025
Indiana has posted in QA	03/26/2025
Delaware BLS Posting in NEMSCD	02/28/2025
North Dakota Posting in QA	02/26/2025
Tennessee has posted in QA	02/12/2025

State Onboarding

Last Meeting/Coordination		
Nebraska	4/8/2025	Initial discussions
North Dakota	4/1/2025	Testing in QA
Tennessee	3/19/2025	Testing in QA
Indiana	3/5/2025	Testing in QA
South Dakota	1/9/2025	Preparing to Test
Oklahoma	11/15/2024	Nothing to update.
Delaware ALS	5/14/2024	Nothing to update.
Pennsylvania	4/26/2024	Nothing to update.



March 2025 NEMSCD Administrator Report

24

MEMBER STATES

283,867

COMPACT PROVIDERS
IN DATABASE

325,000

TOTAL ESTIMATED
COMPACT PROVIDERS

API Reporting NEMSCD

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

State Discipline

State EMS Office	Most Recent Discipline Created Date	Cases Created Last Four Months
UTAH	03/03/2025	3
IDAHO	02/27/2025	2
TEXAS	02/27/2025	8
GEORGIA	02/26/2025	10
IOWA	02/20/2025	2
LOUISIANA	02/10/2025	18
KANSAS	01/11/2025	18
WYOMING	11/15/2024	1
MISSISSIPPI	11/01/2024	0
COLORADO	05/29/2024	0
SOUTH CAROLINA	10/12/2022	0
MISSOURI	01/14/2022	0
ALABAMA		0
DELAWARE		0
INDIANA		0
NEBRASKA		0
NEVADA		0
NORTH DAKOTA		0
OKLAHOMA		0
PENNSYLVANIA		0
SOUTH DAKOTA		0
TENNESSEE		0
VIRGINIA		0
WEST VIRGINIA		0

Highlights

Highlights

Delaware BLS Posting in NEMSCD

North Dakota started testing in QA

Indiana preparing to test in QA

Tennessee still working on issues

State Onboarding

Last Meeting/Coordination		
Indiana	3/5/2025	Preparing to Test
North Dakota	3/3/2025	Testing in QA
Delaware BLS	2/28/2025	Posted in Prod
Tennessee	2/12/2025	Testing in QA
South Dakota	1/9/2025	Preparing to Test
Oklahoma	11/15/2024	Nothing to update.
Nebraska	11/5/2024	Nothing to update.
Delaware ALS	5/14/2024	Nothing to update.
Pennsylvania	4/26/2024	Nothing to update.

Work Pending

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

Draft Resolution: EMS Week 2025

To recognize the Week of May 18 - 24, 2025, as Emergency Medical Services Week

WHEREAS, emergency medical services are a vital public service; and

WHEREAS, EMS practitioners are professional medical providers who are ready to provide lifesaving care to those in need 24 hours a day, seven days a week; and

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, emergency medical services have grown to fill a gap by providing essential, out-of-hospital care, including preventative medicine, follow-up care, and access to telemedicine; and

WHEREAS, the emergency medical services system consists of first responders, emergency medical technicians, paramedics, emergency medical dispatchers, firefighters, police officers, educators, administrators, pre-hospital nurses, emergency nurses, emergency physicians, trained members of the public, and other out-of-hospital medical care providers; and

WHEREAS, the members of emergency medical services teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and

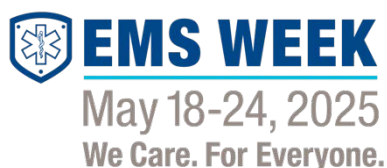
WHEREAS, the Interstate Commission for EMS Personnel Practice also recognizes State EMS Offices, which serve as the lead state executive branch offices responsible for ensuring a coordinated, systems approach to emergency medical services, overseeing the licensure of EMS personnel, administering the EMS system, and upholding public protection, thereby ensuring effective and responsive healthcare delivery; and

WHEREAS, it is appropriate to recognize the value and the accomplishments of emergency medical services providers by designating the Emergency Medical Services Week;

THEREFORE, BE IT RESOLVED that the Interstate Commission for EMS Personnel Practice, in recognition of this event, does hereby adopt and recognize the week of May 18 - 24, 2025, as EMERGENCY MEDICAL SERVICES WEEK, commemorating the 51st Anniversary of EMS Week.

BE IT FURTHER RESOLVED that the Commission encourages the community to observe this week with appropriate programs, ceremonies, and activities.

ADOPTED by the Interstate Commission for EMS Personnel Practice on this _____.



Draft Resolution: EMS for Children Day 2025

To recognize May 21, 2025, as Emergency Medical Services for Children (EMSC) Day

WHEREAS, 35 million children receive emergency medical care each year due to illness or injury; and

WHEREAS, the needs of children are different than the needs of adults in medical emergencies; and

WHEREAS, the goal of Emergency Medical Services for Children is to help states and communities prepare for an emergency involving a child by helping emergency medical services agencies and emergency departments become Pediatric Ready; and

WHEREAS, the Emergency Medical Services for Children Program supports research and improvement science to drive transformation of emergency care systems, including the prehospital setting; and

WHEREAS, Emergency Medical Services for Children relies on its established partnership within the EMS community, as well as multidisciplinary teams of providers across the emergency care continuum, to help states and communities reduce child and youth disability and death due to severe illness or injury; and

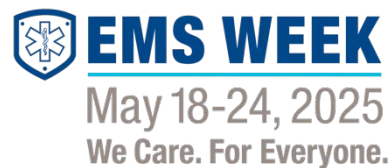
WHEREAS, Emergency Medical Services for Children, the hundreds of thousands of prehospital and hospital-based clinicians it serves, the professional organizations and federal agencies with which it partners, and the patients and families it engages, are committed to collaborating to ensure high-quality emergency care for children; and

WHEREAS, it is proper and timely to recognize the value and accomplishments of Emergency Medical Services for Children and the dedicated personnel who work tirelessly to improve pediatric care delivery across emergency care systems ...

THEREFORE, BE IT RESOLVED that the Interstate Commission for EMS Personnel Practice, in recognition of this event, does hereby adopt and recognize May 21, 2025, as EMERGENCY MEDICAL SERVICES FOR CHILDREN.

BE IT FURTHER RESOLVED that the Commission encourages the community to observe this week with appropriate programs, ceremonies, and activities.

ADOPTED by the Interstate Commission for EMS Personnel Practice on this _____.



To: Commission, via Executive Committee, Interstate Commission for EMS Personnel Practice
From: Donnie Woodyard, Executive Director
Date: 14 MAY 2025
Subject: Draft Committee Charter

Criminal History and Fitness to Practice Evaluation Committee Charter

1. Purpose

The Criminal History and Fitness to Practice Evaluation Committee is established by the Interstate Commission for EMS Personnel Practice to develop a non-binding, best-practice resource to assist states in evaluating criminal history and overall fitness to practice during EMS clinician licensure decisions. The Committee aims to promote fairness, transparency, and consistency in regulatory decision-making while preserving state sovereignty and statutory authority.

2. Authority

This Committee is formed under the authority of **Section 10.D.11** of the REPLICA model legislation, which authorizes the Commission to appoint advisory committees composed of members, state regulators, state legislators or their representatives, and other interested parties.

