ANCHORAGE, ALASKA—For the past three years, states have been finding new ways to work together in the health care arena to help avoid the ever-dreaded 800-pound gorilla called federal pre-emption.

“We in emergency medical services got to the place and decision about doing an interstate compact on behalf of the 825,000 EMTs and paramedics in the United States—big crowd—as a result of a gorilla,” said Dia Gainor, executive director of the National Association of State EMS Officials. She was speaking Aug. 13 at the CSG National and CSG West Annual Meeting in Anchorage, Alaska, about REPLICA—the Recognition of EMS Personnel Licensure Interstate CompAct.

Gainor said word began circulating of a federal move to license paramedics and emergency services personnel. It was not well received.

“Our response and the response of the National Governors Association was, well I can summarize it as saying, ‘No,’” she said.

The Council of State Governments’ National Center for Interstate Compacts is working with three health care groups on compacts that address licensing issues—EMS officials, physicians and physical therapists.

“A compact is both a statute and a contract (between states) and for that reason, these compacts take on a special status in our legal system with respect to legislation,” said Rick Masters, special counsel and legal consultant for the National Center for Interstate Compacts. “In order to achieve uniformity, in order to achieve economies of scale, in order to speak with one voice collectively as states, frequently compacts can be used to achieve all those objectives.”

Gainor said the idea for the EMS licensure compact, which began about three years ago, came about because of the large number of emergency medical technicians and paramedics who regularly cross state borders for their jobs.

“In the case of helicopter or fixed-wing EMS, that’s sometimes five or six or seven different states,” she said. “The law-abiding personnel have to hold five different state licenses with five different expiration dates, five different sets of continuing education requirements, five different sets of paperwork, five different sets of fees. It’s maddening that we have not solved this sooner on behalf of those very dedicated and heroic personnel.”

If a state joins REPLICA—which will be up for legislative consideration in 2015—any emergency services
personnel who have an unrestricted license in their home state will be granted the privilege to practice in any other member state.

“States are joining together and sharing their authority, saying, ‘You licensed them in your state and he’s coming to mine for this two-week assignment to a wildland fire medical unit camp or on a day-to-day basis because the trauma center is in my state. We’re going to be good with that,’” Gainor said.

And if an EMT or paramedic has their license suspended in their home state, the privilege to practice in any other compact state is automatically suspended.

“That’s is a big safety net compared to the scenarios we have today,” said Gainor, noting that states do not share information among themselves about who has had their license revoked.

Eric Fish, senior director of legal services for the Federation of State Medical Boards, said the reasons for the Interstate Medical Licensure Compact are much the same. This compact, which would pave the way for physicians having a license to practice in multiple states, is currently being drafted with the intention of being ready for consideration during the 2015 legislative session.

“We see now the problems that state medical boards are having sharing information across borders,” Fish said. “Most recently talking to representatives of the Texas Medical Board, they cannot share information with individuals in Louisiana or any other state. ... That really impacts their ability to get to pill mills. This model is going to help them.”

A physician would have to receive a medical license in a compact state, which would verify the doctor’s credentials and run a background check. That information could be transferred to and accepted by any other compact state in which the doctor wishes to be licensed. A compact commission will be used as a clearinghouse to share information among member states about disciplinary actions taken against physicians, information which now doesn’t get shared.

“Most physicians we talked to said the number one impediment to them becoming licensed in multiple states is the paperwork burden,” Fish said. “It’s not that they have to pay fees; they’ve come to understand that. It’s the paperwork burden.

“It takes a while for the medical board to get the paperwork, they’ve got to fill out the same paperwork over and over again, there’s redundancy in that. Any business model that you would look at would say this was the wrong approach. We’re trying to create a cure for the problem they face.”

Nancy Kirsch, vice president of The Federation of State Boards of Physical Therapy, said a similar licensing compact for physical therapists will begin its drafting phase soon. The idea of a compact, she said, just makes sense.

“Well, it certainly fits in with our mission, which is to protect the public by providing service and leadership and to promote safe and competent physical therapy practice,” Kirsch said. “It also fits in with our vision, which of course is to provide a high level of public protection and to look at whatever effective tools are out there that will help us do that.”
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