

The National EMS Advisory Council

Submitted on May 30, 2012

Committee: Systems

Title: Reducing Barriers to Interstate Credentialing and Licensure of EMTs

Executive Summary

The ability for an Emergency Medical Technician (EMT) to lawfully respond to a request for medical assistance and provide care is granted, typically, through a state's regulatory authority (Licensure) and through a licensed physician's delegation of practice (Credentialing).

This regulatory structure exists to protect the public by ensuring that the EMT (1) has met minimum eligibility requirements, (2) has met education requirements, (3) has passed an acceptable certification exam, and (4) has received approval by a physician to practice a (5) specific scope of activities under his or her delegated authority.

Given that each state independently exercises these regulatory authorities with considerable variation on the degree of local control, an EMT wishing to practice in more than one jurisdiction faces hurdles to attain necessary approval to practice.

These hurdles have become more recognized since the events of September 11, 2001 and Hurricane Katrina in 2005 as an ability to support interstate emergency response has been recognized as a preparedness goal.

It is useful to differentiate between events that generate a formal emergency declaration and events that take place on a day-to-day basis without a declaration of emergency because the methods to improve cross-jurisdictional Emergency medical Services (EMS) response for both scenarios are quite different.

Over the past few years several national activities have directly or indirectly reduced the regulatory barriers associated with EMTs practicing across jurisdictions.

- The **National EMS Scope of Practice Model** identified the most common skills performed by each level of EMT. Its intended use was to inform the development of education standards, but it has also been broadly adopted by the states¹ as they establish the scope of practice for their EMS providers. Use of the common practice standards permits reciprocity between states that have adopted the scope of practice model.
- The **National EMS Education Standards** attempt to identify the required training content necessary to ensure minimum competency to perform the practices identified for

¹ The 2010 Annual Report from the National Registry of Emergency Medical Technicians reports that 38 states use the registry with 5 more using it only for Paramedic certification.

each level of EMT in the National EMS Scope of Practice Model. These Standards have been broadly adopted by states either explicitly (state training requirements) or implicitly (The National Registry of EMT Certification exam are designed to test these standards). Again, reciprocity between states that have adopted similar EMS Education standards makes interstate EMS assistance less daunting.

- The **National Registry of EMTs** has been broadly adopted by states as an organization that is eligible to examine and certify minimum competency of EMTs. This is one of the primary focuses of any reciprocity discussion.
- The state adoption of the Federal Emergency Management Agency supported **Emergency Management Assistance Compact** has greatly eased the ability during a major regional, state or national emergency event for a state to request and receive aid from another state. Resources available through an EMAC request will conform to standards (for personnel - minimum eligibility standards, education and certification of personnel) that have been agreed to by all the states as part of a resource credentialing system deployed in conjunction with the National Incident Management System by the Department of Homeland Security. Generally, EMAC addresses items 2 and 3 in the list above through its provision that states accept licensing of the responder states, however other issues not specific to EMS such as requirements for background checks have yet to be addressed
- After Hurricane Katrina in 2005, the Federal Emergency Management Agency developed the **National Ambulance Contract** to ensure that in the event of national significance (state or national emergency) the federal government could obtain dedicated ambulance (air and ground) and transportation (stretcher vans) resources and the necessary personnel to staff them for extended periods of time to assist in the evacuation, care and immunization of patients to the affected areas without reducing response resources from other impacted areas. Similar to EMAC, minimum eligibility, education and certification requirements of personnel are controlled. There remains confusion as to whether medical control and scope of practice are adequately addressed to meet the needs of all states.
- Many states have incorporated statutory, regulatory or policy language to reduce or eliminate barriers to cross-jurisdiction practice by EMTs during an emergency, whether that be local, statewide or national in scope.
- Reciprocity among states has long been the gold standard to allow for an EMT to work across jurisdictions. States that have similar minimum eligibility requirements including: education requirements, testing requirements, background check requirements, and similar scope of practice frameworks are much more likely to offer reciprocity. For full reciprocity to be possible, the physician must also be credentialed to oversee EMS providers in both jurisdictions.

None of the initiatives mentioned above address all 5 regulatory items associated with EMT practice, though the cross-jurisdictional provision of EMS allows for the waiver of these items that are not covered during declared emergencies.

It is the non-emergency (wildfire events) or day-to-day (border cities) cross-jurisdictional issues that are more problematic. In addition, the consolidation of previously separated Federal Agencies under the Department of Homeland Security and the alignment of the emergency response training for these agencies shed light on a previously unrecognized EMT response force that operates within many jurisdictions on a daily basis. The movement toward a higher level of EMS capability for police and other security personnel who are less tethered to specific jurisdictions exacerbates the cross-jurisdictional issues.

