

Executive Committee Agenda

Location: Virtual Attendance Only

Date: August 7, 2024

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

[Microsoft Teams Meeting Link](#)

- I. Call to Order & Welcome - *Commissioner Kinney, Chair*
 - a. Roll Call - *Commissioner House, Secretary*
 - i. () Commissioner Kraig Kinney [IN], Chair
 - ii. () Commissioner Wayne Denny [ID], Vice Chair
 - iii. () Commissioner Joe House [KS], Secretary
 - iv. () Commissioner Brad Vande Lune [IA], Treasurer
 - v. () Commissioner Aaron Koehler [WY], Member-at-Large
 - vi. () Commissioner Joe Schmider [TX], Immediate Past Chair
- II. Public Comment
 - a. Matters Not on the Agenda - *Kinney*
- III. Old Business
 - a. Workgroup: EMS Workforce Privacy Protection
 - b. JEMS Collaboration Update
- IV. Reports
 - a. Treasurer's Report- *Vande Lune*
 - b. Review July 2024 Executive Committee Meeting Summary - *House*
 - c. Chair's Report – *Kinney*
 - d. Bylaws & Rules Committee Report – *Schmider*
 - e. Executive Director's Report – *Donnie Woodyard, Executive Director*
 - f. National EMS Coordinated Database Administrator Update – NREMT
- V. New Business
 - a. Recognize New Commissioner Appointments
 - i. Commissioner Whitney Burrows [SD]
 - ii. Commissioner Dr. Wyatt Hockmeyer [OK]
 - b. Draft Position Paper: Privilege to Practice Code of Conduct
 - c. Discuss Request Received Related to Amicus Brief related to Colorado Paramedic Case
- VI. Partner Organization Updates
- VII. Adjourn Meeting

Future Executive Committee Dates	Future Commission Meeting Dates
September 4, 2024	October 9, 2024 (Elections)
October 2, 2024	

Meeting Norms:

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

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

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

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Executive Committee: Meeting Summary

Meeting Details:

- Chairperson: Commissioner Kraig Kinney
- Date & Time: July 10, 2024, 3:00 PM ET
- Location: Virtual Meeting via Zoom Conference

Attendees:

- Commissioner Kraig Kinney [IN], Chair
- Commissioner Wayne Denny [ID], Vice Chair
- Commissioner Aaron Koehler [WY], Member-at-Large
- Commissioner Joe Schmider [TX], Immediate Past Chair
- Doug Wolfberg, JD, PWW / Counsel
- Christie Mellott, JD, PWW / Counsel
- Donnie Woodyard, Executive Director

Absentees:

- Commissioner Joe House [KS], Secretary - Excused
- Commissioner Brad Vande Lune [IA], Treasurer - Excused

Agenda & Discussions:

- I. Call to Order & Welcome
 - a. Commissioner Kinney called the meeting to order.
 - b. Roll Call, conducted by Commissioner Kinney; quorum present.
- II. Public Comment
 - a. No public comments.
- III. Old Business
 - a. Administrative Rule Change Hearing: The website has been updated with the June 2024 rules.
- IV. Reports
 - a. Treasurer's Report
 - i. Presented by Donnie Woodyard, with no objections, the report stood as submitted.
April 2024 Executive Committee Summary
 - b. June Meeting Summary
 - i. Motion to approve by Commissioner Denny, seconded by Commissioner Koehler.
Motion passed.
 - c. Chair's Report – *Kinney*
 - i. Chair Kinney reported ongoing discussions with NREMT regarding the renewal of the multiyear agreement.
 - d. Bylaws Committee Report – *Schmider*
 - i. The July meeting was postponed and will resume in August.
 - e. Executive Director's Report – *Woodyard*
 - i. Donnie Woodyard reported on ongoing state support efforts, the hiring of new personnel in Oklahoma, an overview of the 17 active Occupational Licensure Compacts,

and upcoming travel to the EMS World Expo, Naval Postgraduate School, and US Fire Administration.

- f. National EMS Coordinated Database Report- *Ray Mollers*
 - i. Reviewed the printed report, included with meeting agenda.
- V. New Business
 - a. Briefing by Dr. Ted Lee, Editor in Chief JEMS: Dr. Lee provided an overview of a partnership opportunity with JEMS to increase awareness through articles, webinars, podcasts, and continuing education. Chair Kinney and Executive Director Woodyard will work with JEMS to develop next steps.
 - b. Provider Bridge Presentation: Anne Lawler provided an overview of the Provider Bridge platform for free medical provider credential digital validation, funded by HRSA under the Licensure Portability Program. Commissioner Kinney & Executive Director Woodyard will research next steps.
 - c. Draft Position Paper Review - Privilege to Practice Code of Conduct: Commissioner Michael Johnson (GA) presented the Privilege to Practice Code of Conduct. Discussion on expanding and clarifying the code, especially on treating all patients with respect, compassion, and dignity regardless of nationality, race, creed, color, age, gender, disability, religion, or socioeconomic status. Action tabled. Commissioner Johnson will convene another workgroup session to review the draft for presentation at the October meeting of the full Commission.
- VI. Partner Organization Updates
 - a. *No updates provided.*
- VII. Adjourn Meeting
 - a. *Adjourned public meeting.*

Summary of Motions:

Motion #	Motion Summary	1 st	2 nd	Vote
1	Accept June 2024 Executive Committee Meeting Summary	Denny	Koehler	Pass

The official record of this meeting is an audio recording available on www.EMSCompact.gov

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Executive Director Report - August 2024

I am pleased to report that I will be attending, in person, the National EMS Advisory Council (NEMSAC) meeting in Washington, DC, where I will provide an in-person update. Unfortunately, this coincides with the Executive Committee meeting of the EMS Compact. I would like to ask the Executive Committee to consider revising our meeting schedule for 2025. Holding our meetings on the first Wednesday of each month presents ongoing conflicts, at least quarterly, with both NEMSAC and the Federal Interagency Committee on EMS (FICEMS). Adjusting our schedule will help avoid these conflicts and ensure full participation.

Please accept this written report, in lieu of my regular update.

Welcoming and Onboarding New Commissioners:

1. South Dakota:

- **Whitney Burrows** was appointed as the new Commissioner on July 11. We extend our gratitude to **Commissioner Marty Link** for his dedicated service. The transition is due to restructuring in South Dakota, where all EMS clinicians will now be licensed by the South Dakota Board of Medical & Osteopathic Examiners.
- Worked diligently to ensure a smooth transition and onboard Commissioner Burrows. This change will also impact data integration for South Dakota. The South Dakota Board of Medical & Osteopathic Examiners has assured us they will maintain a current connection for EMTs licensed until a future technology transition plan is implemented. However, paramedics and AEMTs licensed in South Dakota are not yet showing in the National EMS Coordinated Database. Please refer to the press release included in this meeting book for more details.

2. Oklahoma:

- **Dr. Wyatt Hockmeyer** has been onboarded as Oklahoma's new Commissioner. We appreciate the service of Commissioner Joy Fugett, which ensured a smooth transition.
- Oklahoma is in the process of integrating with the National EMS Coordinated Database and is currently in an RFP process to implement a new EMS licensure data system that will comply with the EMS Compact requirements. See the press release in this book for further information.

Promotions and Recognitions:

- **Commissioner Michael Bateman (CO)** has been promoted to Chief of the Emergency Medical & Trauma Services Branch (and State EMS Director) for the Colorado Department of Public Health & Environment. Commissioner Bateman will continue to serve as the Commissioner for Colorado in his new role. Congratulations on this well-deserved promotion!

Technical Assistance and Training:

- Provided technical assistance to Utah, at the request of Commissioner Mark Herrera, to assist with onboarding new office personnel and training on the National EMS Coordinated Database.

New Website Resource:

- Launched a new page on the Compact's website dedicated to the NPDB and Provider Discipline. This resource page provides an overview of the NPDB for EMS clinicians and serves as a resource for Commissioners and state EMS officials. This initiative aims to increase education and awareness about the NPDB's role in EMS. (PDF of this page is included in this meeting book.)

Podcast Participation:

- Recorded a podcast to raise awareness and educate about the EMS Compact. Published and produced by JEMS, the EMS P.O.D. is nationally distributed and hosted by Chief Douglas Randall. Commissioner Kinney and I joined Chief Randall. The podcast was released nationally on August 1, 2024. You can listen to it [here](#).
- Reviewed and approved the final edit of a video podcast that was recorded in June for 'The Registry Insider'. Hosted by Bill Seifarth, NREMT's Executive Director, we recorded a video-podcast on the EMS Compact.

Committee Support:

- Supported the Bylaws & Rules Committee in developing conceptual rules. Significant progress is being made, although the work will continue for several months. The conceptual rules discussed during the Committee Meeting are included in this meeting book.

Stakeholder Engagement:

- **Bill Seifarth, Executive Director NREMT:**
 - Discussed the renewal of the funding contract for the Commission, which expires in December. The NREMT continues to show strong support. In 2025, additional focus will be placed on developing and upgrading the National EMS Coordinated Database.
- **Deb Lally, New Executive Director of NAEMT:**
 - Welcomed Deb Lally to her new role and discussed the important history and role of NAEMT in supporting the EMS Compact. Looking forward to a continued positive relationship with NAEMT.

- **Richard Patrick, National Fire Academy:**
 - Continued discussions on how the EMS Compact supports the nation's EMS system, particularly in preparedness, readiness, and response. I will attend the National Fire Academy summit in October.
- **Interstate Healthcare Collaborative:**
 - Participated in meetings with the Interstate Healthcare Collaborative, an organization committed to finding effective ways for healthcare organizations to work across state lines through licensure and services.
- **Council of State Governments:**
 - Attended the monthly coordination meeting on occupational licensure compacts, monitoring legislative efforts and sharing experiences from different states and compacts.

Regulatory Monitoring:

- Monitoring the Federal Register Notice: Program Integrity and Institutional Quality; Distance Education, Return of Title IV, HEA Funds, and Related Issues. Comments are due by August 23, 2024.
 - Summary: The Department of Education proposes a rule change affecting asynchronous, clock-hour-based education, common in our field. The proposed rule would remove federal funding for asynchronous clock-hour education programs, which may impact paramedic education. Commissioners are urged to review of the proposed rule in detail to determine if any feedback or public comment is warranted.
 - Reference: [Federal Register Reference](#).
 - Additional Reading: [New Biden Rule Will Make It Harder to Train Cops, Firefighters](#).
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Please refer to the attached documents for more detailed information and the press releases mentioned. Thank you for your attention and dedication to advancing the mission of the Interstate Commission for EMS Personnel Practice.