This initiative supports several key purposes outlined in **Section 1** of the REPLICA legislation:

- **Section 1.2:** Enhance the states' ability to protect the public's health and safety, especially patient safety.
- **Section 1.3:** Encourage cooperation among member states in EMS personnel licensure and regulation.
- **Section 1.5:** Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse actions, and significant investigatory information.
- **Section 1.6:** Promote compliance with each member state's laws governing EMS personnel practice.

Additionally, the work aligns with **Section 3.C.4**, which requires fingerprint-based FBI-compliant criminal background checks for initial licensure applicants.

3. Objectives

The Committee is tasked with:

- Evaluating how states assess criminal history and fitness to practice in EMS licensure.
- Developing a structured, standardized decision-making framework to support state review of applicants with prior convictions.
- Providing best-practice guidance for evaluating common criminal offenses, including violent crimes, drug-related charges, and financial violations.
- Proposing a discretionary ranking model to guide licensure decisions, ranging from "low discretion" (e.g., serious violent crimes) to "high discretion" (e.g., minor non-violent misdemeanors).
- Recommending licensing conditions, such as probationary status, practice limitations, or monitoring, when appropriate.

4. Expected Outcome

The Committee will produce recommendations and best-practice guidance documents that support greater uniformity among states in reviewing criminal history and fitness to practice considerations. This non-binding resource will help states ensure consistent, fair, informed licensure determinations while preserving complete state discretion.

5. Membership

The Committee will be composed of:

- Commissioners or their designated representatives

The Committee should, to the extent possible, also be composed of:

- State EMS directors and licensure personnel
- Legal and regulatory experts with experience in occupational licensing and criminal justice
- Ethics and public safety professionals
- Additional subject matter experts as needed to ensure broad and diverse representation

Committee Members will be appointed by the Chair of the Commission. All meetings will be open to the public, and stakeholder participation is encouraged.

6. Leadership

The Committee will be chaired by a Commissioner or expert appointed by the Commission Chair. The Chair will lead meetings, coordinate agenda planning, and oversee the drafting and presentation of the final deliverable.

7. Meetings

The Committee will meet on a regular basis or as required to meet project milestones. Meetings may be held virtually or in person. Materials and updates will be shared with transparency and in alignment with the Commission's public access policies.

8. Reporting

The Chair will provide periodic updates to the Commission and submit the final guidance document to the full Commission for review and approval. Once adopted, the document will be shared with state regulators and EMS stakeholders as a voluntary resource.

9. Terms and Review

The Committee is expected to complete its work within 6 to 12 months. The Commission retains the authority to extend, restructure, or conclude the Committee based on evolving needs and strategic priorities.



For Reference

2025 Commission Meeting Schedule

Adopted by the Executive Committee.

FULL COMMISSION

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

Timeline & Key Dates

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



RECENT PRESS RELEASES

PRESS RELEASE

Arkansas Becomes the 25th State to Join the United States EMS Compact, Strengthening Interstate EMS Mobility

WASHINGTON, 21 March 2025— The Interstate Commission for EMS Personnel Practice is pleased to announce the appointment of Christy Kresse, B.S., NRP, as the inaugural Delegate and Commissioner representing the State of Arkansas. Ms. Kresse serves as the Section Chief of EMS in the Office of Preparedness and Emergency Response Systems (OPERS) at the Arkansas Department of Health.



Christy Kresse brings extensive experience in EMS operations, preparedness, and public health collaboration. Her leadership has been instrumental in aligning Arkansas' EMS systems with national best practices and ensuring state readiness to activate Compact privileges.

Arkansas became the 25th state to join the United States EMS Compact, marking a pivotal milestone toward a more connected and responsive national EMS workforce. Under Ms. Kresse's leadership, Arkansas has rapidly progressed in integrating its state licensure system with the National EMS Coordinated Database and has fulfilled the remaining operational requirements for Compact participation.

The EMS Compact provides a unique legal framework for 24/7 immediate recognition of EMS licensure across state lines, allowing over 400,000 EMS clinicians licensed in any of the 25 Compact Member States to practice in other member states without delay. This mobility is not limited to disaster or emergency response—it supports surge staffing, disaster preparedness, routine operations, and innovative solutions for recruitment and retention. The Compact meets the needs of today's mobile workforce while maintaining high public safety and accountability standards.

"We are honored to welcome Christy Kresse to the EMS Compact," said Kraig Kinney, JD, NRP, Chair of the Interstate Commission for EMS Personnel Practice. "Her clinical insight and administrative leadership will be invaluable as Arkansas becomes fully operational within the Compact framework."

"Commissioner Kresse's appointment reinforces the strategic importance of Arkansas' role within the Compact," said Donnie Woodyard, Jr., MAML, NRP, Executive Director of the EMS Compact. "She represents a new chapter of collaboration, innovation, and operational readiness as we continue building a seamless EMS system nationwide."

With the addition of Arkansas, the Compact now represents 25 states—unifying half the nation's EMS workforce under a standard, operationally active multistate license recognition, Privilege to Practice model.

The Commission looks forward to formally welcoming Commissioner Kresse at its upcoming full commission meeting.



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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

Arkansas Becomes the 25th State to Join the United States EMS Compact, Strengthening Interstate EMS Mobility

WASHINGTON, 21 March 2025— Arkansas is now the 25th state to join the United States EMS Compact, marking a pivotal step toward a more unified, responsive, and accountable EMS system across the nation. By joining the Compact, Arkansas strengthens the ability of EMS clinicians to deliver lifesaving care across state lines while ensuring public safety, regulatory oversight, and accountability remain at the forefront of emergency medical practice.

The EMS Compact increases public access to EMS clinicians, enhances patient safety, and streamlines the process for states to verify competency and licensure. It provides an essential framework for facilitating day-to-day EMS mobility, allowing clinicians to respond to emergencies across jurisdictional boundaries without unnecessary delays. This legal recognition of EMS licenses among member states also improves disaster response, supports military service members transitioning into civilian EMS roles, and ensures states share critical licensure and disciplinary information to uphold professional standards.

“With Arkansas becoming the 25th state of the Compact, we are at the critical midpoint in terms of state membership,” says Compact Commission Chairperson Kraig Kinney, JD, EMT-P. “This milestone advances us further towards a goal of having every EMS clinician in every state having Compact privileges across the nation.”

Arkansas’s HB1253, sponsored by Representative Lee Johnson, MD, received unified, bipartisan support with zero opposition votes. This demonstrates a strong legislative commitment to modernizing EMS licensure and improving patient care. The overwhelming support for the Compact underscores the critical need for increased EMS workforce mobility, reduced regulatory burdens, and enhanced emergency response capabilities.

Arkansas shares borders with six other Compact member states, further strengthening cross-border collaboration, reducing bureaucracy, and improving access to EMS services. By eliminating unnecessary licensing barriers, the Compact ensures that EMS clinicians can respond more effectively across state lines, supporting disaster response, mutual aid, and regional healthcare systems.

“Arkansas is excited to join the EMS Compact. This will improve Arkansas’ public safety, public health, and emergency preparedness. This is a win for both our citizens and our EMS professionals. We are grateful for the work by Representative Johnson to get this Compact pushed through the Arkansas legislature,” says Brandon Morshedi, MD, DPT, FACEP, FAEMS, NRP, FP-C, CCP-C, an emergency physician and EMS medical director for over 2,000 EMS professionals in Arkansas.

