

Q 2 2 0 2 6 | F U L L C O M M I S S I O N M E E T I N G

Interstate Commission for **EMS Personnel Practice**

April 28, 2026 | 2:00 PM CT

InterContinental Kansas City at the Plaza

Held in conjunction with the NASEMSO Annual Meeting

www.EMSCompact.gov



Agenda

Q2 2026 Full Commission Meeting | April 28, 2026

- I.** Call to Order & Welcome
- II.** Commissioner Roll Call; Declare Quorum
- III.** Introduce New Commissioners
- IV.** Adopt Business Agenda
- V.** Public Comments
- VI.** Reports | Chair, Treasurer, Executive Director, Committees, NREMT, NHTSA
- VII.** Old Business | Approve Q1 2026 Minutes
- VIII.** New Business | Resolutions 2026-01 through 2026-04; RHTP & Disaster Discussions
- IX.** NGO / Stakeholder Partner Updates
- X.** Adjourn → Executive Session

II.

Roll Call & Quorum

Section 10.B.4: majority constitutes quorum

Commissioner Roll Call

25 seated Commissioners | Quorum requires 13

25

Seated Commissioners

13

Quorum Threshold

ACTION: Secretary Herrera (UT) calls roll. Chair declares quorum.

III.

Introduce New Commissioners

Seated since the Q1 2026 meeting

New Commissioners

Welcome from Chair Kinney (IN)

MISSOURI

Sam Vance

Returns to the Commission having previously served from 2019 to 2021.

WYOMING

Susan Neugebauer

Paramedic with nearly 15 years at Denver Health. Promoted into the Commissioner role following Commissioner Koehler's departure.

DELAWARE

Donna Doyle

Newly seated (yesterday) as Delaware's Commissioner.

IV.

Adopt Business Agenda

Action: motion, second, and vote to adopt

Adopt Business Agenda

Standard motion to open the meeting

AGENDA AS PUBLISHED

Q2 2026 Full Commission Meeting Agenda, dated April 28, 2026

Distributed in advance to all Commissioners. Includes reports, old business, new business, resolutions 2026-01 through 2026-04, RHTP and Disaster Preparedness discussions, and partner updates.

ACTION

Motion to adopt the business agenda. Second. Vote.

V.

Public Comments

Matters not on the agenda

Public Comments

Public participation is encouraged at every Full Commission meeting

How public comment works at this meeting:

- 1** Members of the public present in person may raise their hand to be recognized by the Chair.
- 2** Virtual attendees may use the Microsoft Teams 'raise hand' feature.
- 3** Speakers state their name and any organizational affiliation before commenting.
- 4** Comments should relate to the work of the Commission. The Chair may limit time and manner of statements.
- 5** Comments on matters already on the agenda may be deferred to the relevant agenda item.

Reference: Commission Bylaws, Article VI; meeting norms published in the Q2 2026 Meeting Book.

VI.

Reports

Chair | Treasurer | Executive Director | Committees | NREMT | NHTSA

Chair's Report

Kraig Kinney (IN), Chair

01

State of the Commission

25 enacted member states; momentum in five additional states since January.

02

Executive Committee Activity

Member-at-Large transition (Johnson, GA, appointed January 14); ongoing Q1 work plan execution.

03

Federal Engagement

Coordination with NHTSA Office of EMS, CMS Rural Health Transformation Program, and DoD State Liaison Officers.

04

Looking Ahead

EMS Week 2026, Q3 meeting in August, officer elections at Q4.

Treasurer's Report | CY2025 Financial Summary | Audit

Brad Vande Lune (IA), Treasurer

\$13,105.36

Net change in operating account, CY2025

Closing balance: \$101,087.72

Total Inflows (4 quarterly transfers)	\$190,000.00
Total Outflows (35 transactions)	\$176,894.64
Net Change	\$13,105.36
Closing Balance (12/31/2025)	\$101,087.72

MOTION REQUIRED | Accept the Treasurer's Report as presented, audit accepted and filed.

Independent audit is complete.