Sincerely,

Donnie Woodyard, Jr.
Executive Director



INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

Position Paper 2024-____ Privilege to Practice Code of Conduct

Introduction

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

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

Uniform Code of Conduct

As a professional EMS Clinician, 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.
- Interact with colleagues and the public 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.

DRAFT POSITION PAPER - DRAFT POSITION PAPER

Privilege to Practice Code of Conduct

- 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 clinicians.
- 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 Clinician 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 Clinician 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 Clinician, 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 Clinician.
- 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 Clinician Data Bank, the Interstate Commission for EMS Personnel Practice, and the National Registry of Emergency Medical Technicians.

Position papers published by the Interstate Commission for EMS Personnel Practice, once finalized, are official documents that outlines the Commission's state, policies, or recommendations on a specific issue. Position papers are crafted through extensive research, collaboration and consultation, reflecting a thorough analysis of the topic discussed. Publish positions serve as formal declaration of the Commission's perspective, guidance for decision-making, legislative action, and public communication to inform stakeholders and policy development.

DRAFT POSITION PAPER - DRAFT POSITION PAPER



August 2024 NEMSCD Administrator Report

24 MEMBER STATES **270,280** COMPACT PROVIDERS IN DATABASE **325,000** TOTAL ESTIMATED COMPACT PROVIDERS

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

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

State EMS Discipline Posting

State EMS Office	Most Recent Discipline Created Date	Cases Created Last Four Months	Most Recent Discipline Update Date	Cases Updated Last Four Months
TEXAS	07/26/2024	10	05/20/2024	10
IDAHO	07/22/2024	1	12/14/2023	1
IOWA	07/19/2024	1		1
LOUISIANA	06/28/2024	28	06/28/2024	28
WYOMING	06/20/2024	1		1
KANSAS	06/07/2024	2	03/01/2024	2
UTAH	06/06/2024	34	06/06/2024	34
COLORADO	05/29/2024	8	10/09/2023	8
MISSISSIPPI	04/17/2024	3		3
GEORGIA	12/13/2023	0	10/13/2021	0
SOUTH CAROLINA	10/12/2022	0		0
MISSOURI	01/14/2022	0		0
ALABAMA		0		0

States Onboarding	Last Meeting/Coordination
Tennessee	8/1/2024 TN Vendor to retry sending data to QA
North Dakota	6/26/2024 ND Vendor setting up to send initial data to QA
Delaware BLS	8/5/2024 Retrieving EMS ID in PROD.
Nebraska	5/16/2024 Sean sent NE IT Tm Production Credentials
Delaware ALS	5/14/2024 Pending EMS ID Primary Project
Pennsylvania	4/26/2024 Acadis - Our product team has finished their review and scoped out the effort it would take to connect Acadis to the EMS Coordinated Database. We are having one final internal meeting today and then we'll be setting up a call with Director Martin in Pennsylvania and his team to discuss next steps and possible timelines for getting them using Acadis and having the API setup.
Indiana	4/25/2024 Acadis - met last week with Director Kinney in Indianapolis, as we are kicking off a new contract with our partners at IDHS. I informed Mr. Kinney about our discussions with Pennsylvania, and he was excited to hear about our plans and he had recently talked with Director Martin a few weeks ago about how IDHS uses Acadis to manage certifications / licenses.
South Dakota	
Oklahoma	Nothing to update. Nothing to update.

PRESS RELEASE

The EMS P.O.D.: Getting Questions Answered about the EMS Compact

WASHINGTON, 2 AUG 2024 - In a recent episode of the popular podcast "EMS P.O.D.," hosted by Chief Douglas Randell and produced by the Journal of Emergency Medical Services, Commissioner Kraig Kinney, Chair of the Commission from Indiana, and Donnie Woodyard, Jr., Executive Director of ICEMSPP, joined Chief Randell to discuss critical topics related to the EMS Compact.

The EMS Compact, a pivotal initiative aimed at unifying EMS personnel licensure and enhancing the mobility of EMS personnel across state lines, was the central theme of the episode. With the growing need for a flexible workforce, the EMS Compact has become a vital tool for states to ensure rapid response and efficient patient care.

Key Highlights from the Discussion

1. Understanding the EMS Compact: Commissioner Kraig Kinney provided an overview of the EMS Compact, explaining its purpose, benefits, and the process of implementation. He emphasized how the Compact facilitates the interstate practice of EMS personnel, allowing them to provide services across state lines without the need for multiple licenses. This is particularly crucial in times of large-scale emergencies and natural disasters.

2. Enhancing Workforce Mobility: Donnie Woodyard, Jr., shed light on the operational aspects of the Compact, highlighting how it addresses the challenges faced by EMS personnel in different states. He discussed the importance of having a standardized framework that supports the seamless movement of EMS professionals, thus ensuring that qualified personnel are available wherever they are needed most.

Woodyard also noted that there are currently 17 occupational licensing compacts, which have become the gold standard for professional licensing and interstate mobility. He emphasized that it is crucial for EMS to continue embracing the Compact to ensure that EMS professionals in every state have the same professional recognition and mobility as their colleagues in other health professions.

3. The Role of Technology: The guests also touched upon the role of technology in supporting the EMS Compact. With advancements in digital tools and platforms, the process of verifying credentials and facilitating cross-state practice has become more efficient. Woodyard noted that leveraging technology is key to maintaining the integrity and effectiveness of the Compact.

4. Real-World Impact: Chief Douglas Randell engaged the guests in a discussion about real-world scenarios where the EMS Compact has made a significant difference. Kinney and Woodyard shared success stories from various states, illustrating how the Compact has enabled timely and coordinated responses to emergencies, ultimately saving lives and improving patient outcomes.

5. Future Prospects: Looking ahead, Kinney and Woodyard expressed optimism about the future of the EMS Compact. They discussed ongoing efforts to expand the number of participating states and to further streamline the processes involved. The goal is to create a robust, nationwide system that supports the mobility and effectiveness of EMS personnel across the country.



The episode of "EMS P.O.D." featuring Commissioner Kraig Kinney and Executive Director Donnie Woodyard, Jr., provided valuable insights into the EMS Compact and its impact on emergency medical services. As the EMS landscape continues to evolve, initiatives like the Compact are essential in ensuring that EMS professionals can deliver high-quality care, regardless of geographical boundaries. For those interested in learning more about the EMS Compact and the work of the Interstate Commission for EMS Personnel Practice, the full podcast episode is available for streaming on the JEMS website (<https://www.jems.com/podcasts/the-ems-pod-getting-questioned-answered-about-the-ems-compact/>) or on your favorite podcast player.

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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 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.

PRESS RELEASE

Dr. Wyatt Hockmeyer Appointed as Oklahoma’s Commissioner for the Interstate Commission for EMS Personnel Practice

WASHINGTON, July 25, 2024 - The Interstate Commission for EMS Personnel Practice is pleased to announce the appointment of Dr. Wyatt Hockmeyer as the new Commissioner for the State of Oklahoma effective immediately. Commissioner Hockmeyer brings over 15 years of leadership experience across multiple industries to the role, including serving as the president & CEO of a hospital during the pandemic.

Dr. Hockmeyer assumed the role of EMS & Trauma Manager with the Oklahoma State Department of Health in June of 2024. His diverse and extensive educational background includes a Doctorate of Management in Organizational Leadership, a Master of Science in Clinical Service Operations, a Master of Education in Adult Education, a Master of Science in Accountancy, and a Bachelor of Arts in Philosophy. Additionally, he holds post-graduate certificates in Strategic Management and Safety, Quality, Informatics, and Leadership. His professional certifications include Lean Six Sigma Black Belt, Project Management Professional (PMP), Agile Certified Practitioner (PMI-ACP), Certified Change Management Professional (CCMP), and Fellow of the American College of Healthcare Executives (FACHE).

“Dr. Hockmeyer’s extensive experience in healthcare leadership and dedication to improving emergency medical services make him an excellent addition to the Commission,” said Donnie Woodyard, Jr., Executive Director of the EMS Compact. “We are confident that his leadership will significantly contribute to the advancement of the EMS Compact and EMS operations in Oklahoma.”

Commissioner Hockmeyer’s appointment underscores Oklahoma’s commitment to excellence in emergency medical services. The Commission looks forward to collaborating closely with Commissioner Hockmeyer to further enhance the quality and effectiveness of EMS operations in Oklahoma.



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PRESS RELEASE

Whitney Burrows Appointed as South Dakota's New Commissioner for the Interstate Commission for EMS Personnel Practice

WASHINGTON, July 15, 2024 - The Interstate Commission for EMS Personnel Practice is pleased to announce the appointment of Whitney Burrows as the new Commissioner for South Dakota, effective July 11, 2024. Commissioner Burrows brings extensive experience and dedication to the role, serving currently as a Management Analyst with the South Dakota Board of Medical & Osteopathic Examiners.

This appointment follows the enactment of Senate Bill 64, signed by the Governor on March 18, 2024, and effective from July 1, 2024. The bill transferred the licensure of Emergency Medical Technicians (EMTs) from the South Dakota Department of Health to the South Dakota Board of Medical & Osteopathic Examiners, which has previously overseen the licensure of Paramedics in the state.

The Commission would like to extend its gratitude to Commissioner Marty Link, EMS Director at the South Dakota Department of Health, for his dedicated service from March 28, 2022, to July 11, 2024. Commissioner Link's contributions have been invaluable, and his commitment to the EMS community is deeply appreciated.

Commissioner Burrows' appointment underscores South Dakota's commitment to excellence in emergency medical services and represents a unified licensure process for all EMS personnel in the state. The Commission looks forward to collaborating closely with Commissioner Burrows to further enhance the quality and effectiveness of EMS operations.



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CONCEPTUAL ADMINISTRATIVE RULES

Disclaimer: These conceptual administrative rules are presented for the purpose of discussion and deliberation by the Bylaws & Rules Committee. They are **not final and have not been formally adopted or approved**. The content within these rules is subject to change based on feedback, further review, and the Committee's ongoing evaluation process. These concepts are intended to stimulate dialogue and gather input to refine and develop effective administrative guidelines.

SECTION 1. Purpose and Authority

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

SECTION 2. Definitions

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

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

Administrative Rules - Interstate Commission for EMS Personnel Practice

41 STORES, ANALYZES, REPORTS, AND SHARES INFORMATION ON EMS PERSONNEL LICENSURE,
42 CERTIFICATION, PRIVILEGE TO PRACTICE, INVESTIGATIONS, ENFORCEMENT, AND DISCIPLINARY
43 INFORMATION.