No one recommendation appears to immediately address all suspects of this issue. However continued advancement of a ubiquitous national program for EMS training and certification with an associated national registry of qualified individuals is an essential support element for all suggested recommended actions.

NEMSAC recommends that the following efforts be continued/considered with the goal of reducing the barriers to cross-jurisdiction EMS:

- Continued promotion of the *EMS Education Agenda for the Future: a Systems Approach* as a key element to permitting State-to-State reciprocity.
- Assist states with tools to increase interstate recognition of licensing. Support the enhancement of existing programs that provide for interstate EMS assistance in times of emergency.

An issue not addressed in the discussion of EMS practioner interstate licensing and credentialing is the authority of the supervising physician in providing medical direction. License reciprocity for the medical direction element of EMS will greatly ease the credentialing aspect for EMS personnel however there will remain the requirement that the supervising physician be licensed in the location the supervised is working. Recent approval of the EMS Physician as a subspecialty is the only action to date addressing the need for reciprocity of physician medical oversight between States. Federal support that can be directed to increasing the number of physicians that meet this sub-specialty (or achieve similar status through continuing education) will ultimately dramatically improve EMS care and reduce the difficulty of cross-jurisdictional practice for EMTs. Support for the development/adoption of minimum education requirements (initial and continuing) for physicians involved in EMS will east the implementation of interstate EMS credentialing and licensure.

Issue Synopsis

A: Problem Statement

Emergency Medical Services has evolved to become an expected emergency response service as part of the national medical system with appropriately qualified individuals engaged in patient care. EMS qualifications have also become an element of the skill expectations for workers who are not primarily EMS responders but who are expected to assist individuals in need. Although national training and proficiency certification efforts have resulted in relatively common skill sets, the system for licensing and credentialing does not easily accommodate interstate utilization

of the skills. Several types of activities can find EMS practitioners dispatched across state boundaries to provide services leaving them in a position of practicing medicine outside of their licensed state. These activities can range from day-to-day response arrangements designed to fully utilize EMS resources on a regional basis to response to major disaster events. These instances generally involve the dispatch of a complete EMS team including equipment but may be an individual responder lending assistance.

The situation relates to the system of licensing EMS personnel to practice in a state with limited options to extend that license to other states in emergency situations or for day-to-day operations. State EMS programs are responsible for developing a licensing and credentialing program for EMS professionals within each state. For state and local government this system is effective at assuring the individual is qualified to perform a specific and limited set of medical interventions and that the individual has appropriate medical supervision. The actual day-to-day operations of most EMS personnel fall under the auspices of the local Medical Director, or equivalent authority that is the credentialing authority based on the individual's training, certification of competency, and the individual's license to practice in the state. That license is in most circumstances based on nationally developed criteria. The licensing and credentialing system is based on the long held practice of state control over the issuance of licenses to engage in activities of individuals. There are EMS practitioners who operate as part of federal or other non-state entities and whose employment does not conform to the state EMS support model. Those individuals may practice primarily within the bounds of specific facilities or in job functions that may extend to multiple states. These individuals may be supervised by a medical authority from their employment agency that is not from the state where they are practicing.

An individual may perform only those procedures for which they are educated, certified, licensed and credentialed. This process, in addition to providing boundaries of practice and a reasonable assurance of competency, allows a level of liability protection if the individual practices only within his or her approved boundaries of practice. After an individual has attained an appropriate education and has passed certification exams they are eligible to apply for a license to practice in a state. Once they have attained that license the individual must be credentialed by a medical director, or equivalent qualified medical professional, to practice in a specific setting such as a local EMS agency or ambulance service. This relationship provides an organizational link to further protect the individual.

There is no easy method for an EMT to practice on a day-to-day basis in multiple jurisdictions without seeking licensing and certification from each state. There has been significant progress associated with developing reciprocity for an EMT's training, and certification, but the issues of variable scopes of practice and portability of medical direction (and liability coverage) have not been resolved. This situation potentially exposes the individuals to potential malpractice actions.² This has significant potential negative aspects for the individual and may severely limit the options for collaborative service arrangements between EMS agencies in different states.

State to state reciprocity has improved as states adopt the National EMS Scope of Practice Model and the National Education Standards as a basis for their training programs and certification. Additionally, as more states have adopted the National Registry of EMT's certification program

² No actual incidents of related malpractice actions have been identified.

as the required minimum entry threshold for certification, reciprocity has increased. Individuals who wish to work for two EMS organizations in different states still need to obtain licenses and attain credentials in each state and with each employer along with meeting state or employer specific requirements such as criminal background checks. However the EMS specific criteria are made easier if both states have adopted the measures identified above. This process points to the value of nationwide standards and proficiency testing as a tool in support of state EMS programs.

