Deliverables obligated by NASEMSO under US Department of Homeland Security Contract Number HSHQDC-12-C-00128
Your State EMS Office/Bureau:

• Protects the public through licensure of ambulance services, EMTs, paramedics, etc.

• 4 out of 5 in the state health department

• Board type varies
Your State EMS Office/Bureau:

• Most are responsible for the state trauma system
• Statewide EMS response/patient care reporting
• Trending as the new home for health/hospital preparedness programs
What’s Been Keeping State EMS Officials Up at Night

- Planned special events and major incidents below the level of a Governor-declared disaster (deployment pre-declaration, wildland fire, etc.)
- Mutual aid to/from an adjacent state
- US DHS personnel (border patrol, USCG, et al.) and other federal EMS operatives
- Personnel with a multistate footprint (e.g., flight paramedics)
- “Hopscotchers” and real time adverse action awareness in other states
Compact is designed to achieve the following purposes and objectives:

- Promote compliance with the laws governing EMS personnel practice in each member state
- Give states the authority to hold out of state EMS personnel accountable
- Enable exchange of information between states regarding EMS personnel licensure, adverse action and significant investigatory information
Compact is designed to achieve the following purposes and objectives:

• Increase public access to EMS personnel

• Enhance the states’ ability to protect the public’s health and safety, especially patient safety

• Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation

• Support licensing of military members who are separating from an active duty tour, veterans and their spouses
THE PROCESS
Phase I – National Advisory Panel (4 months)

- Individuals representing 23 organizations
- Issue and stakeholder experts from state EMS agencies, federal partners, and the EMS industry
- Two 2-day meetings
- Consensus-based guidance to identify high level provisions
Phase I – National Advisory Panel

- American Ambulance Association
- American College of Emergency Physicians
- Association of Air Medical Services
- Association of Critical Care Transport
- Bureau of Land Management
- EMS Labor Alliance
- Federal Bureau of Investigation
- Federation of State Medical Boards
- Int’l Association of EMS Chiefs
- Int’l Association of Fire Chiefs
- Int’l Association of Fire Fighters
- International Association of Flight & Critical Care Paramedics
- International Paramedic
- National Association of EMS Educators
- National Association of EMS Physicians
- National Association of EMTs
- National EMS Management Association
- National Governors Association
- National Registry of EMTs
- National Volunteer Fire Council
- USDA Forest Service
- US DOI National Park Service
The NAP Decisions

• Preserve state sovereignty and collective control

• Create a system of self-regulation by the states whereby national policy can be put into place and data can be exchanged but remain flexible enough to change as change continues to occur in the EMS industry

• Work closely with CSG’s National Center for Interstate Compacts
The NAP Conclusions

• Settings/circumstances to which the compact will apply

• Characteristics the individual must possess

• Home state requirements:
  – use of the NREMT exam
  – “some kind of criminal history check”

• Clear Choice: # of states needed to enact= 10

• Let the drafting team duke out the details
Phase II – Expert Drafting Team
(Four 2 day meetings over 7 months)

- NASEMSO x5
- CSG Nat’l Center for Interstate Compacts
- AAMS
- IAFCCP
- IAFF
- NEMSMA
- NAEMT
- Vedder Price
THE RESULTS
“Home State” Obligations

• Has a mechanism in place for receiving and investigating complaints about individuals

• Notifies the Commission of any adverse action or significant investigatory information regarding an individual

• Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels
National EMS Certification Required for Initial State Licensure for In-state Applicants

Notes:
Also using National EMS Certification-AS, Bahamas, DC, DHS, Puerto Rico, US Army, US Air Force; Boxed Territories use EMT

“Home State” Obligation Within 5 Years of Activation:

• Require a criminal background check of all applicants for initial licensure
  – Based on the results of fingerprint or other biometric data checks
  – Compliant with the requirements of the Federal Bureau of Investigation
  – Exception for federal and other governmental employees who have a specific security clearance as defined in US CFR
Fingerprint Based FBI Check:
Requirement for Initial Licensure for Emergency Medical Technicians and Paramedics