Executive Director Report

Donnie R. Woodyard, Jr., MAML, NRP, WP-C

01 **Legislative Status**
5 active states since January 2026

02 **Federal Funding Nexus**
Rural Health Transformation Program

03 **Coordinated Database**
410,771 licenses across 22 states; preliminary federal partners briefing follows

04 **Press & Calendar**
5 press releases since Q1; 2 meetings remain

EMS Compact Legislative Status

January 2026 to Present | 25 enacted member states

STATE	BILL / VEHICLE	STATUS	MOMENTUM
Alaska	HB 352 / SB 256 / SB 281	House and Senate hearings held	Strong gubernatorial support; ED testimony delivered
Arizona	HB 2437 / SB 1235 (dual-track)	Active; in-play	Poised as potential 26th member state
Connecticut	SB 93 (2026)	In committee	REPLICA language embedded
Florida	House-passed (2026)	Senate ran out of time	Re-introduction anticipated
Illinois	Legislation expected	In preparation	Tracked by Commission
Montana	Pending introduction	May 2026 hearing scheduled	ED testimony in preparation
New Mexico	House-passed (2026)	Senate ran out of time	Re-introduction anticipated
Massachusetts	Active	Tracking	Pipeline state with RHTP commitments

Rural Health Transformation Program

Federal Funding Nexus | Public Law 119-21 | \$50B over 5 years | \$10B annually

Factor C.2

EMS Activities

Scores inclusion of EMS-focused activities in a state's transformation plan.

Factor D.2

Licensure Compacts

Awards points for state participation in interstate licensure compacts, including the EMS Compact.

Year 1 Plan Analysis

43

States included EMS activities (86%)

15

States created named EMS initiatives

8

States with documented Compact commitments

Quantified EMS allocations: 2% to 48% of total state awards (median above 6%)

Eight States with EMS Compact Commitments

Federally documented through CMS Rural Health Transformation Program applications

1

Alaska

\$272M award · 2nd highest nationally · five licensure compacts

2

Arizona

Compact participation cited in plan

3

Montana

\$233M · 4th highest nationally

4

New Hampshire

\$204M · cited PA and EMS compacts

5

New Jersey

Compact participation cited

6

North Carolina

\$213M · EMS Compact as state policy action

7

Ohio

\$202M · Governor's Office: "Ohio will commit to joining"