The expansion of the Compact in Arkansas is a testament to local EMS stakeholders’ strong leadership and commitment to advocating for solutions that improve patient care and operational efficiency. The Compact Commission commends Arkansas policymakers, EMS leaders, and frontline clinicians for their dedication to advancing the profession.

“With 25 states now united in the EMS Compact, we are forging a stronger, more unified profession with a shared commitment to the future of EMS,” says Donnie Woodyard, Jr., Executive Director of the EMS Compact. “More than 400,000 EMS clinicians are now connected by a common legislative framework, with state EMS offices collaborating to break down barriers, improve mobility, and ensure that clinicians can provide lifesaving care wherever and whenever needed. This powerful alignment of states working together marks a defining moment in the evolution of EMS.”

With half the nation now participating, the United States EMS Compact continues to work toward full nationwide adoption to ensure that every EMS clinician has the mobility needed to provide life-saving care wherever and whenever required.

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About the Interstate Commission for EMS Personnel Practice

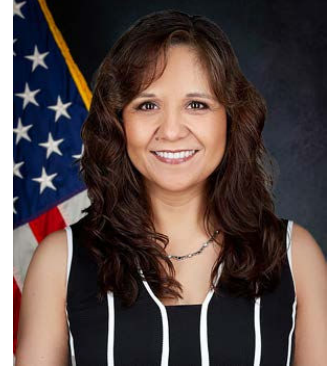
The Interstate Commission for EMS Personnel Practice, established under the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) legislation, is the governing body responsible for overseeing the operations of the EMS Compact. Comprised of appointed Commissioners from each member state, the Commission ensures compliance with the Compact’s provisions, manages its operations, and resolves interstate disputes. ICEMSPP focuses on cross-border EMS activities, maintains a national database of EMS personnel, and upholds uniform practices across member states to enhance EMS care and public safety. Currently coordinating efforts in 25 states and overseeing nearly 400,000 EMS personnel, the Commission sets standards and regulations, promotes the profession, and ensures public protection. Interstate Compacts represent the gold standard for multistate professional licensure, facilitating seamless and efficient EMS practice across state lines.

PRESS RELEASE

Maria Beermann-Foat, PhD, Appointed as Virginia's Commissioner for the Interstate Commission for EMS Personnel Practice

WASHINGTON, March 6, 2025 – The Interstate Commission for EMS Personnel Practice is pleased to announce the appointment of Maria Beermann-Foat, PhD as the new Delegate & Commissioner for the Commonwealth of Virginia, effective immediately. Dr. Beermann-Foat brings over 25 years of experience in prehospital emergency care, EMS leadership, and workforce development, making her a valuable addition to the Commission.

Dr. Beermann-Foat was recently appointed as the State EMS Director for the Commonwealth of Virginia, following her tenure as the EMS Training Coordinator for the Eugene Springfield Fire Department in Oregon. Prior to that, she served at Johnson County MED-ACT in Kansas, rising through the ranks from paramedic to Battalion Chief of Operations. Throughout her career, she has played key roles in EMS training, quality management, and community engagement.



At the national level, Dr. Beermann-Foat is deeply involved in advancing EMS through leadership, research, and workforce development. She has served as an At-Large Director on the National Association of Emergency Medical Technicians (NAEMT) Board of Directors, a columnist for EMS1.com, and a scientific reviewer for the International Journal of Paramedicine. Additionally, she is a frequent speaker at national conferences and an instructor for the National Fire Academy.

“We are honored to welcome Dr. Beermann-Foat to the EMS Compact,” said Kraig Kinney, JD, NRP, Chair of the Interstate Commission for EMS Personnel Practice. “Her extensive experience in EMS operations, training, and policy development will greatly contribute to the continued success of the Compact in supporting clinician mobility and public safety across state lines.”

The Commission also extends its appreciation to Virginia's outgoing Commissioner for their dedication and service in advancing the EMS Compact's mission. Dr. Beermann-Foat's appointment reaffirms Virginia's commitment to supporting a well-trained, responsive, and adaptable EMS workforce. The Commission looks forward to collaborating with her to enhance interstate EMS cooperation, licensure recognition, and clinician readiness.



###

About the Interstate Commission for EMS Personnel Practice

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



Commissioner Appointment Memo Template

*** TEMPLATE ***

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

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

Subject: Notification of Commissioner Appointment Memo

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

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

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

Commissioner Duties and Responsibilities

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

Key responsibilities include:

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

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

Appointment Effective Date

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

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

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



Example Privilege to Practice Scenarios

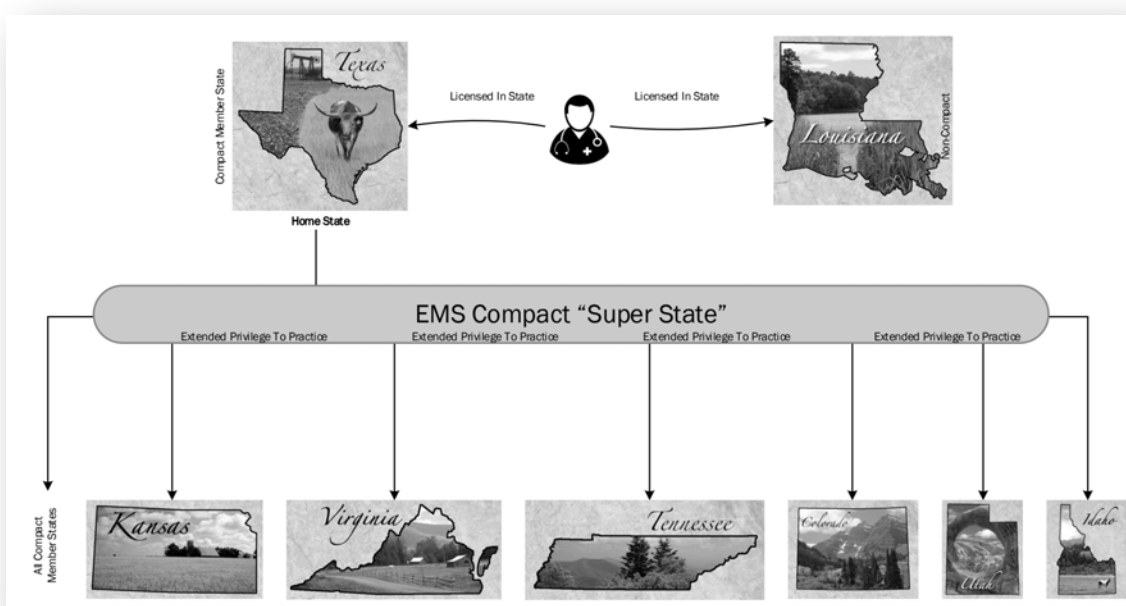
Introduction & Background

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

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

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

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



(Above image from the 2016 Scenarios)