- 44 2.7 “Coordinated Database Administrator” means: the contractor, person or employee named
45 by the Commission to provide oversight and management of the coordinated database.
- 46 2.8 “EMS Agency” means: an organization that is authorized by a state EMS authority to operate
47 an ambulance service, or non-transport service.
- 48 2.9 “EMS CLINICIAN” MEANS: AN INDIVIDUAL LICENSED BY A JURISDICTION IN THE UNITED
49 STATES AS AN EMERGENCY MEDICAL TECHNICIAN (EMT), ADVANCED-EMT (AEMT),
50 PARAMEDIC, OR A LEVEL IN BETWEEN EMT AND PARAMEDIC.
- 51 2.10 “License” means: the authorization by a state for an individual to practice as an EMT,
52 AEMT, Paramedic, or a level in between EMT and Paramedic.
- 53 2.11 “Member State” means: a state that has enacted the Compact.
- 54 2.12 “National EMS ID number” means: a randomly generated, unique 12-digit identification
55 number issued by the National Registry of EMTs.
- 56 2.13 “Notify the Commission” means: communication whether written, verbal or through
57 submission of information through the coordinated database. For the purposes of these rules,
58 submission of information to the coordinated database shall be deemed to have satisfied any
59 requirements under the Compact to a home state or member state. Nothing in the Commission
60 rules shall be construed as prohibiting the sharing of information directly between member
61 states, assuming all other requirements for submission to the coordinated database are
62 satisfied.
- 63 2.14 “Non-Member State” means: a state, territory or jurisdiction of the United States that has not
64 enacted the Compact.
- 65 2.15 “Privilege to Practice” means: an individual’s authority to deliver emergency medical
66 services in remote states as authorized under this compact.
- 67 2.16 “Rule” means: a written statement by the Commission promulgated pursuant to Section 12 of
68 the Compact that is of general applicability; implements, interprets, or prescribes a policy or
69 provision of the Compact; or is an organizational, procedural, or practice requirement of the
70 Commission and has the force and effect of statutory law in a member state and includes the
71 amendment, repeal, or suspension of an existing rule.
- 72 2.17 “State” means: any state, commonwealth, district, or territory of the United States.
- 73 2.18 “State EMS Authority” means: the board, office, or other agency with the legislative
74 mandate to license EMS personnel.
- 75 2.19 “Subject” means: an individual who is under investigation by a state EMS authority for
76 alleged misconduct.

77 SECTION 3. Not Used

79 SECTION 4. Privilege to Practice

80 4.0 Recognition of privilege to practice. A remote state shall recognize the privilege to practice
81 of an EMS CLINICIAN individual who is licensed in another member state, provided that:

- 82 A) the home state complies with section 3 of the Compact AND SECTION 11 OF THESE
83 RULES; and
- 84 B) the EMS CLINICIAN individual is performing EMS duties that are assigned by an EMS
85 agency that is authorized in the remote state (for purposes of this section, such duties
86 shall include the individual's travel to, from and between the location(s) in the remote
87 state at which the individual's assigned EMS duties are to be performed); and
- 88 ~~C) the results of the individual's criminal history background check are documented by
89 all home states where the individual is licensed as qualified; and~~
- 90 D) the EMS CLINICIAN individual has an unrestricted license issued by the home state
91 wherein the EMS agency for which the individual is practicing in the remote state; and
- 92 E) the EMS CLINICIAN'S individual privilege to practice has not been restricted or
93 revoked by any member state (except as provided in section 4.2 of these rules); AND
- 94 F) THE EMS CLINICIAN individual HOME STATE LICENSE RECORDS ARE VISIBLE IN THE
95 COORDINATED DATABASE WHEN QUERIED BY THE EMS ID NUMBER; AND
- 96 (G) THE EMS CLINICIAN'S PRIVILEGE TO PRACTICE STATUS IN THE COORDINATED
97 DATABASE IS SET TO 'YES' OR 'ACTIVE'.

98 4.1 Notification of privilege to practice status

- 99 A) Home states shall notify the Commission of the privilege to practice status for each
100 EMS CLINICIAN individual licensed by the home state to the Commission as described
101 in section 11.3 of these rules as unrestricted, restricted, suspended, revoked or denied.
- 102 B) When a home state restricts, suspends, or revokes an individual's license, the home
103 state shall notify the Commission of the individual's eligibility to request restoration
104 of the privilege to practice on the adverse action order as:
- 105 (i) Eligible for privilege to practice restoration. The home state EMS authority
106 where the action was taken authorizes the individual to request reinstatement
107 of the privilege to practice in remote states, or
- 108 (ii) Ineligible for privilege to practice restoration. The home state EMS authority
109 where the action was taken does not authorize the individual to request
110 reinstatement of the privilege to practice in remote states.

111 4.2 Restoration of privilege to practice. The restoration of the privilege to practice shall only
112 occur when:

- 113 (A) the home state license is restored or unrestricted; or
- 114 (B) the privilege to practice restoration is authorized as stated in section 4.1(B)(i) of these
115 rules and

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- 116 (i) the remote state restores the privilege to practice or removes the restriction of
117 the privilege to practice; and
- 118 (ii) the **EMS CLINICIAN individual** whose license or privilege to practice in any
119 member state is restricted, suspended, or revoked has submitted a request to
120 each remote state wherein the individual wishes to have a privilege to practice.
- 121 **4.3 EMS CLINICIANS individual licensed in non-reporting home states. EMS CLINICIANS**
122 **individual** licensed in a home state that does not collect and submit all elements of the
123 uniform data set are not eligible to practice in a remote state under the privilege to practice
124 until the home state has submitted all elements of the uniform data set in the manner
125 prescribed by the Commission.
- 126 **4.4 Scope of practice.** An **EMS CLINICIAN individual** providing patient care in a remote state
127 under the privilege to practice shall function within the scope of practice authorized by his or
128 her home state unless or until modified by the appropriate authority in the remote state. **THE**
129 **REMOTE STATE APPROPRIATE AUTHORITY INCLUDES, BUT IS NOT LIMITED TO, THE STATE EMS**
130 **LICENSING AUTHORITY, THE PHYSICIAN EMS MEDICAL DIRECTOR, OR THE EMS AGENCY.**
- 131 (A) Each member state EMS authority that chooses to modify the scope of practice of
132 individuals who are functioning in the state under a privilege to practice must report
133 the specific modifications to the Commission for publication as described in these
134 rules.
- 135 (B) If the statutes and rules in the remote state allows further modification of the scope of
136 practice, an EMS agency may further modify an individual's scope of practice.
- 137 (C) If the EMS authority of the member state in which patient care is provided specifies a
138 scope of practice that the EMS agency must follow, the individual will follow the
139 scope of practice for the EMS agency for which the individual is providing patient
140 care.
- 141 (D) **IF THE HOME STATE AND REMOTE STATE HAVE A PROCESS TO MODIFY THE SCOPE OF**
142 **PRACTICE BASED ON LICENSE ENDORSEMENTS AND/OR SPECIALTY CERTIFICATIONS,**
143 **INCLUDING CERTIFICATIONS ISSUED BY THE INTERNATIONAL BOARD OF SPECIALTY**
144 **CERTIFICATIONS (IBSC), THE REMOTE STATE MAY RECOGNIZE THE SCOPE OF PRACTICE**
145 **ASSOCIATED WITH THE LICENSE ENDORSEMENT.**
- 146 **4.5 Notification.** A member state shall notify the Commission of any scope of practice
147 modifications or limitations for **EMS CLINICIANS individual** (from another member state)
148 providing patient care in the state under the privilege to practice.
- 149 **4.6 Publication of scope of practice.** The Commission shall publish the scope of practice
150 limitations and modifications for all member states in the Commission's standards manual
151 that is incorporated in these rules.
- 152 (A) Updates to the standards manual will be published each year on July 1.
- 153 (B) The standards manual will be made available on the Commission website.
- 154 **4.7 EMS CLINICIAN individual responsibility.** An **EMS CLINICIAN individual** providing patient
155 care in a remote state under the privilege to practice is responsible for adhering to the scope of

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156 practice modifications or limitations for that remote state as described in the most current
157 version of the Commission's standards manual.

158 SECTION 5. Not Used

159 SECTION 6. Not Used

160 SECTION 7. Not Used

161 SECTION 8. Adverse Actions

162 8.0 Investigation.

- 163 (A) Member states ~~SHALL~~ ~~may~~ collaborate in investigating alleged individual misconduct.
- 164 (B) In those cases where the subject is licensed by one or more member states and
165 therefore has more than one home state, the responsibility for the investigation shall
166 fall to the home state that licenses, certifies, commissions, or otherwise authorizes the
167 agency or appropriate authority for which the subject was providing patient care when
168 the alleged misconduct occurred.
- 169 (C) Upon discovery that an ~~EMS CLINICIAN individual~~ is under investigation in another
170 member state, the member state may contact the investigating member state and
171 request investigative documents and information.
- 172 (D) This section shall not be construed as limiting any member state's authority to
173 investigate any conduct within that state, or to investigate any licensee.

174 8.1 Reporting of adverse actions.

- 175 (A) A remote state that imposes adverse action against an ~~EMS CLINICIAN'S individual~~
176 privilege to practice, shall notify the Commission as soon as possible, but no later than
177 two (2) business days after the imposition of the adverse action.
- 178 (B) A home state that imposes adverse action against an ~~EMS CLINICIAN'S individual~~
179 license shall notify the Commission as soon as possible, but no later than two (2)
180 business days after the imposition of the adverse action and notify the individual in
181 writing that the individual's remote state privilege to practice is revoked.
- 182 (C) Member states are not required to report any other information regarding adverse
183 actions to the Commission other than what is available in the public record of the
184 reporting member state though nothing herein shall prohibit a member state from
185 sharing with another member state, or a non-member state, such additional
186 information as the member state concludes is appropriate.

187 SECTION 9. Not Used

189 **SECTION 10. The Commission.**

190 **10.0 (Reserved)**

191 **10.1 New Member State.** The Commission shall notify all Member States within fifteen (15)
192 calendar days when a new Member State enacts the Compact.

193 **10.2 Process for Review of New State Laws or Amendments to Compacts:**

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

198 (1) To the extent possible and practicable, this determination shall be made by the
199 Executive Committee after the date of enactment but before the effective date
200 of such law. If the timeframe between enactment and effective date is
201 insufficient to allow for this determination to be made by the Executive
202 Committee prior to the law's effective date, the Executive Committee shall
203 make the determination required by this paragraph as soon as practicable after
204 the law's effective date. The fact that such a review may occur subsequent to
205 the law's effective date shall not impair or prevent the application of the
206 process set forth in this Section 10.2.