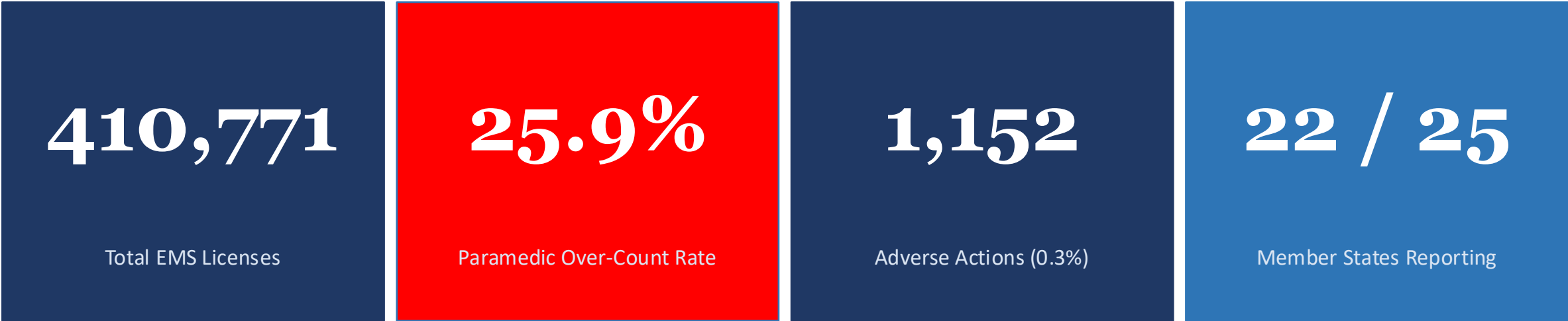
8

Oregon

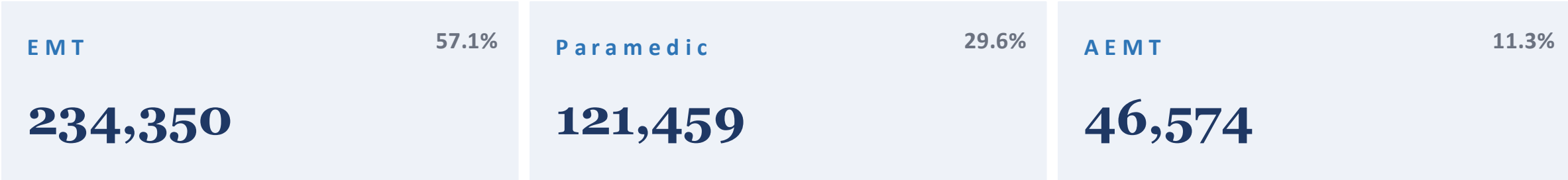
Compact participation cited

National EMS Coordinated Database

Snapshot, March 25, 2026 | 22 of 25 member states reporting



Licensure Composition (All licenses)



Why the Coordinated Database Matters

Preliminary review of the Federal Partners Briefing | April 2026

The National EMS Coordinated Database is the only system in the United States that can de-duplicate the EMS workforce across state lines. The following slides preview a forthcoming federal partners briefing that quantifies what the database makes visible for the first time.

01

De-Duplication

Counts unique humans, not license records.
Removes the inflation that legacy state-by-state aggregation produces.

02

Mobility Patterns

Reveals where multi-state practice actually happens, across which borders, and at what scale.

03

Mutual-Aid Readiness

Confirms in real time whether clinicians hold an active Privilege to Practice.

Source: National EMS Coordinated Database, April 2026 extract | 21 of 25 reporting Compact states

The Legacy Problem

How federal partners have estimated the cross-state EMS workforce

The Legacy Approach

Ask each state for its licensed-clinician count.

Sum across states.

HHS REGION VI EXAMPLE

How a federal regional surge model traditionally answers
"How many Paramedics are available?"

Texas	32,132
Louisiana	4,022
Arkansas	2,910
<hr/>	
Sum:	39,064 Paramedics

The Structural Flaw

Clinicians licensed in two or more states are counted
twice.

**Until now, federal planners had no way to
know how large the over-count was.**

The state-by-state approach answers a question
about license records, not real, available clinicians.

This briefing presents the first measured answer.

Source: National EMS Coordinated Database, April 2026 extract | 21 of 25 reporting Compact states

The Headline Finding

Legacy methods over-count Paramedics by 29.7%

29.7%

Paramedic workforce
over-count

31,255

Paramedics counted
more than once

1 in 4

AEMT over-count (24.3%)

In plain terms:

Legacy state-by-state methods would tell a federal planner there are **136,632 Paramedics** across these 21 Compact states. The actual number of unique humans is **105,377**.

That is the gap the National EMS Coordinated Database closes.

Source: National EMS Coordinated Database, April 2026 extract | 21 of 25 reporting Compact states

The De-Duplicated Count

What the National EMS Coordinated Database provides

337,411

UNIQUE CLINICIANS

De-duplicated by National EMS ID across 21 Compact states

383,717

STATE LICENSE RECORDS

What a legacy state-by-state aggregation would report

The 46,306 difference (13.7% inflation) represents clinicians licensed in two or more Compact states.

The Coordinated Database is the only data source today that can produce both numbers at this scale.

Source: National EMS Coordinated Database, April 2026 extract | 21 of 25 reporting Compact states

Border-State Mobility

65% of multi-state clinicians work where the border explains the pattern

65.4%

Hold every additional license in a bordering state

28.8%

Hold additional licenses in non-bordering states (3,824)

Top 14

State pairs share a land border (no exceptions)

What the Data Shows

The largest pair, **Kansas-Missouri (1,182 clinicians)**, spans the Kansas City metro. The second, **Alabama-Georgia (972)**, spans the Chattahoochee. Non-adjacent pairs do not appear until rank 15 (Colorado-Texas, 415).

FOR FEDERAL PLANNERS

Border-state mobility is real and substantial. The Compact's Privilege to Practice framework allows seamless cross-state practice without redundant licensure. Only the Coordinated Database can show planners where it is happening.