These same training standards and national registry tools have been adopted by some federal agencies as the basis for assuring that their EMS programs are equivalent to state systems as far as individual capabilities. It appears that these federal employees generally hold a license from one state with their medical supervision provided by their employing agency.

Impacts - In a variety of circumstances EMS professionals may be asked to practice outside their territory³. These situations range from a need to utilize EMS resources on a regional basis for daily patient care to major disaster situations where a state requests EMS assistance from other states, or potentially from other countries. The types of incidents where interstate EMS response is required fall into four general categories; major disasters, day-to-day operations, operations that are inherently interstate, and emergent events.

The **major disaster** declaration scenario is likely to be activated by a request under the auspices of either the Emergency Management Assistance Compact (EMAC) or the National Ambulance Contract as part of federal assistance available under Emergency Support Function #8 (ESF #8)⁴. EMAC (that all states are party to) Article V provides for the requesting state to accept licensure from the supplying state⁵. Within the EMAC procedures there are tools for typing EMS units as an available resource and for requesting EMS assistance⁶. Some direction to how utilization of this resource would be managed resides in the National Incident Management System (NIMS) documentation that has procedures for resource typing and for verification of credentials. It is up to the supplying state, or organization, to supply the information relating to the licensing and capabilities of individuals being offered to assist. It is the responsibility of the receiving state to verify that those credentials match their needs as well as to perform any individual specific background checks required in that state. In the case of EMS personnel, the EMS specific verification may need to be done by the medical director who would then be responsible for credentialing of the individuals, although that would be up to the state to determine. The EMAC compact is clear in assuring that licensing is recognized it but it is not clear that the credentialing would be since in the context of EMS the credential is an approval to engage in patient care within a particular area under the supervision of an appropriate medical authority.

In recognition of the need for EMS services and in particular transport Federal Emergency Management Agency developed the National Ambulance Contract to ensure that in the event of national significance (state or national emergency) the federal government could obtain

³ When transporting patients to a medical facility in an adjacent state from the licensing state the EMS personnel are generally considered to be operating under the authority of their licensing and credentialing although some states have included provisions in their EMS statutes to support this activity.

⁴ ESF #8 – Public Health and Medical Services Annex, Federal Response Plan. *Federal Emergency Management Agency*

⁵ An Act to Ratify the Emergency management Assistance Compact; and for related purposes. *Federal Emergency management Agency.*

⁶ The EMAC process is designed around supplying EMS teams including vehicles and supporting personnel, not individuals.

dedicated ambulance (air and ground) and transportation (stretcher vans) resources and the necessary personnel to staff them for extended periods of time to assist in the evacuation, care and immunization of patients to the affected areas without reducing response resources from other impacted areas. The contract is managed by the US Department of Health & Human Services as the “Federal National Ambulance and Para-transit Support contract” under the Federal Emergency Support Function #8 procedures. Similar to EMAC, minimum eligibility, education and certification requirements of personnel are controlled with requests for assistance forwarded through FEMA and the state maintaining patient control and overall control for utilization of the resource. The intent is to have ambulances moving within 6 hours of a request being approved and on site within 24 hours. A variety of medical services are available under this contract ranging from EMS patient care including transport to staffing of hospital emergency departments. The resources are typed utilizing FEMA’s National Emergency Responder Credentialing system as part to the National Response Framework.

For most **day-to-day** interstate EMS activities an important point is that the assistance that is dispatched is delivered by EMS teams that generally include the individuals and all associated equipment. The team is dispatched to the scene with authority to perform within the boundary of their license to practice. This distinction has potential mitigating impacts on the liability of the individual EMS practitioners that are part of the dispatched team. These operations are generally found in areas where the resources from an urban center are utilized to increase the service availability for areas surrounding that area even when those areas include a portion of an adjacent state.

The **inherently interstate** operations are directly related to individual EMS personnel interstate practice where there is an inability for states to recognize these trained and certified EMS practitioners who may be deployed by federal agencies, not state or local entities. Private companies such as air ambulance services that serve multi-state regions will also have individuals frequently practicing outside the state where they are licensed even though the company provides for appropriate credentialing.

Federal agencies have EMS trained employees who have as part of their duties to provide patient care, or who are dedicated to EMS response. Many of these Federal responders may be fully EMS qualified but have licenses in only one of the multiple states where they work on a regular basis. This includes federal reservations and federal property where they are the first responders. A similar situation may exist for some Native American Reservations and for private companies operating over a large territory. Many of the federal properties such as national forests cross state boundaries with the primary EMS support being federal employees. Other facilities such as federal buildings and campuses within states have internal EMS response teams or individuals who work closely with the local EMS community, but possibly with licenses from another state. It is also common for federal employees to be deployed to other than their regularly assigned work place in support of emergent situations or seasonal needs. Federal agencies may have comprehensive EMS training programs and utilize nationally recognized certification programs with their EMS personnel licensed in a state and supervised by fully qualified medical oversight. Unless the assignment is long term it is impractical to have these individuals attain licensure in the deployed to state. The effect of this system is to provide assurance of competency equal to that of state EMS programs.