207 (2) If the Executive Committee determines that the enacted law contains no
208 provision which materially conflicts with the Compact Model Legislation, the
209 state shall be admitted as a party to the Compact and to membership in the
210 Commission pursuant to Section 10 of the Compact Model Legislation upon
211 the effective date of the state's law and thereafter be subject to all rights,
212 privileges, benefits and obligations of the Compact, these Rules and the
213 bylaws.

214 (3) In the event the enacted law contains one or more provisions which the
215 Executive Committee determines materially conflicts with the Compact Model
216 Legislation, the state shall be ineligible for membership in the Commission or
217 to become a party to the Compact, and the state shall be notified in writing
218 within fifteen (15) business days of the Executive Committee's decision.

219 (4) A state deemed ineligible for Compact membership and Commission
220 participation pursuant to this Section 10.2 shall not be entitled to any of the
221 rights, privileges or benefits of a Compact State as set forth in the Compact,
222 these Rules and/or the bylaws. Without limiting the foregoing, a state deemed
223 ineligible for membership and participation shall not be entitled to appoint a
224 Commissioner, to receive non-public data from the Coordinated Database
225 and/or to avail itself of the default and technical assistance provisions of the
226 Compact. EMS Practitioners licensed in a state deemed ineligible for
227 membership and participation hereunder shall be ineligible for the Privilege to
228 Practice set forth in the Compact and these Rules.

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- 229 (B) A state determined to be ineligible for Commission membership and Compact
230 participation pursuant to this Section 10.2 may, within thirty (30) calendar days of the
231 date of the decision, appeal in writing the Executive Committee’s decision to the
232 Commission. An appeal received by the Commission shall be deemed filed on the date
233 it is sent to the Commission. If there is an appeal to the Commission, the Commission
234 shall review de novo whether the state’s enacted law materially conflicts with the
235 Compact Model Legislation. The provisions of 10.2(A)(4) of these Rules shall apply
236 during the pendency of any such appeal. The decision of the Commission may be
237 appealed within thirty (30) calendar days of the date of its decision to a court of
238 competent jurisdiction subject to the venue provisions of Section 10(A)(2) of the
239 Compact. The appealing state shall bear all costs of the appeal and the Commission
240 shall not bear any costs relating to the appeal.
- 241 (C) Subsequent to the determination that a state’s enacted law contains provision(s) which
242 materially conflict(s) with the Compact Model Legislation, the state may enact new
243 legislation to remove the conflict(s). The new legislation shall be reviewed as set forth
244 in this Section 10.2(A) and (B) above.
- 245 (D) In the event a Compact State, subsequent to its enactment of the Compact, enacts
246 amendment(s) to its Compact law, or enacts another law or laws which may in any
247 way alter or impact any provision or application of the state’s enacted Compact law,
248 the Compact State shall so inform the Commission within fifteen (15) business days of
249 the enactment of such amendment(s) or law(s). After being so informed by the
250 Compact State, or learning of such amendment(s) or law(s) from any other source, the
251 Commission shall review the amendment(s) or law(s) to determine if such
252 amendment(s) or law(s) materially conflict with the state’s enacted Compact law. In
253 the event the Commission determines such amendment(s) or law(s) materially
254 conflict(s) with the Compact, the Commission shall determine if the amendment(s) or
255 law(s) constitute a condition of default pursuant to Section 13(B) of the Compact and,
256 if so, proceed according to the process established in Section 13 and Commission
257 Rules.
- 258 (E) For the purpose of determining whether a state’s law intended as enactment of the
259 Compact, or any provision of any enacted law or amendment, materially conflicts with
260 the Compact Model Legislation or the state’s enacted Compact, the Executive
261 Committee and the Commission shall consider the following, among other factors:
- 262 (1) Whether the provision constitutes a material alteration of the rights and
263 obligations of the enacting state or of member states.
- 264 (2) Whether the provision enlarges the liability or compromises the immunity of
265 the Commission or any authorized agent of the Commission.
- 266 (3) Whether the provision modifies venue in proceedings involving the
267 Commission.
- 268 (4) Whether the provision restricts the privileges or authorizations to practice as
269 set forth in the Compact Model Legislation.

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- 270 (5) Whether the provision would allow the state to negate or delay the
271 applicability of a duly promulgated Commission rule in the state.
- 272 (6) Whether the provision would result in the reduction or elimination of fees,
273 levies or assessments payable by the state.
- 274 (7) Whether the provision fundamentally alters the nature of the agreement entered
275 into by member states that have adopted the Compact.
- 276 (8) Whether there is a remedial mechanism, satisfactory to the Executive
277 Committee and/or Commission, whereby the effect of such law or amendment
278 can be mitigated to minimize or eliminate the practical effect of any material
279 conflict.
- 280 (9) Whether the provision strikes or amends Compact Model Legislation language
281 based upon a provision of the Compact Model Legislation being contrary to
282 the Constitution of that state, and the Executive Committee and/or
283 Commission determines that the remainder of the Compact can be
284 implemented effectively, and without compromising the rights of the
285 Commission and the member states, without such provision, to the extent the
286 Executive Committee and/or Commission concur that such provision is
287 unconstitutional in the state.

288 **10.3 New Member State Implementation.** New states admitted as a party to the Compact and to
289 membership shall within three (3) calendar months from the enactment date, or as otherwise
290 specified in the enabling legislation, provide the Commission an implementation plan and
291 implementation date.

292 **10.4 Commissioner Appointment.**

- 293 (A) Member States shall:
- 294 (1) appoint one delegate, also known as a Commissioner, to serve on the
295 Commission, in accordance with Section 10(B)(1) of the Compact Model
296 Legislation; and
- 297 (2) ensure the appointed Commissioner is the responsible official of the state EMS
298 authority or his designee;
- 299 (3) ensure any Commissioner vacancy is promptly filled within thirty (30)
300 calendar days.
- 301 (B) In the event that more than one state entity (Committee, office, department, agency,
302 etc.) has the legislative authority to license EMS Practitioners, the Governor shall
303 determine which entity will be responsible for assigning the delegate.
- 304 (C) Appointed Commissioners shall not be represented by or vote by proxy.
- 305
- 306

SECTION 11. Coordinated Database

11.0 THE COORDINATED DATABASE — GENERAL ~~(Reserved)~~

(A) **COORDINATED DATABASE OWNERSHIP.** THE COORDINATED DATABASE, ALSO REFERRED TO AS THE NATIONAL EMS COORDINATED DATABASE (NEMSCD) IS 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.

(B) **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.

(C) **COMPACT DATA:** COMPACT DATA REFERS TO ANY DATA THAT IS GENERATED DIRECTLY BY THE COMPACT ITSELF, INDEPENDENT OF MEMBER STATE SUBMISSIONS OR THIRD-PARTY DATA. THIS INCLUDES INTERNAL ADMINISTRATIVE DATA, OPERATIONAL METRICS, AND OTHER INFORMATION PRODUCED BY THE COMPACT'S ACTIVITIES. EXAMPLES OF COMPACT DATA INCLUDE THE PRIVILEGE TO PRACTICE STATUS AND HISTORY. COMPACT DATA IS OWNED BY THE COMMISSION.

(D) **THIRD-PARTY DATA:** THE COMMISSION MAY INCORPORATE ADDITIONAL THIRD-PARTY DATA FROM GOVERNMENT AND/OR NON-GOVERNMENT SOURCES INTO THE NATIONAL EMS COORDINATED DATABASE (NEMSCD) FOR THE PURPOSE OF THE COMMISSION FULFILLING ITS LEGISLATIVE MANDATES. THIRD-PARTY DATA REMAINS THE PROPERTY OF THE DATA OWNER PROVIDING THE DATA, UNLESS OTHERWISE SPECIFIED IN DATA USE AGREEMENTS. THIS DATA IS UNDER THE CUSTODY AND CONTROL OF THE COMMISSION.

11.1 DATA SUBMISSION AND VALIDATION ~~Coordinated Database—General~~

(A) **Method of data submission.** Member states shall submit the Uniform Data Set described in Section 11.3 of these rules to the Coordinated Database. ~~in accordance with the Compact Data Participation Agreement.~~

(1) ~~—Data ownership.~~ All data submitted by a member state to the coordinated database remains the property of the member state. Any use of the data in the coordinated database other than that expressly allowed by the Commission is prohibited.

(2) ~~—A member state may designate member state information that may not be shared with the public without the express permission of the contributing state.~~

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- 347 ~~(B) — Access to the coordinated database. Member states shall have access to the uniform~~
348 ~~data set submitted by other member states.~~
- 349 **(B) PRIMARY SOURCE EQUIVALENCY.** MEMBER STATE DATA RECORDS IN THE
350 COORDINATED DATABASE ARE AN ACCURATE REFLECTION OF THE MEMBER STATE
351 LICENSURE STATUS FOR EMS CLINICIANS. THE COORDINATED DATABASE STATUS IS
352 EQUIVALENT TO VALIDATING AN EMS CLINICIAN’S STATUS DIRECTLY WITH THE
353 MEMBER STATE.
- 354 **(C) Implementation.** A NEW member state shall have thirty (30) days to initially provide
355 the ~~member state’s~~ uniform data set to the coordinated database IN THE FORM AND
356 FORMAT SPECIFIED BY THE COMMISSION. In the event a member state does not SUBMIT
357 ~~collect one or more elements of~~ the uniform data set, the member state shall BE IN
358 DEFAULT OF THE REQUIREMENTS OF THE COMPACT AND THE COMMISSION. THE
359 DEFAULT SHALL FOLLOW THE REQUIREMENTS IN SECTION 13. ~~initially submit all~~
360 ~~elements currently collected within thirty (30) days and shall collect and submit any~~
361 ~~missing elements within eighteen (18) months.~~
- 362 **(D) Maintenance of uniform data set.** The accuracy of MEMBER STATE DATA SUBMITTED
363 TO AND ~~information~~ maintained in the coordinated database, ~~to the extent it is~~
364 ~~possible,~~ shall be the responsibility of member states.
- 365 **(E) Correction of records.** In the event an EMS CLINICIAN ~~individual~~ asserts that the
366 individual’s uniform data set information is inaccurate, the ~~individual~~ COMMISSION
367 shall DIRECT THE EMS CLINICIAN TO THE DATA OWNER TO RESEARCH THE CLAIM, AND
368 IF NECESSARY, MODIFY THE DISPUTED RECORD(S). THE COMMISSION SHALL NOT MODIFY
369 MEMBER STATE DATA. ~~provide evidence in a manner determined by the individual’s~~
370 ~~home state that substantiates such claim. A home state shall verify and submit to the~~
371 ~~Commission an amendment to correct the uniform data set of an individual.~~

372 **11.2 CONDITIONS AND PROCEDURES FOR OTHER AUTHORIZED USERS OF THE COORDINATED** 373 **DATABASE**

374 **(A) MEMBER STATE ACCESS**

- 375 **(1) ACCESS RIGHTS:** MEMBER STATE COMMISSIONERS, AND DELEGATE USER(S)
376 AUTHORIZED BY THE COMMISSIONER, SHALL HAVE ACCESS TO THE UNIFORM
377 DATA SET SUBMITTED BY OTHER MEMBER STATES.
- 378 **(2) CONTROL AND AUTHORIZATION:** MEMBER STATE DELEGATE USER(S) ACCESS
379 SHALL BE CONTROLLED BY THE MEMBER STATE COMMISSIONER. THE
380 COMMISSIONER IS RESPONSIBLE FOR DESIGNATING MEMBERS OF THE
381 EXECUTIVE BRANCH OF GOVERNMENT WITH A BONA FIDE NEED TO KNOW
382 REQUIREMENT TO HAVE ACCESS TO THE COORDINATED DATABASE. THE
383 COMMISSION SHALL SUBMIT REQUESTS FOR USER ACCOUNTS AND ACCESS IN
384 WRITING TO THE COMMISSION. THE COMMISSIONER SHALL NOTIFY THE
385 COMMISSION, IN WRITING, WITHIN 24 HOURS IF ANY DELEGATE USER IS NO

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386 LONGER EMPLOYED BY THE MEMBER STATE OR SHOULD HAVE ACCESS
387 REMOVED.