Source: National EMS Coordinated Database, April 2026 extract | 21 of 25 reporting Compact states

Regional Spotlight | Mountain West

An integrated EMS labor market that legacy state counts cannot represent

33.8%

of Wyoming-licensed clinicians hold a license in another Compact state

57.1%

of Wyoming-licensed Paramedics are multi-state licensed

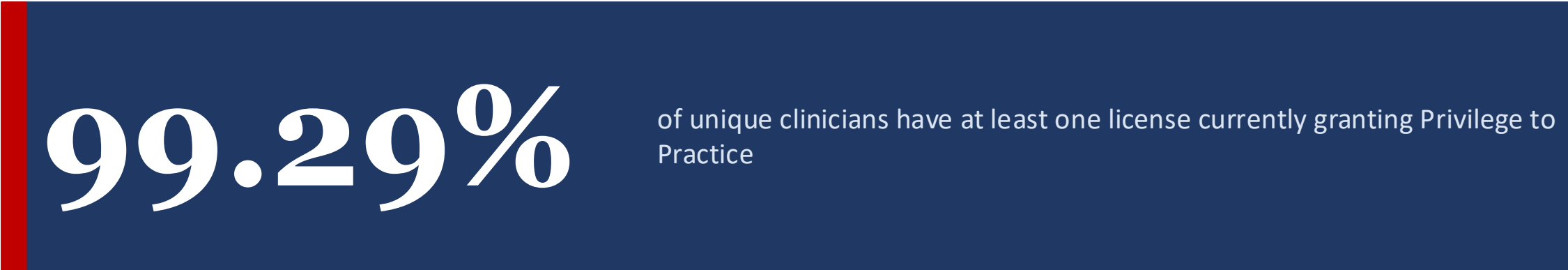
IMPLICATION FOR FEDERAL REGIONAL SURGE PLANNING

Mountain West states share a Paramedic workforce. The destination pattern (Utah, Colorado, Idaho) reflects a regional labor market that legacy state-by-state counts cannot represent.

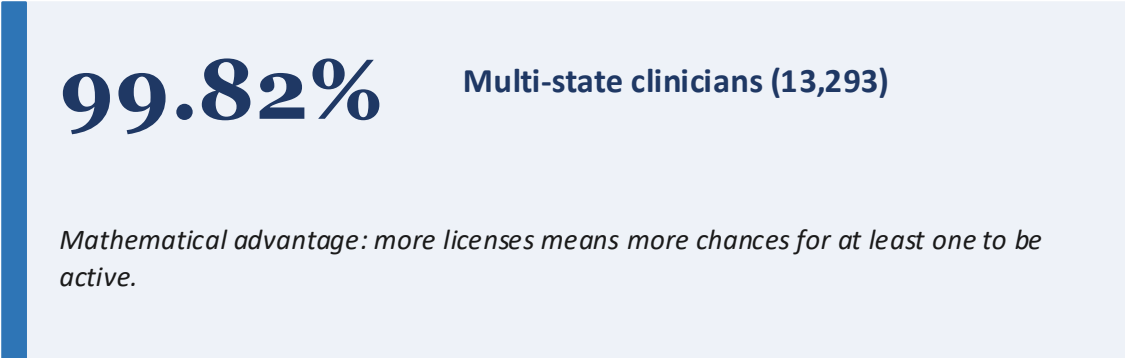
Source: National EMS Coordinated Database, April 2026 extract | 21 of 25 reporting Compact states

Mutual-Aid Readiness

Privilege to Practice coverage is broadly comprehensive



Multi-State vs Single-State Coverage



Source: National EMS Coordinated Database, April 2026 extract | 21 of 25 reporting Compact states

The Ask | Continued Investment in NEMSCD

What this preliminary review tells us about the road ahead

What This Briefing Does Not Yet Show

Indiana, Nebraska, Oklahoma, and Pennsylvania were not included in the analysis. These four states would add approximately **76,000 additional licensure records** to the picture.

Three-Part Investment Ask

01	02	03
<h3>Field Expansion</h3> <p>Add license dates, address-of-record, ePCR linkage, and employment data to enable accurate primary-state identification.</p>	<h3>State Coverage</h3> <p>Increase EMS Compact membership and increase non-Compact state data agreements.</p>	<h3>Synchronization Integrity</h3> <p>Address known data-feed issues so federal partners can rely on the data for time-sensitive operational decisions.</p>

The data already replaces decades of approximation. Continued development closes the remaining gaps.