The number and qualifying attributes of these federal EMS resources is not known including the standards being used for training and certification or how these individuals are being licensed and credentialed to practice. For some agencies it is clear that a program for training, certification and medical oversight is well developed and fully compliant with that offered by states, including a practice of having the practitioner licensed in a state. Some states have provided for liability protection for federal employees operating within their state as long as the employee is operating within the constraints of their federal employment.

The **emergent event scenario** has multiple examples where the EMS units have responded to events in neighboring states, generally dispatched by their by their 911 center, at the request of the impacted jurisdiction. In much of the United States, particularly the rural West, limited EMS resources at the local level makes this type of request a certainty at some point in time. The need is immediate and the event is generally of a relatively short duration.¹ The request for assistance will be unanticipated and the assistance is needed without the delays associated with activating the Emergency Management Assistance Compact (EMAC) or ESF #8. An example of this type of incident is major traffic crashes involving high capacity vehicles. The need for EMS assistance is immediate and likely to be relayed via calls from the Public Safety Answering Point responsible for dispatching units to the crash site area to the closest potential assistance, which could easily be out-of-state.

A review of some local emergency response plans has shown an anticipation that for locally declared emergencies of a health nature the Medical Officer/Medical Director would by policy be assigned as the incident commander. For that limited set of events, having the Medical Director as the incident commander may clarify the issue of out-of-state respondents since all EMS practioners would be operating under his/her direction regardless of licensure. In other situations having the Medical Officer/Medical Director of the receiving state disaster response team credential the arriving EMS teams is a viable action and would fit within the normal NIMS operating structure for disaster response. Interstate licensing reciprocity would facilitate this process and potentially permit greater flexibility of personnel utilization.

There are reports of situations that in major incidents non-qualified, non-licensed persons have traveled to the incident and offered to assist while claiming to be qualified EMS personnel. The EMAC and NIMS processes when followed assures that only qualified and licensed individuals are permitted to practice in major disasters and them generally as part of a functional team. A similar system should be in place for emergent nature interstate EMS responses and would be facilitated by interstate recognition of state EMS licenses to practice. EMAC is a practical and well thought out process with the one failing that for emergent EMS events where interstate assistance is needed the activation protocols preclude timely utilization of the system.

Status - It is unlikely that the licensing and credentialing of EMS personnel will be done other than at a state level in the foreseeable future. Adoption of the National EMS Scope of Practice Model by states has provided a significant degree of uniformity in education and training of EMS personnel. The National Registry of Emergency Technicians has provided a national certification tool that 43 states are now using for all or part of their knowledge based certification process. Those tools provide the basis for a common set of patient care expectations for EMS

personnel, nationwide. Federal agencies and others can, and have in some cases, developed EMS programs that parallel these state programs. Dependent on the interpretation of Article 10 of the US Constitution states may be able to enter into state-to-state mutual aid agreements that permit EMS personnel to cross their mutual state boundaries. If permitted such agreements appear to meet the need of the adjacent states/providences where day-to-day operations. However those agreements would do nothing to address the issue of federal or private EMS employees working in multiple states including air medical operations.

B: References

There is little compiled data concerning the ramifications of the lack of a mechanism for states to accept EMS assistance from other states. However there are many anecdotal notations of concern where assistance was rendered and the individuals were in effect practicing without license. The reviewed documents dealing with interstate EMS are primarily related to response and response planning. They most often fail to mention the licensing and credentialing as an issue to be addressed in the response activities, or simply assume that is handled by overriding authorities within the resource sharing agreements.

C: Crosswalk with Other Documents and Past Recommendations

Interstate Credentialing and Licensure of EMS personnel is a complex issue. It is an issue where there is little if any federal authority to directly affect a solution and where state actions are needed. It is primarily a procedural issue where a quite practiced and effective system of licensing EMS practioners assures that they are qualified and capable of performing patient care, but precludes full utilization of their skills outside the state in which they are licensed without placing liability on the individual. The situation is complicated by the lack of a set of tools to encompass other qualified EMS personnel who are not associated with a state EMS program.

States have limited options to deploy either short term or long term solutions to this issue. The solutions that are available are focused toward specific needs and states may need assistance to consistently implement these solutions. Limited assistance may permit states to make significant progress particularly in deploying short term solutions to the most significant situations where interstate EMS resources are shared. Inclusion of federal assets in short term and long term solutions will require input from the involved federal agencies to develop methodologies. The unifying goal that all should have is an ability to recognize an individual as meeting a certain level of capability that would meet the requirements to be licensed and credentialed to practice where they are needed at the moment.