388 (3) **REVIEW PROCESS:** COMMISSIONERS SHALL REVIEW THE DELEGATE ACCOUNTS
389 ON A QUARTERLY BASIS.

390 (4) **USAGE LIMITATION:** ACCESS TO THE COORDINATED DATABASE IS FOR
391 OFFICIAL, GOVERNMENT USE ONLY.

392 (B) GOVERNMENT ACCESS

393 (1) **ACCESS RIGHTS:** GOVERNMENT ACCESS IS RESTRICTED TO GOVERNMENTAL
394 AGENCIES APPROVED BY THE COMMISSION.

395 (2) **QUERY CAPABILITIES:** GOVERNMENTAL AGENCIES, FOR OFFICIAL PURPOSES,
396 MAY QUERY THE COORDINATED DATABASE VIA A NAME, NATIONAL EMS ID
397 NUMBER, STATE LICENSE NUMBER, NATIONAL REGISTRY NUMBER, OR SOCIAL
398 SECURITY NUMBER.

399 (3) **DATA ACCESS:** IN ADDITION TO ALL DATA CATEGORIZED AS PUBLIC
400 INFORMATION LISTED IN SECTION 11.3(C)2, GOVERNMENT AGENCIES SHALL
401 HAVE ACCESS TO THE FOLLOWING:

402 (A) STATE LICENSE STATUS

403 (B) INDICATION IF FINAL DISCIPLINARY OR ADVERSE ACTION HAS BEEN
404 TAKEN, IN THE FORM OF A FINAL NPDB (NATIONAL PRACTITIONER
405 DATA BANK) REPORT SUBMISSION.

406 (C) PUBLIC ACCESS

407 (1) **QUERY CAPABILITIES:** THE PUBLIC SHALL HAVE THE ABILITY TO QUERY THE
408 NEMSCD VIA A SECURE WEBSITE OR WEBSERVER. THE PUBLIC PORTAL SHALL
409 BE LIMITED TO QUERYING A SINGLE EMS CLINICIAN AT A TIME, AND THE QUERY
410 SHALL BE INITIATED BY ENTERING A VALID 12-DIGIT NATIONAL EMS ID
411 NUMBER.

412 (2) **DISPLAYED INFORMATION:** THE COMMISSION MAY DISPLAY THE FOLLOWING
413 INFORMATION WHEN A VALID NATIONAL EMS ID NUMBER IS PROVIDED:

414 (A) FIRST NAME

415 (B) LAST NAME

416 (C) NATIONAL EMS ID NUMBER

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- 417 (D) PRIVILEGE TO PRACTICE STATUS
- 418 (E) STATE LICENSURE INFORMATION
- 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) **BULK SEARCH CAPABILITY:** EMPLOYERS MAY PERFORM BULK SEARCHES
426 USING NATIONAL EMS ID NUMBERS IN A FORM AND FORMAT SPECIFIED BY THE
427 COMMISSION.
- 428 (2) **USER ACCOUNT VALIDATION:** EMPLOYERS MUST HAVE A VALIDATED USER
429 ACCOUNT TO ACCESS THE SYSTEM.
- 430 (3) **DISPLAYED INFORMATION:** EMPLOYERS WILL HAVE ACCESS TO THE PUBLIC
431 ACCESS DATA FOR EACH EMPLOYEE SEARCHED.

432 (E) GENERAL PROVISIONS

- 433 (1) **AUTHORIZATION:** ALL REQUESTS AND DESIGNATIONS MUST BE MADE IN
434 ACCORDANCE WITH THE PROCEDURES ESTABLISHED BY THE COMMISSION.
- 435 (2) **REVIEW AND AUDIT:** THE COMMISSION RESERVES THE RIGHT TO REVIEW AND
436 AUDIT ACCESS LOGS TO ENSURE COMPLIANCE WITH ESTABLISHED RULES AND
437 REGULATIONS.

438 **11.32 Uniform Data Set.** Member States ~~SHALL~~ ~~must~~ submit the following uniform data set to the
439 coordinated database at the frequency indicated.

- 440 (A) **Identifying information.** The following information for each **EMS CLINICIAN**
441 ~~individual~~ who is licensed must be reported within ten (10) business days of
442 completion of licensure application process. Any changes must be reported within ten
443 (10) business days of the change being processed by the member state.
 - 444 (1) Full legal name (first, middle, last); and
 - 445 (2) suffix (if applicable); and
 - 446 (3) date of birth (month, day, year); and

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- 447 (4) Mailing address; and
448 (5) eMail address; and
449 (6) Phone number; and
450 (7) identification number (one or both of the following):
451 (a) Social Security Number
452 (b) National EMS ID number.
- 453 **(B) Licensure data.** The following information for each **EMS CLINICIAN individual** who
454 is licensed in the member state must be reported within ten (10) business days of
455 completion of licensure process. Any changes must be reported within ten (10)
456 business days of the change being processed by the member state.
- 457 (1) State of licensure; and
458 (2) license level; and
459 (3) effective date of license; and
460 (4) expiration date of license; and
461 (5) license number; and
462 (6) license status (if applicable, i.e. inactive, temporary, etc.)
- 463 **(C) Significant investigative information.** **IN THE FULFILLMENT OF PUBLIC PROTECTION,**
464 **MEMBER STATES MAY SUBMIT SIGNIFICANT INVESTIGATIVE INFORMATION TO THE**
465 **COORDINATED DATABASE, INCLUDING BUT NOT LIMITED TO: ~~The following~~**
466 **~~information must be reported as soon as possible, but no later than two (2) business~~**
467 **~~days of the member state completing the preliminary inquiry:~~**
- 468 (1) subject's identifying information as stated in section 11.30 of these rules; and
469 (2) declaration of the existence of an investigation or pending adverse action
470 related to the incident or act of misconduct.
- 471 **(D) Adverse actions imposed on an individual's license.** The following information
472 must be reported as soon as possible, but no later than two (2) business days of
473 imposition of the adverse action. Any changes to the status of the adverse action must
474 be reported as soon as possible, but no later than two (2) business days of the change
475 being processed by the member state:
- 476 (1) subject's identifying information as stated in Section 11.32(A) of these rules;
477 and
478 (2) summary description of the incident or act of misconduct; and
479 (3) declaration of the existence of a criminal investigation or pending criminal
480 charges related to the incident or act of misconduct; and
481 (4) declaration of the action taken by the member state; and
482 (5) effective date of the action taken; and

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- 483 (6) duration of the action.
- 484 (E) **Privilege to practice status.** The information as described in section 4.1 of these rules
485 for each EMS CLINICIAN individual licensed by the member state must be reported
486 within one (1) month of the effective date of the privilege to practice status. Any
487 changes to the privilege to practice status must be reported as soon as possible, but no
488 later than two (2) business days of the change being processed by the member state.
- 489 (F) **Non-confidential alternative program participation information.** To the extent
490 allowed by a member state's laws, non-confidential information concerning an EMS
491 CLINICIAN'S individual participation in an alternative program will be reported.
- 492 (1) Any denial of applications for licensure. The following information must be
493 reported within one month of the denial:
- 494 (2) applicant's identifying information as stated in Section 11. 32(A) of these
495 rules; and
- 496 (3) summary of the reason for denial; and
- 497 (4) declaration of the existence of a criminal investigation or pending criminal
498 charges related to the denial; and
- 499 (5) declaration of the duration of the denial.
- 500 (G) **Other acts of misconduct or criminal convictions.** Individual acts of misconduct or
501 criminal convictions that a member state becomes aware of, from sources other than
502 the FBI background check that may result in action against an EMS CLINICIAN'S
503 individual license or privilege to practice in any member state must be reported as
504 soon as possible, but no later than two (2) business days of discovery by the state
505 making the discovery.
- 506 (H) **Compliance with 28 C.F.R. §20.3.** Nothing in these Rules shall require or permit the
507 sharing or reporting of Criminal History Record Information as that term is defined in
508 28 C.F.R. §20.3 in a manner that is prohibited by law.

11.4 DATA REQUESTS.

- 510 (A) **DIRECTION OF DATA REQUESTS:** THE COMMISSION SHALL DIRECT ALL REQUESTS FOR
511 DATA TO THE DESIGNATED DATA OWNER. ANY REQUEST FOR DATA THAT INVOLVES
512 PERSONALLY IDENTIFIABLE INFORMATION (PII) OR SENSITIVE DATA MUST BE HANDLED
513 DIRECTLY BY THE DATA OWNER.
- 514 (B) **RESTRICTION ON RELEASE OF PII AND SENSITIVE DATA:** THE COMMISSION SHALL NOT
515 RELEASE OR GENERATE PUBLIC REPORTS THAT CONTAIN PII OR SENSITIVE DATA. ALL
516 MEASURES SHALL BE TAKEN TO ENSURE THAT SUCH INFORMATION REMAINS
517 CONFIDENTIAL AND SECURE.
- 518 (C) **SECURITY AND PROTECTION:** THE COMMISSION SHALL TAKE ALL NECESSARY
519 PRECAUTIONS TO PROTECT THE SECURITY AND INTEGRITY OF THE INFORMATION
520 PERTAINING TO THE NATION'S EMS WORKFORCE. THIS INCLUDES IMPLEMENTING
521 ROBUST SECURITY MEASURES AND PROTOCOLS TO PREVENT UNAUTHORIZED ACCESS,
522 DISCLOSURE, OR MISUSE OF DATA.