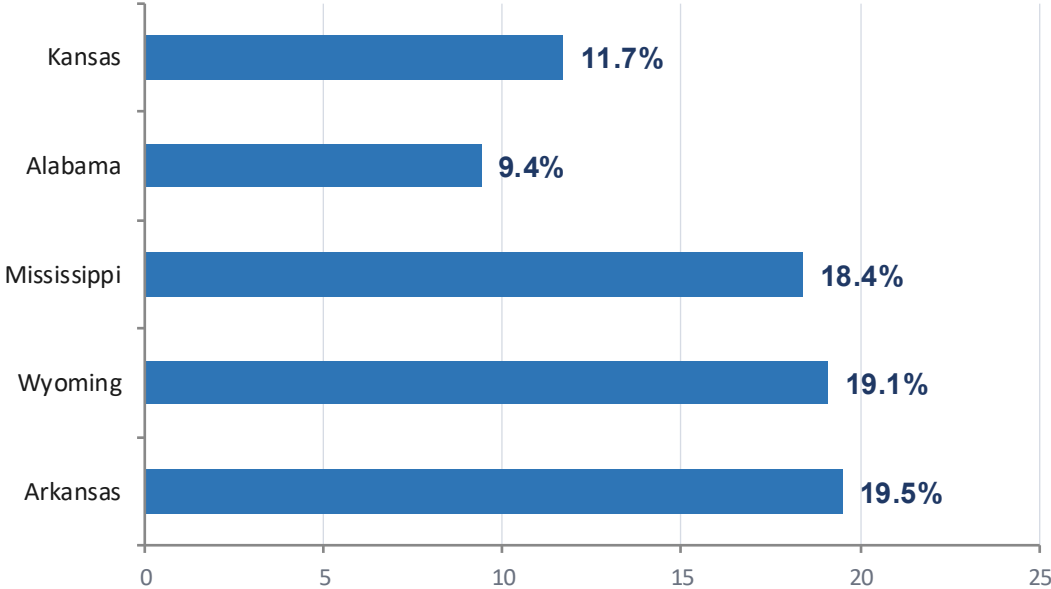
Integration Status & Multi-State Mobility

What the data tells us about cross-state EMS practice

Integration Status

22	Fully Integrated Member states reporting complete Uniform Data Sets
2	In Progress Indiana and one additional state synchronizing
3	Not Yet Reporting Nebraska, Oklahoma, Pennsylvania

Highest Multi-State Rates



Multi-state licensure supports disaster response readiness, military family employment, and agency staffing flexibility.

Committee Reports

Four standing committees report to the Commission

01

Stakeholder Advisory Committee

Executive Director Woodyard, Acting

Coordinates engagement with NGOs, professional associations, and external stakeholders. Chair vacancy following Commissioner Koehler's departure.

02

Criminal History & Fitness to Practice Evaluation

Commissioner Jonathan Jones (SC)

Authored Position Paper 2026-01 on Criminal Convictions, unanimously adopted at the Q1 meeting. Continues monitoring state implementation.

03

Rules & Bylaws Committee

Commissioner Joseph Schmider (TX), Immediate Past Chair

Reviews and proposes amendments to the Commission's Administrative Rules and Bylaws. Meetings resumed in March 2026.

04

Compliance Committee

Commissioner Joe House (KS)

Monitors Member State compliance with Compact obligations, including NEMSCD reporting and Privilege to Practice administration.

Stakeholder Advisory Committee

Reporting: Executive Director Woodyard, Acting Chair

CHAIR VACANCY

Committee Chair seat vacant following Commissioner Koehler's (WY) departure.
Chair Kinney invites interested Commissioners to volunteer for the role.

Recent and Upcoming Activity

- Stakeholder Advisory Committee meeting calendar resumed; next meeting on the published Q2 schedule.
- Continuing engagement with NGO partners (NASEMSO, IAFC, IAFF, NAEMT, NREMT, ACEP, NAEMSP).
- Coordination with Commissioners on the joint Commission/NASEMSO RHTP policy work.
- Stakeholder engagement on the upcoming EMS Compact educational outreach (CoAEMSP webinar in development).

Criminal History & Fitness to Practice

Reporting: Commissioner Jonathan Jones (SC), Chair

POSITION PAPER 2026-01

Criminal Convictions and Licensure of EMS Personnel

Unanimously adopted at the Q1 2026 meeting, February 11, 2026, No New Updates.