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

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



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

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



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

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



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

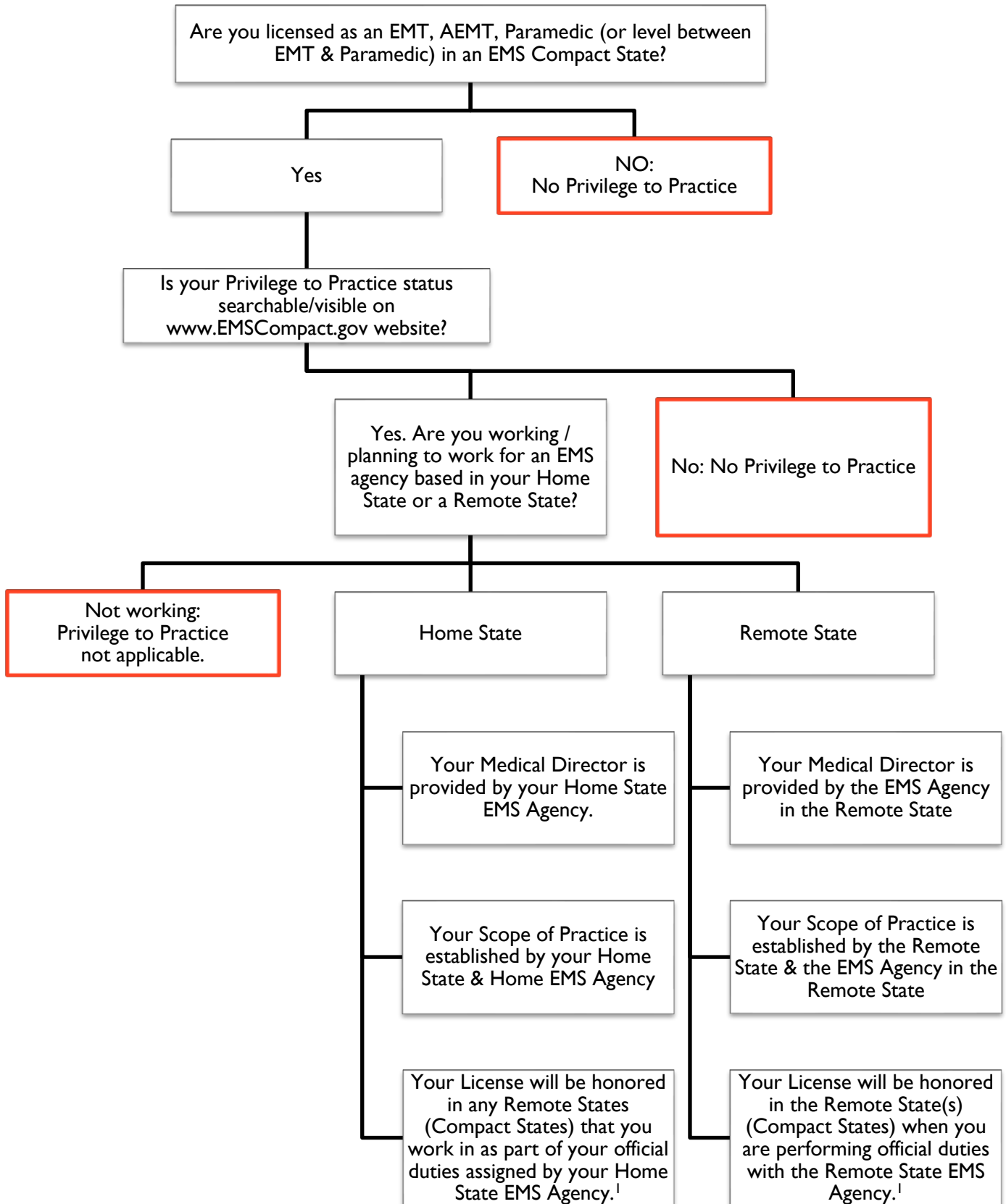
	work shifts, knowing that their Home State Paramedic License is recognized, and they have a valid Privilege to Practice.		
Scenario D			
Description	Jane is a licensed as an EMT in Georgia (a Compact Member State), but Jane is not currently employed as an EMT. Jane is <u>not</u> licensed in any other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



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

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

Privilege to Practice Flowchart



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



Executive Committee Service Dates

Chairperson

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

Vice Chairperson

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

Treasurer

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

Secretary

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

Commissioner-At-Large

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

REPLICA[®]

Recognition of EMS Personnel Licensure Interstate CompAct

Model Legislation

As Enacted In:

State	Reference	Effective Date
Alabama	AL Code § 22-18-50 (2022)	May 17, 2017
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, 2017
South Dakota	SD Codified L § 34-11C-1 (2022)	March 25, 2021
Tennessee	TN Code § 68-140-602 (2019)	April 19, 2016
Texas	TX Health & Safety Code § 778A.001 (2021)	September 1, 2015
Utah	Utah Code § 53-2e-101 (2017, rev. 2024)	March 21, 2016
Virginia	VA Code § 32.1-371 (2020)	March 1, 2016
West Virginia	WV Code § 16-60-1 (2020)	March 5, 2020
Wyoming	WY Stat § 33-36-201 (2022)	March 21, 2016



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Biometric Criminal History Checks for EMS Personnel

POSITION PAPER 2023-01 | APPROVED 6 DEC 2023

Introduction

EMS Practitioners, including Emergency Medical Technicians (EMTs), Advanced EMTs, and Paramedics, are integral to the health and safety of the American public and visitors. The practice of EMS requires frequent unscheduled interactions with patients in a variety of settings, and frequently the encounters may require individual, one-on-one care of vulnerable populations. As such, a high level of trust is placed in every EMS professional. This position paper reinforces the need for all states, territories, and jurisdictions to urgently implement uniform Federal Bureau of Investigation (FBI) compliant biometric criminal history records checks for all individuals seeking licensure as an EMS Practitioner in the United States.

The Imperative for Uniform Standards

Multiple Supreme Court decisions clearly established that states have the authority and responsibility to protect the public, and this is – in part – accomplished through the formal issuance of licenses to medical professionals, including EMS practitioners. The Supreme Court has affirmed that a state's licensing responsibility not only includes evaluating an individual's knowledge, skills, and abilities but also their character attributes. Today, meeting this standard and public expectation requires state officials to review primary source criminal history information via a biometric FBI compliant criminal history check. Reliance on self-disclosure for criminal background is both ineffective and unreliable.

In 2014, national EMS leadership organizations collaborated to write the Model Legislation for the Recognition of EMS Personnel Practice Interstate Compact (REPLICA) – the EMS Compact. This legislation requires all Compact Member States to perform an FBI compliant biometric criminal history check, as a prerequisite for state licensure. As of November 2023, 24 states have adopted this Model Legislation. While the majority of Compact Member States have already implemented this requirement, the remainder of Member States have until March 2025 to achieve compliance with this requirement. While some non-Compact states have voluntarily implemented this requirement, there is currently no uniform requirement for non-Compact states. The EMS Compact urges all states, territories, and jurisdictions to urgently implement uniform FBI-compliant biometric criminal history checks for all individuals seeking licensure as an EMS Practitioner in the United States.

Core Justifications

- Commitment to Public Health, Safety, and Welfare
 - The foremost priority of the collective profession is to protect the public. A uniform background check ensures that state/territory personnel have reliable, primary-source information available when making licensure decisions.
- Upholding Professional Standards and Ethics
 - EMS personnel are expected to adhere to a professional standard. Uniform background checks enhance the credibility and trustworthiness of the profession.
- Necessity of Public Trust
 - Emergency medical services operate on the premise of public trust. Standardized criminal history checks are vital for maintaining this trust and enabling informed decisions by state licensing officials.