EMS Agenda for the Future

In the discussion of Human Resources the need to develop reciprocity for credentialing is noted but only in the context of expediting the relocating of individuals from state-to-state.ⁱⁱ

In the Legislation and Regulation discussion it is noted that state and local EMS lead agencies should have authority and means to ensure the reliable availability of EMS to the entire population. The ability to enter into arrangements to facilitate the movement of resources across state lines could be a significant element in this goal particularly with regard to sharing of resources and assisting underserved locations.ⁱⁱⁱ

EMS Education Agenda for the Future: A Systems Approach

Interstate credentialing and licensure is an issue raised in the document. The goal of a consistent national EMS education agenda supports the ability to recognize individual EMS personnel qualifications in support of interstate operations. Consistency in accreditation of training programs, nationally maintained standards, and national certification all expedite the ability to recognize individual capabilities as necessary for interstate use of EMS resources. The intent for recognition of individual capabilities via a national accreditation system that would be in support of interstate acceptance of those capabilities is a primary goal of the education program. Included is the integration of the National Incident Management System credentialing tools to forward national recognition of EMS capabilities^{iv}.

Model State EMS Plan

Indicator 10 deals with large scale event preparedness and response planning with detailed evaluation of a number of factors associated with this effort. This does not deal with day-to-day events and focuses on management of state resources with developed processes for attaining interstate assistance utilizing EMAC. It is noted that elements to the use of additional resources includes pre-credentialing of practitioners and rapid assessment of privileges.

Documents from other Federal Agencies

Emergency Management Assistance Compact – FEMA Defines the use of this compact by states to request assistance in declared disaster response activities including EMS.^v

Emergency Support Function #8 – Public Health and medical Services Annex, FEMA

Defines the resources and services federal agencies can deploy in support to states in declared disaster situations.

National EMS Scope of Practice Model

Defines the relationships between education, certification, licensure, and credentialing including the goal of assuring that individuals with a particular level of credentialing can be expected to reliably perform specific activities and to not perform outside their credentialed activities. Documents the process of licensure control by states and credentialing by medical authorities. Notes that the scope of practice for EMS practitioners may need to be modified or changed in times of disasters within the bounds of assuring patient safety.^{vi}

D: Analysis

Solutions/Actions – Given the precedence of state authority to issue licenses to practice and the complexity of the issue it is unlikely that any one action will provide a comprehensive solution to the situation, and some options may take considerable time to implement. A common theme to potential solutions is the high value in a more ubiquitous utilization of the national EMS training program and the national certification program with an associated national registry of qualified EMS individuals.

NASEMSO Interstate Compact: Interstate compacts have been put in place to allow any individual with a license to perform a particular function from one of the compact states to

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operate in any of the other compact states.⁷ An effort has been proposed by the National Association of State EMS Officials (NASEMSO) to explore an interstate compact to permit cross-jurisdiction practice of EMS between member states. This appears to be a legitimate approach to address most of the reciprocity issues and it is possible that though it is unclear how the compact could ensure qualified medical.

Utilization of federally managed or private EMS resources could also be included by states within their implementation of the compact as long as the EMS personnel was licensed in one of the compact states. It can be anticipated that it will take the states many years to adopt a compact since it needs state legislative approval. The process of having all states adopt an interstate compact is complicated, difficult and success is not assured. These factors make the interstate compact less than desirable for federal agencies with an EMS mission. The following table delineates the issues and potential options for addressing the situation:

<u>Issue</u>	<u>Options</u>
<p><u>Day-to-day Interstate Dispatch</u> – EMS units are dispatched across state boundaries on a regular basis as part of mutual aid or regional service agreements.</p>	<p>Interstate compacts can facilitate these operations and the implementation of a compact or similar authority would be an effective tool. Having a nationally recognized and utilized education and credentialing program with a national database of EMS providers would provide consistency that supports compacts and would support local regional service agreements. Since it is most likely that EMS teams with associated equipment are dispatched individual liability may be addressed within operational agreements. Support for an interstate compact for EMS services is warranted. In lieu of an interstate compact, options for states to address the day-to-day operations should be examined and appropriate model documents such as model interstate EMS mutual aid agreements circulated to assist with implementation. Mutual aid agreements can be problematic because it may not be easy for another state to join in. Licensing personnel in both states could be difficult because of differences in medical direction, scope of practice, and liability.</p>
<p><u>Emergent Critical Need Dispatch</u> – EMS units are dispatched across state boundaries to assist with major events where available resources cannot meet critical patient care needs.</p>	<p>Interstate compacts for EMS would address this issue but it may also be a possibility to develop protocols within the Emergency Management Assistance Compact to permit rapid deployment of EMS resources using that existing compact.</p>
<p><u>EMS Units Provided Under EMAC</u> – The Emergency Management Assistance Compact and federal response plan provides for states to request EMS Units as a pre-defined resource in anticipation of or response to a major event or disaster.</p>	<p>Provisions in EMAC and the National Ambulance Contract provide for recognition of licensing. The credentialing aspect should be examined to assure that the procedures for accepting EMS teams include appropriate medical direction associated with the event.</p>
<p><u>EMS personnel Work in Two States</u> – EMS personnel can work for agencies in different states.</p>	<p>The individual must obtain licenses from each state be credentialed in each state. States that use the national registry as part of their qualification requirement make this easier for the individual and based on the common national registry some states</p>