Four-Tier Framework

Tier 1	Tier 2	Tier 3	Tier 4
Permanent Disqualifiers Most serious offenses; automatic denial.	Serious Felonies/Misdemeanors 7-year look-back; states may consider with extreme caution.	Discretionary Review Case-by-case evaluation; may approve, limit, or deny.	Generally Non-Considered Minor offenses, expunged or juvenile records.

Rules & Bylaws Committee

Reporting: Commissioner Joseph Schmider (TX), Chair

Committee Status

Last Met:	End of calendar year 2025
Resumed:	March 2026
Authority:	Compact Section 9; Bylaws Article VII
Membership:	Open invitation; Commissioners may volunteer

2026 Work Agenda

- Review of Administrative Rules following the November 2025 approval cycle
- Operational refinements to Privilege to Practice and Provisional PTP procedures
- Bylaws review aligned with the Q4 2026 officer election cycle
- Coordination with the Criminal History Committee on rule alignment

Compliance Committee

Reporting: Commissioner Joe House (KS), Chair

Committee Scope

The Compliance Committee monitors Member State adherence to Compact obligations under Section 13 of the Administrative Rules. The Committee operates a graduated process: education and technical assistance first, formal notice second, and Executive Committee referral if non-compliance persists.

Key Obligations Under Active Monitoring

NEMSCD Reporting	Member states submit the Uniform Data Set. 22 of 25 states fully integrated; 3 states (Nebraska, Oklahoma, Pennsylvania) not yet reporting.
Privilege to Practice Administration	Member states recognize PTPs from sister states and report adverse actions within required timelines.
FBI Background Check Implementation	Initial licensure background check requirement effective March 15, 2025. Implementation status reviewed by Member State.
Annual Assessments	Commission financial obligations met by member states per the Compact's funding mechanism.

Compliance Committee : Proposed Charter

Database Administrator Report

Reporting: Ray Mollers, National Registry of EMTs

Certified Software Vendors

ImageTrend License Management

Long-standing certified vendor. Multiple member states in production.

Vector Solutions Acadis

Achieved Compact compliance certification on February 17, 2026.
Now available to member states.

System Health & Activity

22 / 25

Member states submitting Uniform Data Set

Indiana

Most recent state to complete integration (Feb 15)

100%

Uptime in the reporting period

Daily

Synchronization frequency from certified vendors

Outlook: Continued work with the three non-reporting states (Nebraska, Oklahoma, Pennsylvania) toward integration. Database upgrades in process now. Continued coordination with federal partners remain active for future updates.

Federal Report | NHTSA Office of EMS

U.S. Department of Transportation, National Highway Traffic Safety Administration

VII.

Old Business

Approve Q1 2026 Meeting Minutes

Approve Q1 2026 Meeting Minutes

Action item; Secretary Mark Herrera (UT)

Q1 2026 Full Commission Meeting

Feb 11

Meeting Date (Virtual)

22

Commissioners Present

Pos. Paper 2026-01

Adopted Unanimously

Key Items in the Q1 Minutes

- Roll call, quorum declaration, and welcome of new Commissioners (Vance MO, Neugebauer WY).
- Position Paper 2026-01 (Criminal Convictions) adopted as amended without opposition.
- Approval of Q4 2025 minutes; Treasurer's report; Executive Director report.
- Committee reports and federal partner updates.

ACTION | Motion to approve Q1 2026 minutes. Second. Vote.

VIII.

New Business

Resolutions | Discussions

RESOLUTION 2026-01

EMS Week 2026

To recognize the week of May 17–23, 2026, as Emergency Medical Services Week

“Improving Outcomes, Together” | 52nd Anniversary of EMS Week

ACTION

Motion to adopt Resolution 2026-01. Full text in print book, page 2.

EMS Week 2026 | Certificate of Recognition

Personalized certificate to be issued to all clinicians licensed in EMS Compact member states



**INTERSTATE COMMISSION FOR
EMS PERSONNEL PRACTICE**

Certificate of Recognition

HONORING EMS WEEK 2026 AND YOUR DEDICATION TO EMERGENCY MEDICAL SERVICES

On behalf of the United States EMS Compact,
this certificate of appreciation is presented to

Sarah M. Thompson

Licensed Paramedic • Colorado

As an EMS clinician licensed in a state participating in the United States EMS Compact,
your commitment to excellence, patient care, accountability, and interstate cooperation
in emergency medical services is greatly appreciated and valued. Thank you for your
dedication to the profession and the patients and communities you serve.