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523 (D) **GENERATION OF PUBLIC REPORTS:** THE COMMISSION MAY, AT ITS SOLE DISCRETION,
524 GENERATE PUBLIC REPORTS THAT INCLUDE SUMMARIZED STATISTICS AND ANALYTICS
525 ON THE EMS WORKFORCE. THESE REPORTS SHALL NOT CONTAIN PII OR SENSITIVE DATA
526 AND WILL BE DESIGNED TO PROVIDE VALUABLE INSIGHTS AND TRENDS WITHOUT
527 COMPROMISING INDIVIDUAL PRIVACY.

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530 SECTION 12. Rulemaking

531 12.0 Proposed rules or amendments. Proposed rules or amendments to the rules shall be adopted
532 by majority vote of the members of the Commission. Proposed new rules and amendments to
533 existing rules shall be submitted to the Commission office for referral to the rules committee
534 as follows:

535 (A) Any Commissioner may submit a proposed rule or rule amendment for referral to the
536 rules committee during the next scheduled Commission meeting. This proposal shall
537 be made in the form of a motion and approved by a majority vote of a quorum of the
538 Commission members present at the meeting.

539 (B) Standing committees of the Commission may propose rules or rule amendments by
540 majority vote of that Committee.

541 12.1 Preparation of draft rules. The rules committee shall prepare a draft of all proposed rules
542 and provide the draft to all Commissioners for review and comments. Based on the comments
543 made by the Commissioners the Rules Committee shall prepare a final draft of the proposed
544 rule(s) or amendments for consideration by the Commission not later than the next
545 Commission meeting.

546 12.2 Publication of draft rules. Prior to promulgation and adoption of a final rule (in accordance
547 with Section 12 of the Compact) the Commission shall publish the text of the proposed rule or
548 amendment prepared by the rules committee not later than sixty (60) days prior to the meeting
549 at which the vote is scheduled, on the official website of the Commission and in any other
550 official publication that may be designated by the Commission for the publication of its rules.
551 All written comments received by the rules committee on proposed rules shall be posted on
552 the Commission's website upon receipt. In addition to the text of the proposed rule or
553 amendment, the reason for the proposed rule shall be provided.

554 12.3 Notification. Each administrative rule or amendment shall state:

555 (A) The place, time, and date of the scheduled public hearing, if any;

556 (B) The manner in which interested persons may submit notice to the Commission of their
557 intention to attend the public hearing and any written comments; and

558 (C) The name, position, physical and electronic mail address, telephone, and telefax
559 number of the person to whom interested persons may respond with notice of their
560 attendance and written comments.

561 12.4 Public Hearings. Every public hearing shall be conducted in a manner guaranteeing each
562 person who wishes to comment a fair and reasonable opportunity to comment. In accordance
563 with Section 12.H. of the Compact, specifically:

564 (A) If a hearing is held on the proposed rule or amendment, the Commission shall publish
565 the place, time, and date of the scheduled public hearing.

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

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- 570 (C) Hearings shall be conducted in a manner providing each person who wishes to
571 comment a fair and reasonable opportunity to comment orally or in writing.
- 572 (D) No transcript of the public hearing is required, unless a written request for a transcript
573 is made; in which case the person or entity making the request shall pay for the
574 transcript. A recording may be made in lieu of a transcript under the same terms and
575 conditions as a transcript. This subsection shall not preclude the Commission from
576 making a transcript or recording of the public hearing.
- 577 (E) Nothing in this section shall be construed as requiring a separate hearing on each rule.
578 Rules may be grouped for the convenience of the Commission at hearings required by
579 this section.
- 580 (F) Following the scheduled hearing date, or by the close of business on the scheduled
581 hearing date if the hearing was not held, the Commission shall consider all written and
582 oral comments received.
- 583 (G) The Commission shall, by majority vote of a quorum of the Commissioners, take final
584 action on the proposed rule and shall determine the effective date of the rule, if any,
585 based on the rulemaking record and the full text of the rule.
- 586 **12.5 Status of rules upon adoption of additional member states.** Any state that joins the
587 Compact subsequent to the Commission's initial adoption of the rules shall be subject to the
588 rules as they exist on the date on which the Compact becomes law in that state. Any rule that
589 has been previously adopted by the Commission shall have the full force and effect of law on
590 the day the Compact becomes law in that state.
- 591 **12.6 Emergency Rulemaking.** Upon determination that an emergency exists, the Commission
592 may consider and adopt an emergency rule that shall become effective immediately upon
593 adoption, provided that the usual rulemaking procedures provided in the Compact and in this
594 section shall be retroactively applied to the rule as soon as reasonably possible, in no event
595 later than ninety (90) days after the effective date of the rule. An emergency rule is one that
596 must be made effective immediately in order to:
- 597 (A) Meet an imminent threat to public health, safety, or welfare;
- 598 (B) Prevent a loss of federal or state funds;
- 599 (C) Meet a deadline for the promulgation of an administrative rule that is established by
600 federal law or rule; or
- 601 (D) Protect public health and safety.
- 602

603 **SECTION 13. Compliance Issues and Dispute Resolution Process**

604 **13.1 Initiation of Compliance**

- 605 (A) Compliance issues shall be initiated by the Executive Committee.
- 606 (B) The Executive Committee shall first seek to provide remedial education and specific
607 technical assistance for any potential default.
- 608 (C) For unresolved potential defaults, the Executive Committee shall send a written notice
609 of non-compliance to the Commissioner in the Member State with the alleged non-
610 compliance issue. The state shall respond in writing within thirty (30) calendar days.
- 611 (1) If the Member States does not have a designated Commissioner, the written
612 notice of non-compliance shall be sent to the Governor of the Member State.
- 613 (3) If the state fails to respond to the written notice, the Executive Committee,
614 through the Executive Director, shall send a written notice of non-compliance
615 to the Governor of the Member State, copied to the Commissioner, with the
616 alleged non-compliance issue.
- 617 (3) If the response, in the determination of the Executive Committee fails to
618 reasonably resolve the non-compliance issue, the Executive Committee shall
619 request a written Plan of Correction.
- 620 (D) The Executive Committee shall provide a report and make a recommendation to the
621 Commission concerning issues of non-compliance that:
- 622 (1) do not have an approved Plan of Correction, with progress; or
623 (2) remain unresolved for three (3) or more calendar months.
- 624 (E) Grounds for default include but are not limited to, failure of a Compact State to
625 perform obligations or responsibilities imposed by the Compact, Commission Bylaws,
626 or duly promulgated Rules.
- 627 (F) If the Commission determines that a Compact State has at any time defaulted in the
628 performance of any of its obligations or responsibilities under the Compact, Bylaws or
629 duly promulgated Rules, the Commission shall notify the Commissioner and Governor
630 of the defaulting Compact State in writing. The Commission may impose any or all of
631 the following remedies:
- 632 (1) Remedial education and technical support as directed by the Commission;
633 (2) Damages and/or costs in such amounts as are deemed to be reasonable as fixed
634 by the Commission;
635 (3) Suspension of membership in the Compact; and
636 (4) Termination of membership in the Compact as provided in the Model
637 Legislation and administrative rules.
- 638 (G) The Commission shall not bear any costs relating to the defaulting Compact State
639 unless otherwise mutually agreed upon between the Commission and the defaulting
640 Compact State.

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13.2 Dispute Resolution Process – Informal, Mediation and Arbitration.

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- (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.
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- (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.
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- (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.
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- (D) When disputes among Member States are unresolved through informal attempts, the Commission shall request assistance from the Executive Committee.
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- (1) It is the duty of the Executive Committee to address disputes between or among the Member States concerning the Compact when informal attempts between the Compact States to resolve disputes have been unsuccessful.
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- (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.
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- (E) Informal Resolution
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- (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:
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- (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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- (B) The initiating Commissioner shall provide a written statement to the Commissioner(s) of the concerned state(s). This statement, which will be copied to the Executive Committee, shall detail the nature of the dispute.
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- (C) Upon receipt of the dispute letter, the Commissioner(s) of the state(s) involved shall:
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- (i) Review the contents of the letter.
- (ii) Conduct an inquiry into the matter.
- (iii) Provide a written response addressing the issues raised.
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- (D) The response must be issued, in writing copied to the Executive Committee, within 30 calendar days from the receipt of the dispute letter.

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- 680 (E) If interpretation of the Compact is necessary, the Commissioner(s) shall
681 contact the Executive Committee via the Executive Director to request
682 assistance in interpreting relevant provisions.
- 683 (F) The Commissioner raising the concern shall document all attempts to
684 resolve the issues.
- 685 (2) If the issues cannot be resolved between the Member States, the dispute shall
686 be referred to the Executive Committee for further consideration.
- 687 (3) Disputes between two (2) or more Member States which cannot be resolved
688 through informal resolution or through the Executive Committee, may be
689 referred to mediation and/or an arbitration panel to resolve the issues.
- 690 (F) Mediation.
- 691 (1) A Compact State that is a party to a dispute may request, or the Executive
692 Committee may require, the submission of a matter in controversy to
693 mediation.
- 694 (2) Mediation shall be conducted by a mediator appointed by the Executive
695 Committee from a list of mediators approved by the National Association of
696 Certified Mediators, or a mediator otherwise agreed to by all parties to the
697 dispute and pursuant to procedures customarily used in mediation proceedings.
- 698 (3) If all issues are resolved through mediation to the satisfaction of all Member
699 States involved, no further action is required.
- 700 (4) In the event mediation is necessary, and unless otherwise agreed in advance by
701 all parties, the prevailing party or parties may be entitled to recover the costs of
702 such medication, including reasonable attorneys' fees, to the extent permitted
703 by state law of the prevailing party state. The Commission shall not be liable
704 for any fees, costs or charges pertaining to mediation.
- 705 (G) Arbitration.
- 706 (1) In the event of a dispute between Member States that cannot be resolved
707 through informal means or by mediation, the Commissioner of the initiating
708 Member State(s) shall submit an Arbitration Request form to the Executive
709 Director with a copy to be sent by the initiating state to the other Member
710 State(s) involved.
- 711 (2) Each Member State party to the dispute shall submit a signed Arbitration
712 Agreement.
- 713 (3) The Executive Director shall coordinate the arbitration process.
- 714 (4) The decision of the arbitrator(s) shall be final and binding.
- 715 (5) In the event arbitration is necessary, and unless otherwise agreed by the
716 parties, at the discretion of an independent arbitration panel, the prevailing
717 party or parties may be entitled to recover the costs of such arbitration,
718 including reasonable attorneys' fees, to the extent permitted by state law of the

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719 prevailing party state. The Commission shall not be liable for any fees, costs or
720 charges pertaining to arbitration.