- Unique Challenges of EMS Service Delivery
 - Unlike other professions, EMS personnel often serve patients in unscheduled, urgent situations where individuals are extremely vulnerable and cannot pre-research or choose their EMS providers.

Recommendations

- **Uniform Standard:** A biometric, FBI-compliant criminal history check should be universally required as a prerequisite prior to issuing new licenses (including state-issued certifications) for EMS Personnel in all states and territories.
- **Primary Source Data:** States should make licensing decisions based on primary source data that is securely transferred directly from the primary source (FBI) to the state licensing office. The primary source data evaluated by the state/territory licensing official should include, at minimum, the results of an FBI compliant criminal history records check.
- **Continual Feedback:** State and territory licensing offices should, when possible, enroll in the FBI Rap-Back service so that the licensing official is notified if the applicant engages in criminal activity where fingerprints are taken and reported to the national system. Rap-Back reduces the need to re-fingerprint EMS personnel and saves time and money.
- **State Sovereignty:** The mere presence of a criminal conviction should not serve as an automatic disqualification. States should have the ability to make informed decisions based on their laws, regulations, adopted policies and practices.

Call For Action

Representing the EMS Compact Member States, we urge every state and territory across the United States to adopt mandatory policies that require FBI-compliant biometric criminal history screenings for EMS licensure. This action is crucial for public health and safety and reflects the rigorous standards of medical professional credentialing. By uniting under this practice, we reinforce our collective commitment to earn and maintain the public's trust, an essential foundation of our profession.

We implore state legislatures to promptly update their laws, ensuring biometric, FBI-compliant checks are fundamental to EMS licensure, thus upholding the highest safety and trust standards. Join us in affirming this commitment.

Historically, the U.S. legal system, supported by Supreme Court rulings, has recognized that medical licensure must consider more than just professional knowledge—it must integrate a comprehensive assessment of factors critical to the public's well-being. In emergency medical services, where situations are unpredictable and time-sensitive, the public's unwavering trust is imperative.

As many states have already incorporated this requirement, we call upon all states and territories to unify these efforts into a national standard to guarantee consistency, trust, public protection, and professional accountability in our national EMS system.

Disclaimer: The position papers produced by the Interstate Commission for EMS Personnel Practice are designed to document the official positions of the Commission. It is important to note that these position papers are not administrative rules and do not possess any enforceable authority. Instead, they are intended to provide perspectives and insights on various matters of policy. These documents are meant to guide and inform but should not be mistaken for legally binding regulations or mandates.

Clarifications & Discussions on Restricting the Privilege to Practice

Position Paper 2024-01

Adopted by the Commission on 14 May 2024

This position paper provides a comprehensive overview and guidance for Commissioners concerning a scenario that has implications for the Privilege to Practice under the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA). It includes background information, a detailed discussion, foundational insights, and specific recommendations from the Executive Director. The central goal of this document is to foster a consistent and unified interpretation and application of key terms and provisions across all member states. Such consistency is crucial for preserving the integrity of multistate collaboration and ensuring effective regulation within the EMS framework. By harmonizing these interpretations, the memorandum equips Commissioners with the necessary insights to apply these provisions judiciously and uniformly, thereby enhancing public health and safety through the regulated practice of EMS professionals across member states. Additionally, this memo may prompt the Commission to consider whether further Administrative Rules, policy adjustments, or the development of position papers on this topic are necessary.

Scenario at Question

The Executive Committee recently reviewed a situation concerning an EMS Practitioner licensed in two Member States, Kansas and Missouri. The practitioner voluntarily requested an inactive license status in Kansas. According to guidance from the Kansas EMS Authority, EMS practitioners with such status are prohibited from identifying as or working as an EMS practitioner in Kansas. Consequently, Kansas designated the practitioner's Privilege to Practice status as "No Privilege to Practice." Meanwhile, the practitioner maintained an active, unrestricted license in Missouri, which was in good standing and had a Privilege to Practice status listed as "Yes/Active." The National EMS Coordinated Database confirmed that no discipline was reported against the Missouri license, thus the overall Privilege to Practice status was considered "Active." Despite the inactive status in Kansas, the practitioner wished to utilize the EMS Compact's Privilege to Practice, by virtue of their active Missouri license, to continue working in Kansas. Additionally, this case prompted further consideration of Section 8.B.2 of the model legislation, which addresses the restoration of an individual's Privilege to Practice under specific conditions.

This scenario highlighted four important areas for clarification:

1. Can an EMS Practitioner utilize a Privilege to Practice, granted by a second Home State, to practice in a Home State where their license status is inactive?
2. Is a voluntary change of license status to inactive in a Home State, which restricts or limits practice in that Home State, considered an Adverse Action?
3. Should this voluntary, non-disciplinary related action globally restrict a Privilege to Practice status in the same manner as disciplinary-related Adverse Actions?
4. Can an individual with a restricted license in a Home State, practice in a Remote State?

Definitions

Key definitions in the Model Legislation pertinent to this discussion include:

- **Adverse Action** (Section 2[B]): is defined as “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.”
- **Home State** (Section 2[G]): is defined as “a member state where an individual is licensed to practice emergency medical services.”
- **Remote State** (Section 2[M]): is defined as “a member state in which an individual is not licensed.”
- **Restricted** (Section 2[N]): is defined as “the outcome of an adverse action that limits a license or the Privilege to Practice.”

Model Legislation

The pertinent sections of REPLICA that provide a framework for understanding and managing the Privilege to Practice include:

- **Section 4.A** mandates Member States *shall* recognize the Privilege to Practice of individuals licensed in another Member State. However, this recognition is subject to certain conditions and limitations aimed at safeguarding public health and safety.
- **Section 4.E** clarifies that a Home State license which is “restricted or suspended” renders the individual ineligible to practice in remote states under the Privilege to Practice until the Home State license is restored.
- **Section 8.B** outlines the procedures for addressing Adverse Actions and limitations imposed by a Home State on an individual's license, providing a mechanism for the exercise of the Privilege to Practice, subject to authorization by both the Home State and Remote State authorities.

Question 1:

Can an EMS Practitioner utilize a Privilege to Practice, granted by a second Home State, to practice in a Home State where their license status is inactive?

To address this question, it is crucial to understand the definitions of a Home State and a Remote State as outlined in the Model Legislation. The EMS Compact provides a qualified EMS practitioner with a Privilege to Practice in Remote States. Remote States are defined as “Member States in which the individual is *not licensed...*”

In this scenario, although the EMS practitioner holds an inactive license from Kansas, the state is still considered a Home State, since the individual holds a license there, rather than a Remote State. The EMS Compact uniquely allows an individual to have multiple Home States, which are not defined by residency or workplace affiliations.

Consequently, the Privilege to Practice is only authorized in Remote States, provided the EMS Practitioner meets the provisions outlined by the EMS Compact. As Kansas is not a Remote State for this practitioner, the Privilege to Practice does not apply here.

Question 2:

Is a voluntary license restriction (like a status change to inactive, which restricts or limits practice) considered an Adverse Action?