⁷ Article I, Section 10, Clause 3 of the United States Constitution states in part, “no state shall, without consent of Congress enter into any agreement or compact with another state, or with a foreign power.” Court cases such as *Virginia v. Tennessee* have further defined the limits of this requirement to restrict the need for the congressional approval to only those interstate agreements that impact federal authority. Compacts can be entered into and later federalized by gaining Congressional approval or approved before state action.

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	have already established reciprocity. Increasing the use of the national education and registry models would be enabling for multi-state work.
<u>Federal EMS personnel Work in Multiple States</u> – As part of their job duties federal employees may be expected to utilize their EMS skills in multiple states while having EMS licenses in only one state and operating under federal agency medical supervision.	The use of the national training program and certification assures appropriate qualifications for individuals that permit them to obtain a state license. An interstate compact that provides reciprocity for state EMS licenses would address this group. Other options may include the ability for the federal government to license its employees similar to the state authority or the implementation of state statutes that provide protection for federal employees while performing within the bounds of their job description.
<u>Private EMS personnel Work in Multiple States</u> – As part of their job duties the employees of private companies providing EMS services may need to work in multiple states. Medical supervision may be provided by appropriate staff physicians employed by, or under contract to, the employer.	The use of the national training program and certification assures appropriate qualifications for individuals that permit them to obtain a state license. An interstate compact that provides reciprocity for state licenses would permit interstate activities for these EMS providers. It may also be possible for states to provide licensure acceptance within contracts where these companies are providing services to the state.

Recommended Actions:

National Highway Traffic Safety Administration

Recommendation #1: NEMSAC recommends that in order to quantify the quantity and status of federal EMS resources NHTSA, in collaboration with FICEMS, should consider conducting an inventory of the licensed EMS personnel working for federal agencies that can be mobilized in the event of a disaster, including;

- The number of EMS personnel
- The training and certification programs
- The policies for obtaining and licenses held by individuals
- The number of EMS personnel that on a regular basis work in multiple states
- The policies for provision of medical oversight

Recommendation #2: NEMSAC recommends that in support of a national capability to provide state-to-state reciprocity for EMS licensure NHTSA take steps to forward the EMS Education Agenda for the Future.

Recommendation #3: NEMSAC recommends that NHTSA in cooperation with the National Association of State Emergency Medical Officials, the U.S. Uniform Law Commission, or other groups support the development of a model toolkit of statutory, contractual, mutual aid, or other documents that states can utilize to achieve increased reciprocity of EMS license recognition including support for state, federal, tribal, or private EMS personnel whose job duties cross state boundaries.

Federal Interagency Committee on EMS

Recommendation #4: NEMSAC recommends that FICEMS promote the EMS Agenda for the Future, A Systems Approach, as a key guide to the development of EMS resources within the

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federal system and that agencies be encouraged to collaborate on the development of training and certification programs to implement a uniformly high standard for licensing and credentialing across federal agencies.

Recommendation #6: NEMSAC recommends that FICEMS members collaborate with the National Association of State Emergency Medical Officials to ensure that their proposed Model Interstate Compact for Emergency medical Services Personnel Licensure meets the need of federal agencies for interstate EMS license reciprocity and as appropriate support implementation of the compact.

Recommendation #7: NEMSAC recommends that FICEMS examine the procedures associated with EMS resource utilization under the Emergency Management Assistance Compact and promote NIMS compliant procedures to ensure that licensed EMS personnel are appropriately credentialed when responding outside their state of licensure.

Recommendation #8: NEMSAC recommends that FICEMS promote and assist with implementation of a process that permits states to utilize the Emergency Management Assistance Compact, and/or ESF #8, to request and deploy EMS assistance in a rapid manner in response to emergent events where local EMS resources are overwhelmed and immediate patient care is necessary.