721 (6) Arbitration decisions may be enforced in a court of competent jurisdiction.

722 **13.3 Costs.** The Commission shall not bear any costs relating to the defaulting Compact State
723 unless otherwise mutually agreed upon between the Commission and the defaulting Compact
724 State.

725 **13.4 Judicial Enforcement.** The Commission may by majority vote of the Commissioners, initiate
726 legal action in the United States District Court for the Middle District of Pennsylvania to
727 enforce compliance with the provisions of the Compact, its duly promulgated Rules and
728 Bylaws against any Compact State in default. If judicial enforcement is necessary, the
729 prevailing party shall be awarded all costs of such litigation including reasonable attorney's
730 fees.

731 **SECTION 14. Compact Implementation and Activation Date.**

732 **14.1 Implementation Date.** The Compact was implemented on October 7, 2017, following the
733 enactment of the EMS Compact legislation in ten (10) Member States.

734 **14.2 Activation Date.** The Compact was activated on March 15, 2020.

735 **SECTION 15. Not Used**

NPDB & Discipline

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All Licensed Healthcare
Professionals

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(NEMSCD)

NPDB NATIONAL PRACTITIONER DATA BANK

Understanding the National Practitioner Data Bank (NPDB) & Reporting Disciplinary Actions for EMS Clinicians

The National Practitioner Data Bank (NPDB) is a federal repository established to enhance the quality of healthcare, improve patient safety, and combat fraud and abuse in the healthcare system. It serves as a centralized database of information regarding the credentials and conduct of healthcare professionals, including EMS clinicians.

What is the NPDB?

The NPDB was created by Congress as part of the Health Care Quality Improvement Act of 1986. Its primary purpose is to collect and release information related to the professional competence and conduct of healthcare practitioners. This includes:

- Medical malpractice payments
- Adverse licensure actions
- Adverse clinical privileges actions
- Adverse professional society membership actions
- Certain other adjudicated actions or decisions

Federal Requirement for All Licensed Healthcare Professionals

Under federal regulations, all licensed healthcare professionals, including Emergency Medical Services (EMS) clinicians, must be reported to the National Practitioner Data Bank (NPDB). This requirement is detailed in Title 45 of the Code of Federal Regulations (CFR), Part 60, which governs the operation and use of the NPDB. The NPDB operates by the following laws:

- Title IV of the Health Care Quality Improvement Act of 1986 (HCQIA), Public Law 99-660
- Section 1921 of the Social Security Act
- Section 1128E of the Social Security Act

For more details, you can refer to the [Electronic Code of Federal Regulations \(eCFR\)](#) or the [NPDB Guidebook](#).

www.npdb.hrsa.gov

NPDB: Who Can Report and Query?

ENTITY TYPES	REPORT	QUERY
Hospitals	Required	Required
Health plans	Required	Optional
Health care entities with formal peer review	Required	Optional
Medical malpractice payers	Required	Not Authorized
State licensing and certification agencies	Required	Optional
State agencies administering or supervising state programs	Required	Optional
State law enforcement agencies or fraud control units	Required	Optional
Federal licensing and certification agencies	Required	Optional
Agencies administering federal health care programs	Required	Optional
Federal law enforcement officials and agencies	Required	Optional
Professional societies with formal peer review	Required	Optional
Peer review organizations	Required	Not Authorized
Private accreditation organizations	Required	Not Authorized
Quality improvement organizations	Not Authorized	Optional

- Federal law regulates who can either query, report, or both. Each organization that registers with the NPDB is responsible for determining its eligibility.
- Hospitals are mandated by federal law to query the NPDB. Other health care entities (marked as "Optional") generally may query the NPDB, but are not required to by federal law.
- Practitioners may submit a Self-Query, but cannot report or query on other practitioners.



U.S. Department of Health and Human Services



EMS Clinicians and the NPDB

EMS clinicians are integral to the healthcare system, often serving as the first point of contact for patients in emergency situations. As licensed healthcare providers, they are subject to the same reporting requirements as other medical professionals. This includes the mandatory reporting of:

- Disciplinary actions
- Loss of licensure or certification
- Suspension or revocation of clinical privileges

- Any other actions that affect their professional standing

Any medical professional, including EMS Clinicians, can perform a self-query of the NPDB to view their record (if a record exists). The NPDB is maintained by the U.S. Department of Health & Human Services and can be accessed here: [NPDB Self-Query](#). Information on how to dispute an NPDB report is available on the HRSA/NPDB

website: <https://www.npdb.hrsa.gov/pract/howToDisputeAReport.jsp>

The EMS Compact and the National EMS Coordinated Database (NEMSCD)

The EMS Compact law requires disciplinary actions against EMS clinicians to be reported to the National EMS Coordinated Database (NEMSCD). The NEMSCD is designed to facilitate the sharing of disciplinary action information among member states, ensuring that EMS clinicians who move across state lines are held to consistent standards.

The NEMSCD utilizes the same reporting format as the NPDB, ensuring uniformity and consistency in the information collected and shared. This alignment helps streamline the reporting process and ensures that disciplinary actions are accurately and efficiently communicated across state lines.

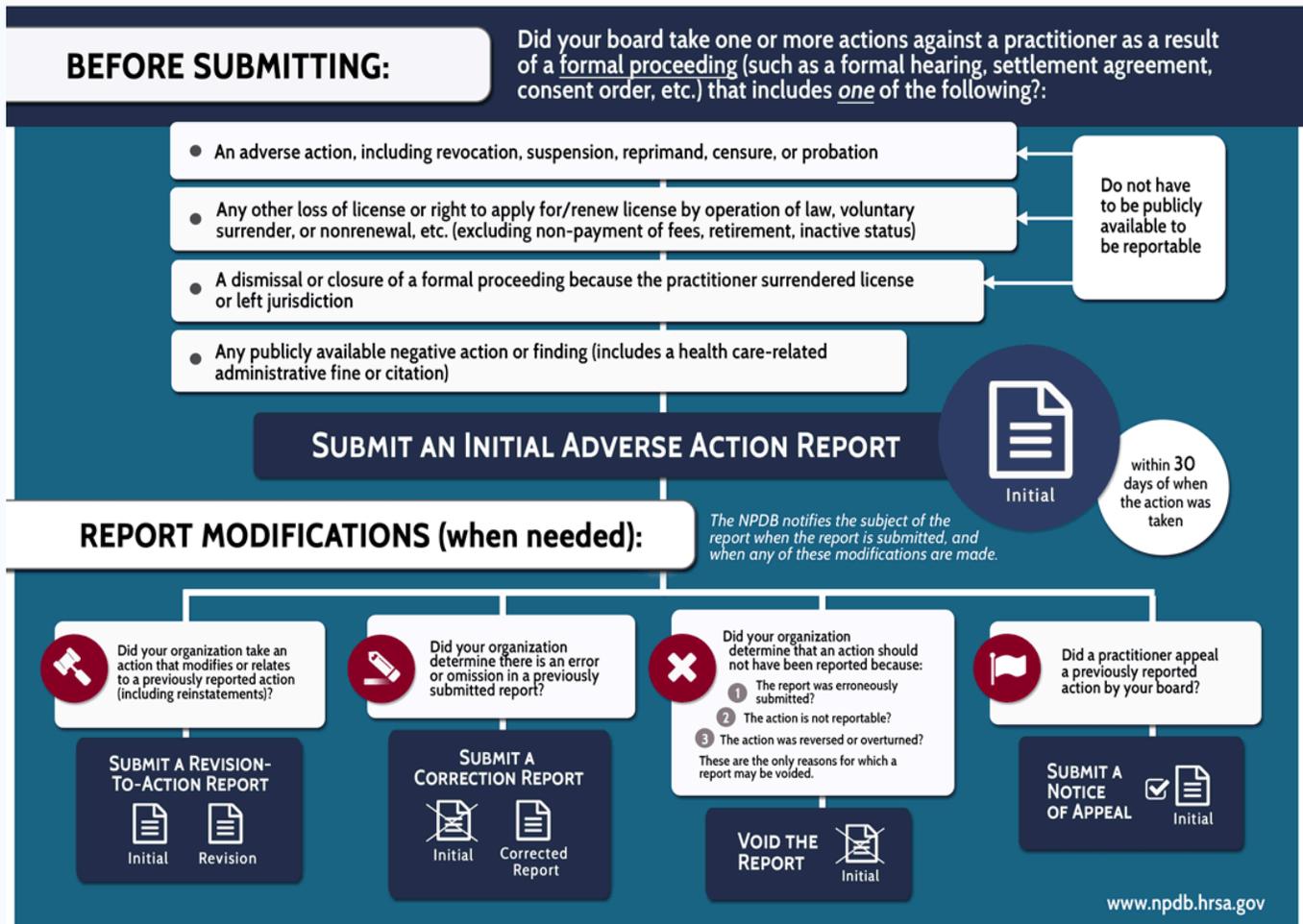
Importance of Reporting

Reporting to the NPDB and NEMSCD plays a critical role in maintaining high standards of practice within the EMS profession. It helps protect the public by ensuring that EMS clinicians who have had disciplinary actions taken against them are tracked and monitored, preventing them from evading accountability by moving to different states or regions.

By adhering to these reporting requirements, EMS agencies and clinicians contribute to the overall integrity and trustworthiness of the healthcare system, ensuring that patient care remains safe, effective, and of the highest quality.

Resources for State EMS Officials

NPDB GUIDE TO REPORTING STATE LICENSURE ACTIONS



All disciplinary actions must include a factual narrative, have one or more Action Code(s) and one or more Basis for Action code(s).

Factual Narrative

State Licensure or Certification Action Taken	Basis for Action	Narrative
Publicly Available Negative Action or Finding	Failure to comply with continuing education or competency requirements, Other unprofessional conduct	The state EMS licensing office found that the EMT violated state code section 432(b): Failure to meet continuing education requirements. The state code considers this "unprofessional conduct."
Voluntary Surrender of License	Unable to practice safely by reason of alcohol or other	During the state EMS licensing office's investigated the paramedic for allegedly diverting drugs for personal use, the paramedic agreed to a voluntary surrender of thier license

	substance abuse, Diversion of controlled substances	to avoid further investigation. They also agreed to surrender the right to reapply for a license for at least 2 years.
Suspension of License Publicly Available Fine/Monetary Penalty Publicly Available Negative Action or Finding	Criminal Conviction (19); Violation of Federal or State Statutes, Regulations, or Rule (A6); Other - Not Classified, Specify (99); Other, as Specified: Unethical or Unprofessional Conduct	Effective 11/28/2021, the state EMS licensing office suspended the Paramedic license for a minimum of 1 year, after which he may seek reinstatement. The board also issued the subject a citation and warning and ordered him to pay a \$1,000 civil penalty and complete a board-approved professional ethics program. The board filed a statement of charges against the subject, alleging that he engaged in unprofessional conduct before receiving a conviction of a felony in violation with the laws and rules governing EMS practice in the state.
Summary or Emergency Suspension of License	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse (F2)	Due to drug use, there is an allegation of the practitioner being unable to work as an EMT with reasonable skill. Staff found the subject unresponsive in the staff break room. The employer order an immediate drug screen, and the EMT tested positive for opiates while not under a physician's care and did not have a lawful prescription or legitimate medical reason for using the drug. The EMT's license was immediately suspended pending further investigations by the state licensing board.

