

APPROPRIATE AUTHORITY

COMPACT CITATIONS

SECTION 1. PURPOSE: 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.

SECTION 4. COMPACT PRIVILEGE TO PRACTICE: 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.

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:

QUESTIONS

Is the "Appropriate Authority" the same entity throughout the different sections of REPLICA? This is up to the discretion of the Commission. It does not have to be the same throughout, but it could be if that is the desire of the Commission. Specifically:

The language in SECTION 1 seems to point to a local EMS agency as the appropriate authority. EMS duties are assigned to an EMT or Paramedic by the local EMS agency. The fact that the next part of the sentence mentions "state EMS offices" seems to add validity to the notion that (at least in this section) the appropriate authority is not necessarily the state office. We do need to further explore this (and section 5) and think about any other circumstances that might exist where an authority other than an EMS agency would assign duties to an EMT or Paramedic.

The language in SECTION 4 differs from SECTION 1 in that the appropriate authority could be the state EMS office and/or the local EMS agency. This may depend on each individual state as some states may set a specific scope of practice that local EMS agencies may not deviate from while others may set a baseline scope and allow local agencies to subtract from (or add to) the state scope.

The language in SECTION 5 falls in line with the language in SECTION 1. "duties assigned"

Can the appropriate authority for one section be the State EMS Office and the local EMS agency for another? Yes, it can (and probably should) be.

The language in REPLICA states “an appropriate authority”, not “the appropriate authority” so it seems to indicate that there could be more than one. If we agree that there can be more than one, we will need to declare what the appropriate authority is for each section where it is mentioned. As described above, the appropriate authority for sections 1 and 5 would likely be the local EMS agency, while the appropriate authority for section 4 is the state EMS office and, in some cases, the local EMS agency. My recommendation is that the appropriate authority for modifying the scope of practice be: Each member state must declare (in their own rules) any limitations on the scope of practice for providers practicing under a privilege to practice in their state. These declarations should also clarify what (of any) SOP modifications may be made by local EMS agencies.

HOME STATE

COMPACT CITATIONS

SECTION 2. DEFINITIONS G. *"Home State" means: a member state where an individual is licensed to practice emergency medical services.*

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:*

SECTION 4. COMPACT PRIVILEGE TO PRACTICE

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.*

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;*

SECTION 8. ADVERSE ACTIONS

A. A **home state** shall have exclusive power to impose adverse action against an individual's license issued by the **home state**.

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

1. All **home state** adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the **home state** and remote state's EMS authority.

2. An individual currently subject to adverse action in the **home state** shall not practice in any remote state without prior written authorization from both the **home state** and remote state's EMS authority.

F. A **home state's** EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the **home state**. In such cases, the **home state's** law shall control in determining the appropriate adverse action.

QUESTIONS

Can we further define home state? I believe we can (and should). The compact is clear (Section 2. Definitions) that a home state is "a member state where an individual is licensed to practice emergency medical services." Section 3. (Home State Licensure) goes on to further declare that "Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact." The compact does not complete the circle by declaring in which member state(s) an individual must obtain a license to practice.

It is easy to make the assumption that an individual must obtain a license in every member state where they practice, but that line of thinking is not supported by the language in the compact. The language in the compact does not declare that every state where an individual practices is a home state, nor does it indicate that an individual must obtain a license in every member state where they practice. The following language in Section 3, (Home State Licensure) contradicts the idea that an individual must obtain a license in every member state in which they practice: "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." The following language in Section 4 (Compact Privilege to Practice) provides additional clarity: "Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3." (If a state is a member, then it can be assumed that it is in conformance with Section 3. Section 3 requires NREMT exam, complaint and investigation process and background check.)

What is the home state? (Primary affiliation?) This is something that the Commission needs to decide. My recommendation would be to declare that an individual's home state is the state where she or she spends the majority of their time providing EMS. The rule language will need to anticipate the variety of

circumstances that exist such as someone who lives in one state and works in a number of other states and the individual who lives and works in a nonmember state, but practices in one or more member states.

Can an individual have more than one home state? My recommendation would be that there be an identified “home state” for every provider who wishes to practice in other member states under the privilege to practice. If a person decides to maintain licenses in more than one member state, it starts to get complicated as the language in the compact indicates that a member state where an individual maintains a license is a home state. A possible solution to this is to add a further declaration in rule for a “home state” and a “primary home state” or something to that effect. The primary home state being the anchor state.

Another situation that supports the concept of having a single “primary home state” is the scenario where an EMT or Paramedic who maintains multiple state licenses and therefore has several “home states” and is under investigation for a violation that is alleged to have occurred in a remote state. The following language is from Section 8 of the compact indicates that the home state is responsible for investigating and adjudicating the case: *“A home state’s EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state’s law shall control in determining the appropriate adverse action.”* In a case like this where there are several home states, under which home state’s laws would this individual’s conduct be investigated and adjudicated? In every home state? What if the laws vary?

Can we mandate that an individual has one home state? If so, how is it decided? do they self-declare?

As stated above, I believe we can and should require each provider who wishes to have a REPLICA privilege to practice to have a primary home state.

How, when and where does a state retain the authority to require licensure?

Section 3, (Home State Licensure) states that *“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.”* This concept is further strengthened by the following language in Section 4 (Compact Privilege to Practice): *“Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3.”*

Comparison of the definitions of privilege to practice (*an individual’s authority to deliver emergency medical services in remote states as authorized under this compact*) and license (*the authorization by a state for an individual to practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic*) seems to indicate that a license allows a person to practice inside of a state while the privilege to practice grants the same authority to practice in another state. This must work both ways. If a provider from a member state can practice in remote states, then providers from remote states can practice in that member state.