End Notes

ⁱ The National Association of State EMS Officials in their Highway Mass Casualty Readiness Project has delineated the issue of sparse EMS resources in large areas of the nation where assistance from urban areas in adjacent states would likely be called to assist with a mass casualty incident. An emergent event such as a bus crash when occurring in a relatively remote area will overwhelm local resources and the only available assistance may be from an adjacent state. For example a crash on Interstate 90 at Lookout Pass just west of the Idaho Montana border would overwhelm Shoshone County Idaho's EMS system. Resources from Coeur d'Alene, Idaho 50 miles to the West could lend assistance but assistance from the far more populace Spokane, Washington metropolitan area with its level 2 trauma center would be only 20 miles further and likely to be called on to assist, or to back up Coeur d'Alene for local response. Montana resources as far away as Missoula 90 miles to the East with its major medical facilities could also be requested to assist given the number of patients in need of care.

ⁱⁱ The **EMS Agenda for the Future states in part as reference:**

Human Resources

Where We Want to Be (pg 26)

“Reciprocity agreements between states for standard categories of EMS providers eliminates unreasonable barriers to mobility. This enhances career options for EMS workers and their ability to relocate whether for personal or professional reasons.”

How to Get There (pg 27)

“State EMS directors must work together to develop a system of reciprocity for credentialing EMS professionals who relocate from one state to another (e.g., the National Registry of Emergency Medical Technicians). Although states may have specific criteria for authorizing EMS providers to practice, it is not acceptable to require professionals to repeat education that has already been acquired. This will ensure that EMS providers may take advantage of professional opportunities to which they are otherwise entitled.”

ⁱⁱⁱ The **EMS Agenda for the Future states in part as reference:**

Legislation and Regulation

Where We Want to Be (pg 17)

“State and local EMS lead agencies have the authority and means to ensure the reliable availability of EMS to the entire population. Such authority is exercised to act on the public's behalf when eventualities occur, such as potential changes in the health care system or EMS structural or financial circumstances, and threaten its quality or availability to the entire population.”

^{iv} The **EMS Education Agenda for the Future states in part as reference to this issue:**

Education and Certification

EMS is dependent upon its education programs to produce graduates with the educational foundation to become highly competent workers. Changes in the EMS education system may impact the availability of workers. In June 2000, NHTSA initiated a major effort to restructure EMS education with the release of the *EMS Education Agenda for the Future: A Systems Approach*. The *EMS Education Agenda* is discussed in more detail below.

Where We Are

The state of EMS education in the United States is difficult to assess because of inadequate data and variability across states. NHTSA's National Standard Curricula have provided a common framework for EMS education; however, consistency across states has not yet been achieved. The majority of states require National Registry of Emergency Medical Technicians (NREMT) initial certification at both the EMT and paramedic levels. Several other states require certification at one level or the other, while five do not require NREMT certification at all. There is also considerable interstate variability in state policies regarding recertification, continuing education and continued competency. The lack of interstate consistency is reflected in the differing scopes of practice and job titles or licensure categories. The quality

of EMS education varies considerably from program to program and state to state. Variations in EMS education, certification and licensing make it difficult for EMTs and paramedics to move easily across state lines. The absence of seamless reciprocity could make an EMS career less attractive to potential recruits and may impact the ability of EMS workers to respond to a large-scale disaster across state lines.

The major objective of the *EMS Education Agenda* is to establish a national system of EMS education similar to that which exists for most other allied health professions. The *EMS Education Agenda* includes five components. Three of these components have been completed: the *National EMS Core Content* describes the entire domain of out-of-hospital care; the *National EMS Scope of Practice Model* defines the levels and entry-level competencies of prehospital EMS providers, and the *National EMS Education Standards*. The two other components, still not fully implemented throughout the nation, are National EMS Education Program Accreditation and National EMS Certification.

Although the *EMS Education Agenda* addresses obstacles to becoming employed across state lines, it does not address the obstacles to responding to large-scale, out of jurisdiction emergencies. In 2004, the Department of Homeland Security (DHS) released its plan for a National Incident Management System (NIMS). NIMS is a comprehensive approach to emergency incident management that requires all public and private sector personnel “with a direct role in emergency management and response” to become certified through the National Emergency Responder Credentialing System, “NIMS credentialing,” which is currently under development. NIMS credentialing will entail meeting minimum standards for education, training, competencies, and other qualifications of various emergency response professions, and it will allow for quick verification of the credentials of emergency response personnel in the event of a cross-jurisdictional incident.

Where We Want To Be In 2020

In 2020, the EMS education system will be nationally integrated. EMS workers will have the ability to move across state lines and obtain EMS employment with minimal disruption due to successful implementation of the *EMS Education Agenda*. There will be a nationally uniform process for assuring ongoing EMS professional competency. Personnel will be educated to provide culturally competent care including care for diverse groups such as children, the elderly, the disabled (who have special medical needs and may also require specialized medical equipment), and patients with limited English proficiency. There will be a system that permits nationally certified, state licensed EMS workers to respond across jurisdictional lines in the event of large-scale emergencies. Pertinent data on all EMS education programs and graduates will be tracked at the state and national levels, allowing for estimates of the future workforce supply. EMS educators will be certified to ensure their graduates will possess the knowledge, competencies, and skills to provide high quality EMS care.