Donnie R. Woodyard, Jr., MAML
Executive Director

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Kraig Kinney, JD
Chair

RESOLUTION 2026-02

EMS for Children Day

To recognize May 20, 2026, as Emergency Medical Services for Children (EMSC) Day

35 million children receive emergency medical care each year due to illness or injury.

ACTION

Motion to adopt Resolution 2026-02. Full text in print book, page 3.

RESOLUTION 2026-03

Appreciation for NREMT

Recognition of the National Registry of Emergency Medical Technicians

Indispensable partner in the operation of the United States EMS Compact.

ACTION

Motion to adopt Resolution 2026-03. Full text in print book, page 3.

RESOLUTION 2026-04

Appreciation for NASEMSO

Recognition of the National Association of State EMS Officials

Peer organization and standing partner of the Commission.

ACTION

Motion to adopt Resolution 2026-04. Full text in print book, page 4.

Rural Health Transformation | Discussion

VIII(c) | EMS Representation in State Plans

Discussion Prompts

- 1 How should the Commission engage CMS on Year 2 guidance, benchmarks, and scoring tools?
- 2 What technical assistance can the Commission and NASEMSO offer states with documented Compact commitments?
- 3 Should the Commission formalize its joint policy posture with NASEMSO going forward?
- 4 How does the Commission preserve state discretion while strengthening EMS representation?

Reference: Joint Commission/NASEMSO RHTP Policy Paper, v6 (March 2026)

National Disaster Preparedness | Discussion

VIII(d) | Interstate Mobility & Mutual Aid

Discussion Prompts

- 1 How can the Privilege to Practice mechanism be strengthened for federally declared disasters?
- 2 What coordination is needed with NEMA, EMAC, and FEMA on credentialed EMS deployment?
- 3 Where does the Coordinated Database support real-time verification during deployments?
- 4 What gaps remain in the three non-reporting states (Nebraska, Oklahoma, Pennsylvania)?
- 5 Should the Commission develop a position paper or technical guidance for member states?

IX.

NGO / Stakeholder Reports

Partner organizations addressing the Commission

NGO & Stakeholder Partner Updates

Partner organizations recognized for participation in the Commission's work

NASEMSO

National Association of State EMS Officials

Peer organization. Joint policy work on the Rural Health Transformation Program. Hosts the Commission's annual in-person meeting.

NREMT

National Registry of Emergency Medical Technicians

Principal financial supporter; provides software, infrastructure, and database administration for the National EMS Coordinated Database.

IAFC

International Association of Fire Chiefs

Stakeholder representing fire-based EMS systems. Continuing engagement on Compact implementation.

IAFF

International Association of Fire Fighters

Stakeholder representing career fire fighter EMS personnel. Ongoing dialogue on personnel mobility.

NAEMT

National Association of Emergency Medical Technicians

Stakeholder representing EMS clinicians. Engagement on workforce and licensure issues.

NAEMSP

National Association of EMS Physicians

Stakeholder representing EMS medical directors. Coordination on clinical and quality matters.

Additional partner organizations may address the Commission per the Chair's recognition.

Press Releases & 2026 Commission Calendar

Activity since the Q1 2026 meeting

Press Releases Since Q1

Jan 14	Comm. Michael Johnson (GA) appointed to Executive Committee
Feb 6	Wyoming and Missouri appoint new Commissioners
Feb 15	Indiana completes full NEMSCD integration
Feb 17	Vector Solutions' Acadis achieves Compact compliance
Feb 17	Commission adopts Position Paper 2026-01 on Criminal Convictions

Remaining 2026 Calendar

EMS Week 2026	May 17–23
EMS for Children Day	May 20
Q3 2026 Full Commission Meeting	August 19
Q4 2026 Full Commission Meeting & Officer Elections	November 18

X.

Adjourn

Executive Session to immediately follow per Section 10.B.6

Closed session per Section 10.B.5(a)

Thank you, Commissioners.

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