Adverse Actions, as defined in the Compact and imposed by Member States, can significantly impact an EMS practitioner’s Privilege to Practice in Remote States under REPLICA. It is mandatory for any limitations that affect the Privilege to Practice status to be communicated across all Member States via the National EMS Coordinated Database, ensuring integrity in national EMS practice.

Voluntary vs. Imposed Restrictions

The scenario detailed in this memo raised concerns in which an EMS practitioner’s license is limited due to voluntary reclassification of that license by the practitioner to inactive status, which is an option expressly afforded to EMS practitioners in that state through duly-enacted regulations.¹ For instance, an EMS practitioner electing an ‘inactive’ license status in a jurisdiction that prohibits practice under this status prompts the question: Does such a voluntary, non-disciplinary action qualify as a “restricted” license under the EMS Compact, and consequently, should this impact the Privilege to Practice in Remote States?

Definition of Adverse Action

The determination of whether a license restriction qualifies as an Adverse Action under the Model Legislation is a critical issue for Member States. Adverse Actions are described as “any administrative, civil, equitable, or criminal action permitted by a state’s laws which may be imposed against licensed EMS personnel...” The phrase “*imposed against*” implies that Adverse Actions are compulsory, distinguishing them from voluntary decisions by the EMS practitioner, such as self-selecting an inactive license status when that option is afforded the practitioner under state law or regulations. While Adverse Actions include disciplinary license restrictions and may extend to negotiated license statuses following an inquiry (e.g., consent agreements), voluntary changes to license status by the practitioner are generally not considered “imposed” and, therefore, should not be categorized as Adverse Actions under the EMS Compact.

¹ Kan. Admin. Regs. §109-6-4 provide as follows: “[b]efore expiration of an active certificate, any emergency medical service provider may apply for an inactive certificate on a form provided by the board. The application shall be accompanied by the inactive certificate fee...”

Consideration of Section 4.E.

Section 4.E of the Model Legislation clearly states,

"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."

While this provision might initially suggest that any form of restriction, such as the inactive status of the Kansas license, would disqualify an individual from practicing in a remote state, it is essential to consider the specific definition of 'restricted' within the context of the EMS Compact legislation. 'Restricted' is precisely defined as "the outcome of an adverse action that limits a license or the Privilege to Practice." Since the restriction in this scenario was not the outcome of an Adverse Action, Section 4.E does not apply.

Adverse Action Consequences & Reporting Requirements

State EMS Authorities must ascertain whether an Adverse Action affects the Privilege to Practice and report this to the Commission per Section 8.B.1 of the Model Legislation. This section mandates that "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." This underscores the responsibility of Home State EMS Authorities to determine the impact of Adverse Actions and emphasizes the necessity for clear and consistent communication. All Adverse Actions and limitations on the Privilege to Practice must be documented in writing to the affected EMS Practitioner *and* reported to the Commission via the National EMS Coordinated Database.

Question 3

Should this voluntary, non-disciplinary related action globally restrict a Privilege to Practice status in the same manner as disciplinary-related Adverse Actions?

Determination of an Adverse Action

The responsibility for determining whether licensure statuses and actions by the State EMS Authority qualify as Adverse Actions, as defined in the REPLICA model legislation and enacted in state regulations, rests with the State EMS Authority itself. While the Commission may offer guidance to promote consistency across states, the ultimate discretion to make and communicate these determinations lies with the State EMS Authority. This approach is communicated to both the EMS practitioner involved and the Commission, affirming the autonomy of State EMS Authorities in these critical regulatory decisions.

While the determination of a reportable "Adverse Action" is, by necessity, the responsibility of each Member State, the definition of "Adverse Action" is a Compact term. Accordingly, it benefits the administration of the Compact for the Commission to offer guidance so that each state can apply consistent criteria regarding a practitioner's voluntary election of "inactive" license status in a state where that is permitted.

While each state's process for voluntary reclassification of license status must be reviewed individually to determine whether the result is a "restriction" as defined in the Compact and thus constituting a basis for an "Adverse Action," it is the Commission's position that laws and regulations such as the Kansas provision cited above do *not* constitute Adverse Actions for purposes of the Compact. No practitioner who voluntarily elects transfer to inactive status would reasonably anticipate or expect that they would also be voluntarily causing the state to use the Compact to report a disciplinary type "Adverse Action" to a national database that could have significant implications for that practitioner in the future, if they apply for other

professional licenses, security clearances, etc.

Note that, in the specific scenario presented to the Commission at its May 1, 2024 Executive Committee meeting, the practitioner in question possessed a Home State license in another state (Missouri), which maintains the practitioner's eligibility for a Privilege to Practice (since the voluntary transfer to inactive status in Kansas did not constitute an Adverse Action). However, if the practitioner held only one Home State license, and voluntarily elected transfer of that license to inactive status, the practitioner would be ineligible for a Privilege to Practice in *any* Remote State.

Rights of EMS Practitioners

It is important to note that EMS practitioners generally have the right to appeal the State's determination or implementation of what constitutes an Adverse Action, as allowed under applicable state law. This ensures that EMS practitioners can seek recourse in situations where they disagree with the state's decisions.

Role of the EMS Compact Commission

The Commission does not adjudicate or evaluate the correctness of decisions made by state EMS authorities regarding the imposition of license restrictions or the associated Privileges to Practice. Rather, the Commission's role is to report on, and implement the license status and privilege to practice as communicated by the state authorities.

Question 4

Can an individual with a restricted license in a Home State, practice in a Remote State?

In the specific scenario discussed earlier, involving a practitioner with licenses in Kansas and Missouri, this question does not directly apply, as the inactive status of the Kansas license was not classified as an Adverse Action. However, this issue was brought up tangentially during the Executive Committee discussion, leading to a broader examination of the related legal provisions and their implications.

Section 8.B.2 of the Model Legislation introduces a significant relief mechanism that is distinct within the framework of the EMS Compact. This provision allows for a Home State, which took an Adverse Action against the license and also restricted the associated Privilege to Practice, to authorize the practitioner to exercise an authorization to Practice in a Remote State, if the Remote State also authorizes the exercise of the privilege. The purpose of this dual-authorization process is to *potentially restore* the Privilege to Practice specifically in a Remote State, under defined circumstances.

According to Section 8.B.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." This clause sets up a controlled and regulated process where both the Home and Remote States must provide written authorization before a practitioner can practice in a Remote State, despite restrictions in their Home State.

It is crucial to understand that this provision neither compels nor requires Member States to utilize this mechanism. The core principle underlying the EMS Compact is the respect for State sovereignty in making licensure decisions. This respect is preserved, as the mechanism does not force any state to engage in this practice but rather offers it as an optional tool. Moreover, this provision does not prevent an individual from seeking licensure directly in any Remote State, nor does it stop a Remote State from requiring an individual—who does not have a Privilege to Practice due to restrictions in their Home State—to make a

formal application for licensure should they wish to practice in that state.

This unique provision may serve as a beneficial tool for State EMS Authorities under specific, non-standard circumstances. For instance, it may be applicable in cases where an individual is subject to mandatory administrative actions or other non-criminal or non-public threat situations that necessitate a Home State to restrict a license. By facilitating such a process, the provision underscores the importance of mutual actions among states, which are crucial for maintaining inter-state operational harmony among EMS personnel.