How to Get There

The Institute of Medicine’s Committee on the Future of Emergency Care in the United States Health System stated its support for the goals of the *EMS Education Agenda* in a 2006 report. Nationwide implementation of the *EMS Education Agenda*² is of critical importance, requiring support from a broad range of EMS stakeholder agencies and organizations and should include:

- A national accreditation requirement for all paramedic programs that will be recognized and required by all states
- A phase-in plan for national accreditations of all EMS programs
- The reporting of enrollment and graduation data from all EMS education programs to the National Center for Education Statistics (NCES) or other national data repository
- Verification of the knowledge, skills, abilities and competencies of all EMS providers, through national certification, that is the basis for licensure in all states
- Common scopes of practice, titling, and licensure categories for EMS workers across states
- Grants and technical assistance to assist states and education programs implement the *EMS Education Agenda*
- Re-certification that is national, and with common requirements across states that will serve as the basis for achieving reciprocity
- An EMS education infrastructure that is supported at the state and federal levels

In conjunction with the *EMS Education Agenda*, the NIMS National Emergency Responder Credentialing System is needed. A NIMS credential, based upon state EMS licensure and the national EMS certification, will better enable EMS workers to respond to cross-jurisdictional emergencies. Preparedness education

should be integrated into the National EMS Education Standards. Funding support of accredited EMS education programs will better enable preparedness education of EMS workers.

EMS education programs should be nationally accredited, State licensure laws/regulations should be consistent with the National EMS Scope of Practice Model, and states should use National EMS Certification as a basis for EMS state licensure. Education programs should report data to the National Center for Education Statistics (NCES) or other comparable national body.

There should be nationwide implementation of NIMS credentialing that is linked to implementation of the *EMS Education Agenda*. The development of the EMS educational infrastructure must be supported at the federal level. Educator credentialing and maintenance of national EMS certification are essential elements in enhancing the professionalism of EMS workers.

^v The **Emergency Management Assistance Compact** includes the following provisions:

ARTICLE IV - LIMITATIONS

Any party state requested to render mutual aid or conduct exercises and training for mutual aid shall take such action as is necessary to provide and make available the resources covered by this compact in accordance with the terms hereof; provided that it is understood that the state rendering aid may withhold resources to the extent necessary to provide reasonable protection for such state. Each party state shall afford to the emergency forces of any party state, while operating within its state limits under the terms and conditions of this compact, the same powers (except that of arrest unless specifically authorized by the receiving state), duties, rights, and privileges as are afforded forces of the state in which they are performing emergency services. Emergency forces will continue under the command and control of their regular leaders, but the organizational units will come under the operational control of the emergency services authorities of the state receiving assistance. These conditions may be activated, as needed, only subsequent to a declaration of a state of emergency or disaster by the governor of the party state that is to receive assistance or commencement of exercises or training for mutual aid and shall continue so long as the exercises or training for mutual aid are in progress, the state of emergency or disaster remains in effect or loaned resources remain in the receiving state(s), whichever is longer.

ARTICLE V - LICENSES AND PERMITS

Whenever any person holds a license, certificate, or other permit issued by any state party to the compact evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested by the receiving party state, such person shall be deemed licensed, certified, or permitted by the state requesting assistance to render aid involving such skill to meet a declared emergency or disaster, subject to such limitations and conditions as the governor of the Requesting State may prescribe by executive order or otherwise.

ARTICLE VI - LIABILITY

Officers or employees of a party state rendering aid in another state pursuant to this compact shall be considered agents of the Requesting State for tort liability and immunity purposes; and no party state or its officers or employees rendering aid in another state pursuant to this compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.

^{vi} **National EMS Scope of Practice Model** in part states:

Scope of Practice During Disasters, Public Health Emergencies, and Extraordinary Circumstances (pg 17)

“It is virtually impossible to create a scope of practice that takes into account every unique situation, extraordinary circumstance, and possible practice situation. This is further complicated by the fact that EMS personnel are an essential component of disaster preparedness and response. In many cases, EMS personnel are the only medically trained individuals at the scene of a disaster when other health care resources may be overwhelmed. This document cannot account for every situation but rather is designed to establish a system that works for entry-level personnel under normal circumstances. It is assumed that the scope of practice of EMS personnel may be modified or changed in times of disaster or crisis with proper education, medical oversight, and quality assurance to reasonably protect patient safety.”