- Green: Required for Both
- Blue: State Level Check - FBI Conditional Based on Residency History
- Orange: State Level Check Only on All Applicants

Revised: 2/10/14
*Based on results from the 2012 EMT & Paramedic Implementation Surveys and 2014 Followup Query
Other “Home State” Obligations

• Veterans, separating service members, and their spouses who hold a current, valid and unrestricted NREMT certification automatically approved for education and testing requirements

• Expedites the processing of licensure applications made by veterans, separating service members, and spouses

• Exercise their authority to continue to require someone to hold a license in their state for non-compact purposes
Individual Requirements to Enjoy the Privilege to Practice in a “Remote State”

• Be at least 18 years of age;

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

• Practices under the supervision of a medical director in his/her home state.
Operational Scenarios

• The individual may practice only in the performance of their official duties
• The individual must have been assigned to function by an appropriate authority
• Other conditions as determined by rules promulgated by the commission
Operational Scenarios

• The individual initiates a patient transport in a home state and transports the patient to a remote state (A -> B)

• The individual originates in the home state, enters a remote state to pick up a patient and provide care and transport of the patient back to the home state (A -> B -> A)

• The individual enters a remote state to pick up a patient and provide care and transport to a third member state (A -> B -> C)

• The individual enters a remote state to provide patient care and/or transport within that remote state (A -> D)
“An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.”
Adverse Actions

• Home state has exclusive ability to take disciplinary action against the license issued by that state in accordance with their own state law

• If the home state acts, the privilege to practice in every other state is immediately suspended

• A remote state may take adverse action on an individual’s privilege to practice within that state
Adverse Actions

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

- Any member state may take adverse action against an individual’s privilege to practice in that state based on the factual findings of another member state.
Adverse Actions

• Option for a state to require participation in an alternative program is preserved and shall remain non-public if required by the member state’s laws.

• Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.
Relationship to the Emergency Management Assistance Compact

Once a Governor declares a disaster and EMAC is activated, EMAC applies and no terms or provisions of REPLICA shall supersede the terms of EMAC with respect to any individual practicing in the remote state in response to such declaration.
The Interstate Commission

• “Joint public agency”
• States preserve sovereign immunity
• Every state holds one seat, one vote
• The state delegate is the “responsible official of the state EMS authority or their designee”
• Create bylaws, promulgate rules
• Establish policy and procedures
• At least one meeting per year
• All meetings are public
The Interstate Commission

- Budget and financial management provisions
- May accept any appropriate revenue source, including donations and grants
- May collect an assessment from states for which revenue is not provided by other sources
- Qualified immunity, defense, and indemnification
Interstate Compact Commission
Operational Benefits

• Proven governance structure
• National data & information sharing systems
• Enhanced enforcement and compliance mechanisms
• Uniform compact rules, policies, and procedures at the state level
“Home” State Considerations in Play

• Be a current user of the NREMT examinations at the EMT and Paramedic levels

• Require fingerprint based criminal history check within 5 years

• Agree to review adverse event reports received from another compact state
“Remote” State Considerations in Play

• Agree to document complaints, conduct investigations, and provide information to the home state

• Exercise the ability to suspend provider’s privilege to practice

• Provide home state with documentation of investigations and restrictions
The Effect of Enactment

• Creates a contract between states via passage of the same legislation in multiple states specific to EMS

• States extend a privilege to practice to individuals from other compact States as though they were licensed in their state *under specified conditions*

• States gain authority over EMS personnel from other compact states when practicing in their state

• Compact States form a governmental “Commission” to promulgate universal rules

• Commission is home to a national database
NEXT STEPS

• In states’ hands in final form 9/1/14
• States can choose to propose as a legislative idea
• Legislatures enact, Governors sign
• REPLICA Commission stands up as soon as the 10th state enacts
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REPLICA
Recognition of EMS Personnel Licensure Interstate CompAct