By way of example, this mechanism could be employed in a scenario where an EMS practitioner's license is temporarily restricted in their Home State due to administrative oversights or minor non-criminal infractions that do not necessarily compromise public safety. For example, a state licensing authority may be compelled by their state's law to restrict a license because a licensee is delinquent on child support or student loan obligations. These underlying actions have no bearing on the practitioner's ability to practice safely and in a manner which protects the public. In such cases, if the individual seeks to practice in a Remote State, both states can choose to authorize the individual to practice in the Remote State under specific conditions, thereby ensuring continuity of service and adherence to professional standards.

Section 8.B.2 represents a thoughtful inclusion in REPLICA, providing flexibility and respect for state decisions while upholding the overall integrity of EMS practice across state lines. This provision, while optional, exemplifies the compact's commitment to adaptability and cooperative federalism in the regulation of EMS personnel.

Conclusion

This position paper has outlined the critical aspects of the Privilege to Practice within the framework of the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA), focusing specifically on the nuances of "Adverse Actions" and licensing "Restrictions." Uniformity in interpreting and applying these concepts across all Member States is essential to maintain the integrity and foundational trust that are central to such compacts.

A unique provision of the EMS Compact is Section 8.B.2, which introduces a significant mechanism for restoring a Privilege to Practice authorization under specific conditions, thereby reinforcing respect for state sovereignty and promoting robust interstate cooperation. It is vital for each state to meticulously evaluate whether certain actions constitute Adverse Actions and to assess their impact on the Privilege to Practice. All such evaluations must be promptly and clearly communicated to the affected EMS practitioners and reported to the National EMS Coordinated Database to enhance transparency and consistency across states.

To further ensure uniformity, the Executive Director recommends the adoption of standardized language concerning the Compact and Privilege to Practice statuses in all State EMS Authority Adverse Action orders. This step is crucial for safeguarding public health and safety by effectively regulating EMS practices.

Privilege to Practice Code of Conduct

Position Paper 2024-02

Adopted By the Commission on 16 October 2024

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

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

The following Uniform EMS Code of Conduct was adopted by the Commission on 16 October 2024:

Uniform Code of Conduct

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

- Promote professionalism and provide competent emergency medical care to all people.
- Use my professional knowledge and skills to promote health, alleviate suffering, and do no harm.
- Treat all patients with respect, compassion, and dignity regardless of nationality, race, creed, color, age, gender, disability, religion, or socioeconomic status.
- Assume responsibility to uphold professional standards and education, striving to provide competent medical care to every patient that I encounter.
- Advocate for patients that lack medical decision-making capacity and ensure equal access to medical services.
- Act responsibly, ethically, and lawfully within my training, knowledge, and scope of practice to enhance the reputation of the profession.
- Work cooperatively with other healthcare professionals in the best interests of our patients, and act in a responsible and professional manner that does not discredit or dishonor other health care practitioners.

- Act with honesty by being objective, truthful, and complete. I will include all relevant information in data collection and reporting, statements, applications, and testimony, and acknowledge errors and will not distort or alter facts.
- Respect every person's right to privacy by maintaining confidentiality of my patient's condition and history to those only in the medical field with an immediate need-to-know.
- Exercise a level of care and judgment consistent with my level of licensure, certification, and training.
- Abide by all applicable state and federal laws, rules, regulations, and permits.

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

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

As an EMS Practitioner, I acknowledge and understand that:

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

Disclaimer: Position papers produced by the Interstate Commission for EMS Personnel Practice are designed to document the official positions of the Commission. It is important to note that these position papers are not administrative rules. Instead, they are intended to provide perspectives and insights on various matters of policy. These documents are meant to guide and inform but should not be mistaken for legally binding regulations or mandates.



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Position Paper 2025-01

EMS Workforce Privacy Protection

Adopted by the Commission on February 19, 2025

Introduction

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

Background

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

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

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

The Case for Protecting EMS Clinician Data

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

- Social Security number (SSN), passport number, driver's license number, taxpayer identification number.
- Personal address, personal email addresses, and personal phone number.

- Biometric records such as photographic images (especially of face or other distinguishing characteristics), fingerprints, retina scans, voice signatures, and facial geometry.
- Bulk information that, when combined with other request details, can easily identify specific EMS Clinicians. Examples may include: date of birth, place of birth, race, religion, geographical indicators, employment information, or education information.

Misuse of PII can lead to:

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

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

Recommendations

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

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

2. State/jurisdiction of licensure.
3. License level.
4. License expiration date.
5. License status (e.g., active, expired, restricted, revoked).
6. Final agency action information, if applicable, available and authorized.

4. Alignment with Federal Standards:

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

Position

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

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

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

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

EMS PERSONNEL LICENSURE INTERSTATE COMPACT

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.

- 40 D. “Certification” means: the successful verification of entry-level cognitive and
41 psychomotor competency using a reliable, validated, and legally defensible
42 examination.
- 43 E. “Commission” means: the national administrative body of which all states that have
44 enacted the compact are members.
- 45 F. “Emergency Medical Technician (EMT)” means: an individual licensed with
46 cognitive knowledge and a scope of practice that corresponds to that level in the
47 National EMS Education Standards and National EMS Scope of Practice Model.
- 48 G. “Home State” means: a member state where an individual is licensed to practice
49 emergency medical services.
- 50 H. “License” means: the authorization by a state for an individual to practice as an
51 EMT, AEMT, paramedic, or a level in between EMT and paramedic.
- 52 I. “Medical Director” means: a physician licensed in a member state who is
53 accountable for the care delivered by EMS personnel.
- 54 J. “Member State” means: a state that has enacted this compact.
- 55 K. “Privilege to Practice” means: an individual’s authority to deliver emergency
56 medical services in remote states as authorized under this compact.
- 57 L. “Paramedic” means: an individual licensed with cognitive knowledge and a scope of
58 practice that corresponds to that level in the National EMS Education Standards and
59 National EMS Scope of Practice Model.
- 60 M. “Remote State” means: a member state in which an individual is not licensed.
- 61 N. “Restricted” means: the outcome of an adverse action that limits a license or the
62 privilege to practice.

- 63 O. “Rule” means: a written statement by the interstate Commission promulgated
64 pursuant to Section 12 of this compact that is of general applicability; implements,
65 interprets, or prescribes a policy or provision of the compact; or is an organizational,
66 procedural, or practice requirement of the Commission and has the force and effect of
67 statutory law in a member state and includes the amendment, repeal, or suspension of
68 an existing rule.
- 69 P. “Scope of Practice” means: defined parameters of various duties or services that may
70 be provided by an individual with specific credentials. Whether regulated by rule,
71 statute, or court decision, it tends to represent the limits of services an individual may
72 perform.
- 73 Q. “Significant Investigatory Information” means:
- 74 1. investigative information that a state EMS authority, after a preliminary
75 inquiry that includes notification and an opportunity to respond if required
76 by state law, has reason to believe, if proved true, would result in the
77 imposition of an adverse action on a license or privilege to practice; or
- 78 2. investigative information that indicates that the individual represents an
79 immediate threat to public health and safety regardless of whether the
80 individual has been notified and had an opportunity to respond.
- 81 R. “State” means: means any state, commonwealth, district, or territory of the United
82 States.
- 83 S. “State EMS Authority” means: the board, office, or other agency with the legislative
84 mandate to license EMS personnel.