Action & Basis Codes

A quick reference of these code(s) is below. The recommended practice is to avoid the “Other” fields. By way of example, the notice in a disciplinary action letter may read: As required under Sections... the following codes shall be reported to the National Practitioner Data Bank: License Action Codes 1125 (Probation of License), Code 1310 (Revocation of Multi-State Licensure Privilege); and the Basis For Action Code(s) H4 (Inappropriate or Unauthorized Administration of a Medication or Sedation) and F6 (Substandard or Inadequate Care).

Step 1 - What Action Was Taken by the State

Action Codes: For the License (or Certification) Issued By This State Office

Code	Description
1110	Revocation of License
1125	Probation of License
1135	Suspension of License
1138	Summary or Emergency Limitation or Restriction on License
1139	Summary or Emergency Suspension of License

1140	Reprimand or Censure
1145	Voluntary Surrender of License
1146	Voluntary Limitation or Restriction on License
1147	Limitation or Restriction on License
1148	Denial of License Renewal
1149	Denial of Initial License
1150	Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation
1151	Cease and Desist
1155	Withdrawal of Renewal Application While Under Investigation
1173	Publicly Available Fine/Monetary Penalty
1179	Limitation or Restriction on Ability to Prescribe, Dispense, or Administer Medication or Sedation, Specify, _____
1189	Publicly Available Negative Action or Finding Specify, _____
1199	Other Licensure Action - Not Classified, Specify, _____

Multi-State (Compact) Action

NOTE: The NPDB refers to a Compact Multi-State License; however, the EMS Compact utilizes a Multi-State Privilege to Practice. For the purposes of reporting, state-imposed discipline on the EMS Compact Privilege to Practice will be reported using the codes designated for Multi-State License.

Code	Description
1310	Revocation of Multi-State Licensure Privilege
1325	Probation of Multi-State Licensure Privilege
1335	Suspension of Multi-State Licensure Privilege
1338	Summary or Emergency Limitation or Restriction of Multi-State Licensure Privilege
1339	Summary or Emergency Suspension of Multi-State Licensure Privilege

1340	Reprimand or Censure of Multi-State Licensure Privilege
1345	Voluntary Surrender of Multi-State Licensure Privilege
1346	Voluntary Limitation or Restriction on Practice Authorized by Multi-State Licensure Privilege
1347	Limitation or Restriction on Multi-State Licensure Privilege
1351	Cease and Desist – Multi-State Licensing Privilege
1373	Publicly Available Fine/Monetary Penalty Concerning Practicing under Multi-State Licensure Privilege
1389	Publicly Available Negative Action or Finding Concerning Practicing under Multi-State Licensure Privilege, Specify, _____
1399	Other Action Against Practitioner Practicing Under Multi-State Licensure Privilege - Not Classified, Specify, ____

Step 2 - Identify One or More (Max 5) 'Basis for Action' Codes

Non-Compliance With Requirements

Code	Description
44	Default on Health Education Loan or Scholarship Obligations
35	Drug Screening Violation
A2	Failure to Comply With Continuing Education or Competency Requirements
31	Failure to Comply With Health and Safety Requirements
23	Failure to Cooperate With Board Investigation
50	Failure to Maintain Adequate or Accurate Records
45	Failure to Maintain Records or Provide Medical, Financial or Other Required Information
A3	Failure to Meet Licensing Board Reporting Requirements
A1	Failure to Meet the Initial Requirements of a License
37	Failure to Pay Child Support/Delinquent Child Support

39	License Revocation, Suspension or Other Disciplinary Action Taken by a Federal, State or Local Licensing Authority
29	Practicing Beyond the Scope of Practice
24	Practicing With an Expired License
25	Practicing Without a License
A4	Practicing Without a Valid License
A6	Violation of Federal or State Statutes, Regulations or Rules
36	Violation of Federal or State Tax Code
84	Violation of State Health Code
A5	Violation of or Failure to Comply With Licensing Board Order

Criminal Conviction or Adjudication

Code	Description
19	Criminal Conviction
18	Deferred Adjudication
B1	Nolo Contendere Plea
I1	Diverted Conviction

Confidentiality, Consent or Disclosure Violations

Code	Description
C3	Breach of Confidentiality
C2	Failure to Comply With Patient Consultation Requirements
C1	Failure to Obtain Informed Consent

Misconduct or Abuse

Code	Description
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D4	Abusive Conduct Toward Staff
D7	Conduct Evidencing Ethical Unfitness
D6	Conduct Evidencing Moral Unfitness
71	Conflict of Interest
D5	Disruptive Conduct
D3	Exploiting a Patient for Financial Gain
16	Misappropriation of Patient Property or Other Property
D2	Non-Sexual Dual Relationship or Boundary Violation
14	Patient Abuse
D1	Sexual Misconduct
D8	Other Unprofessional Conduct, Specify_____

Fraud, Deception, or Misrepresentation

Code	Description
E6	Failure to Disclose
E3	Filing False Reports or Falsifying Records
05	Fraud - Unspecified
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials
55	Improper or Abusive Billing Practices
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)
E5	Misleading, False or Deceptive Advertising or Marketing
81	Misrepresentation of Credentials
E2	Providing or Ordering Unnecessary Tests or Services
56	Submitting False Claims

Unsafe Practice or Substandard Care

Code	Description
F8	Failure to Consult or Delay in Seeking Consultation With Supervisor/Proctor
53	Failure to Provide Medically Reasonable and/or Necessary Items or Services
F1	Immediate Threat to Health or Safety
17	Inadequate or Improper Infection Control Practices
FA	Inappropriate Refusal to Treat
11	Incompetence
12	Malpractice
13	Negligence
F9	Patient Abandonment
15	Patient Neglect
F6	Substandard or Inadequate Care
F7	Substandard or Inadequate Skill Level
F5	Unable to Practice Safely
F2	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
F4	Unable to Practice Safely by Reason of Physical Illness or Impairment
F3	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder

Improper Supervision or Allowing Unlicensed Practice

Code	Description
G2	Allowing or Aiding Unlicensed Practice
G1	Improper or Inadequate Supervision or Delegation

Improper Prescribing, Dispensing, Administering Medication/Drug Violation

Code	Description
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H6	Inappropriate Acquisition or Diversion of Controlled Substance
H5	Error in Prescribing, Dispensing or Administering Medication or Sedation
H1	Narcotics Violation or Other Violation of Drug Statutes
H4	Inappropriate or Unauthorized Administration of Medication or Sedation
H3	Inappropriate or Unauthorized Dispensing of Medication
H2	Inappropriate or Unauthorized Prescribing of Medication

Other

Code	Description
99	Other - Not Classified, Specify, _____

Licensure - Revisions to Actions (No Basis for Action Codes Required)

Code	Description
1110	Revocation of License
1125	Probation of License
1135	Suspension of License
1138	Summary or Emergency Limitation or Restriction on License
1139	Summary or Emergency Suspension of License
1140	Reprimand or Censure
1145	Voluntary Surrender of License
1146	Voluntary Limitation or Restriction on License
1147	Limitation or Restriction on License
1150	Interim Action - Voluntary Agreement to Refrain from Practice or to Suspend License Pending Completion of an Investigation
1151	Cease and Desist
1155	Withdrawal of Renewal Application While Under Investigation

1173	Publicly Available Fine/Monetary Penalty
1179	Limitation or Restriction on Ability to Prescribe, Dispense, or Administer Medication or Sedation, Specify, _____
1189	Publicly Available Negative Action or Finding Specify, ____
1199	Other Licensure Action - Not Classified, Specify, _____
1280	License Restored or Reinstated, Complete
1282	License Restored or Reinstated, Conditional
1283	License Restored or Reinstated, Partial
1285	License Restoration or Reinstatement Denied
1295	Reduction of Previous Licensure Action
1296	Extension of Previous Licensure Action
1297	Modification of Previous Licensure Action

Licensure - Revisions to Multi-State Privilege Actions (No Basis for Action Codes Required)

Code	Description
1310	Revocation of Multi-State Licensure Privilege
1325	Probation of Multi-State Licensure Privilege
1335	Suspension of Multi-State Licensure Privilege
1338	Summary or Emergency Limitation or Restriction of Multi-State Licensure Privilege
1339	Summary or Emergency Suspension of Multi-State Licensure Privilege
1340	Reprimand or Censure of Multi-State Licensure Privilege
1345	Voluntary Surrender of Multi-State Licensure Privilege
1346	Voluntary Limitation or Restriction on Practice Authorized by Multi-State Licensure Privilege
1347	Limitation or Restriction on Multi-State Licensure Privilege
1351	Cease and Desist – Multi-State Licensing Privilege

1373	Publicly Available Fine/Monetary Penalty Concerning Practicing under Multi-State Licensure Privilege
1389	Publicly Available Negative Action or Finding Concerning Practicing under Multi-State Licensure Privilege, Specify, _____
1399	Other Action Against Practitioner Practicing Under Multi-State Licensure Privilege - Not Classified, Specify, ____
1480	Multi-State Licensure Privilege Restored or Reinstated, Complete
1482	Multi-State Licensure Privilege Restored or Reinstated, Conditional
1483	Multi-State Licensure Privilege Restored or Reinstated, Partial
1485	Multi-State Licensure Privilege Restoration or Reinstatement Denied
1495	Reduction of Previous Multi-State Licensure Privilege Action
1496	Extension of Previous Multi-State Licensure Privilege Action
1497	Modification of Previous Multi-State Licensure Privilege Action

Disclaimer: The information provided on this webpage is for educational and informational purposes only. State EMS Officials should refer to the official Federal Regulations and EMS Compact requirements for complete and accurate details regarding the reporting of disciplinary actions. This webpage does not constitute legal advice and should not be relied upon as such. For specific guidance, please consult the relevant regulatory and legal resources.



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