SECTION 3. HOME STATE LICENSURE

A. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.

B. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.

C. A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

1. Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;
2. Has a mechanism in place for receiving and investigating complaints about individuals;
3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;
4. No later than five years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with US CFR §731.202 and submit

documentation of such as promulgated in the rules of the Commission;

and

5. Complies with the rules of the Commission.

SECTION 4. COMPACT PRIVILEGE TO PRACTICE

A. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3.

B. To exercise the privilege to practice under the terms and provisions of this compact, an individual must:

1. Be at least 18 years of age;

2. Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state recognized and licensed level with a scope of practice and authority between EMT and paramedic; and

3. Practice under the supervision of a medical director.

C. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.

D. Except as provided in Section 4 subsection C, an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend, or revoke an individual's privilege to practice in the remote state and may take any other necessary

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

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

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

SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

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

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

**SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE
COMPACT**

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

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

A. Member states shall consider a veteran, active military service member, and member of the National Guard and Reserves separating from an active-duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.

B. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members, and members of the National Guard and Reserves separating from an active-duty tour, and their spouses.

C. All individuals functioning with a privilege to practice under this Section remain subject to the Adverse Actions provisions of Section 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.

- 171 B. If an individual's license in any home state is restricted or suspended, the individual
172 shall not be eligible to practice in a remote state under the privilege to practice until
173 the individual's home state license is restored.
- 174 1. All home state adverse action orders shall include a statement that the
175 individual's compact privileges are inactive. The order may allow the
176 individual to practice in remote states with prior written authorization
177 from both the home state and remote state's EMS authority.
- 178 2. An individual currently subject to adverse action in the home state shall
179 not practice in any remote state without prior written authorization from
180 both the home state and remote state's EMS authority.
- 181 C. A member state shall report adverse actions and any occurrences that the individual's
182 compact privileges are restricted, suspended, or revoked to the Commission in
183 accordance with the rules of the Commission.
- 184 D. A remote state may take adverse action on an individual's privilege to practice within
185 that state.
- 186 E. Any member state may take adverse action against an individual's privilege to
187 practice in that state based on the factual findings of another member state, so long as
188 each state follows its own procedures for imposing such adverse action.
- 189 F. A home state's EMS authority shall investigate and take appropriate action with
190 respect to reported conduct in a remote state as it would if such conduct had occurred
191 within the home state. In such cases, the home state's law shall control in determining
192 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 their 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 7.
5. The Commission may convene in a closed, non-public meeting if the Commission must discuss:
 - a. Non-compliance of a member state with its obligations under the Compact;
 - b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - c. Current, threatened, or reasonably anticipated litigation;

- d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;
- e. Accusing any person of a crime or formally censuring any person;
- f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- h. Disclosure of investigatory records compiled for law enforcement purposes;
- i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or
- j. Matters specifically exempted from disclosure by federal or member state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed

meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

1. Establishing the fiscal year of the Commission;
2. Providing reasonable standards and procedures:
 - a. for the establishment and meetings of other committees; and
 - b. governing any general or specific delegation of any authority or function of the Commission;
3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;
4. Establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the Commission;

5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
6. Promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees;
7. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
8. The Commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any.
9. The Commission shall maintain its financial records in accordance with the bylaws.
10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.

D. The Commission shall have the following powers:

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

2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;
5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
8. To sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;
9. To establish a budget and make expenditures;

10. To borrow money;
11. To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
12. To provide and receive information from, and to cooperate with, law enforcement agencies;
13. To adopt and use an official seal; and
14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of EMS personnel licensure and practice.

E. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be

determined by the Commission, which shall promulgate a rule binding upon all member states.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.
5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

F. Qualified Immunity, Defense, and Indemnification

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

injury, or liability caused by the intentional or willful or wanton misconduct of that person.

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

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

SECTION 11. COORDINATED DATABASE

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

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

1. Identifying information;
2. Licensure data;
3. Significant investigatory information;
4. Adverse actions against an individual's license;
5. An indicator that an individual's privilege to practice is restricted, suspended or revoked;
6. Non-confidential information related to alternative program participation;
7. Any denial of application for licensure, and the reason(s) for such denial;
and
8. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

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

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

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

SECTION 12. RULEMAKING

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

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

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

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

1. On the website of the Commission; and
2. On the website of each member state EMS authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

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

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

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

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

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

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

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

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

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

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

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing,

provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of Commission or member state funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

SECTION 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight

1. The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.
2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the Commission shall:
 - a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
 - b. Provide remedial training and specific technical assistance regarding the default.

- 550 2. If a state in default fails to cure the default, the defaulting state may be
551 terminated from the Compact upon an affirmative vote of a majority of the
552 member states, and all rights, privileges and benefits conferred by this
553 compact may be terminated on the effective date of termination. A cure of
554 the default does not relieve the offending state of obligations or liabilities
555 incurred during the period of default.
- 556 3. Termination of membership in the compact shall be imposed only after all
557 other means of securing compliance have been exhausted. Notice of intent
558 to suspend or terminate shall be given by the Commission to the governor,
559 the majority and minority leaders of the defaulting state’s legislature, and
560 each of the member states.
- 561 4. A state that has been terminated is responsible for all assessments,
562 obligations, and liabilities incurred through the effective date of
563 termination, including obligations that extend beyond the effective date of
564 termination.
- 565 5. The Commission shall not bear any costs related to a state that is found to
566 be in default or that has been terminated from the compact, unless agreed
567 upon in writing between the Commission and the defaulting state.
- 568 6. The defaulting state may appeal the action of the Commission by
569 petitioning the U.S. District Court for the District of Columbia or the
570 federal district where the Commission has its principal offices. The
571 prevailing member shall be awarded all costs of such litigation, including
572 reasonable attorney’s fees.

573 C. Dispute Resolution

- 574 1. Upon request by a member state, the Commission shall attempt to resolve
575 disputes related to the compact that arise among member states and
576 between member and non-member states.
- 577 2. The Commission shall promulgate a rule providing for both mediation and
578 binding dispute resolution for disputes as appropriate.

579 D. Enforcement

- 580 1. The Commission, in the reasonable exercise of its discretion, shall enforce
581 the provisions and rules of this compact.
- 582 2. By majority vote, the Commission may initiate legal action in the United
583 States District Court for the District of Columbia or the federal district
584 where the Commission has its principal offices against a member state in
585 default to enforce compliance with the provisions of the compact and its
586 promulgated rules and bylaws. The relief sought may include both
587 injunctive relief and damages. In the event judicial enforcement is
588 necessary, the prevailing member shall be awarded all costs of such
589 litigation, including reasonable attorney's fees.
- 590 3. The remedies herein shall not be the exclusive remedies of the
591 Commission. The Commission may pursue any other remedies available
592 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

616 member state and a non-member state that does not conflict with the provisions of
617 this compact.

618 E. This Compact may be amended by the member states. No amendment to this
619 Compact shall become effective and binding upon any member state until it is
620 enacted into the laws of all member states.

621 **SECTION 15. CONSTRUCTION AND SEVERABILITY**

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

626



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.

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- (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.



The Seal of the Interstate Commission for EMS Personnel Practice

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

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

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

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

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