

**REPORT OF THE SECRETARY OF HEALTH AND  
HUMAN RESOURCES**

**Report on EMS Collaborative  
Agreements with Border States  
in Response to House Bill 311  
[2016] – Emergency Medical  
Services Providers; Interstate  
Agreements**

**TO THE GENERAL ASSEMBLY OF VIRGINIA**



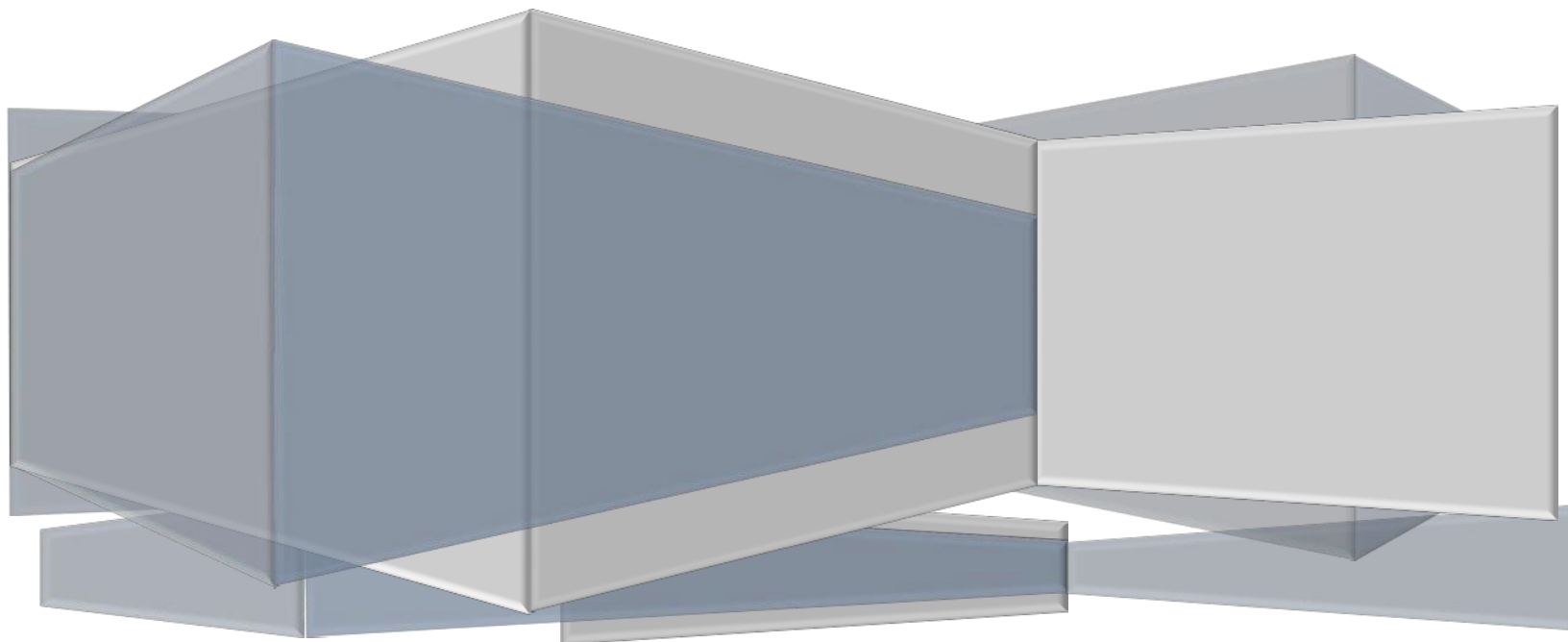
**HOUSE DOCUMENT NO. 11**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
2016**



**Virginia Department of Health  
Office of Emergency Medical Services**

**Report on EMS Collaborative  
Agreements with Border States in  
response to House Bill 311 –  
Emergency Medical Services  
Providers; Interstate Agreements**



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# Report on EMS Collaborative Agreements with Border States in response to House Bill 311 – Emergency Medical Services Providers; Interstate Agreements

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## Executive Summary

House Bill 311 was introduced in the 2016 Session of the General Assembly by Delegate Orrock. The bill, which passed both houses unanimously, directed the Secretary of Health and Human Resources (SHHR) to undertake efforts to establish collaborative agreements with other states, particularly those states that share a border with the Commonwealth, for the interstate recognition of certifications of emergency medical services (EMS) providers for the purpose of allowing EMS providers to enter into other states to provide emergency medical services. House Bill 311 directed the SHHR to report to the General Assembly regarding the status of establishing collaborative privilege to practice agreements with other states no later than November 1, 2016.

In order to assess the interest of states and determine the feasibility of entering into collaborative agreements with states that border Virginia, the Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS), developed a short, nine (9) question on-line survey. Survey responses received from the states that border Virginia are contained in the RESULTS section of this report and the respective appendix for each state.

There is great variability in rule from state to state related to the requirements for EMS personnel licensure. As a result of this variability, it is inconvenient and expensive for volunteer and career EMS personnel that cross state borders in their day to day operations to hold licenses from multiple states in order to practice in each state they provide care. In addition, the procedures, skills and techniques individuals are allowed to perform by their medical director differ from state to state, and medical treatment protocols may be established at a state, regional or local EMS agency level. For these and other reasons identified in this report, the differences that exist from state to state make the establishment of collaborative agreements impractical and extremely difficult.

OEMS did find however, there is strong support across the country among the EMS community for creating an EMS personnel licensure interstate compact that recognizes the ability of

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Emergency Medical Services (EMS) personnel to operate within their scope of practice across state lines. As of October 1, 2016, Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) has been adopted in seven states (Virginia, Colorado, Texas, Utah, Idaho, Kansas, and Tennessee). Other states (Kentucky, New Mexico, Washington, Oregon, Mississippi, South Carolina, Missouri, Nevada, Georgia, Minnesota, and Wisconsin) are in various stages of process to present this measure to their legislatures. REPLICA creates a clear ability to manage and monitor EMS personnel by collective control and self-regulation through the creation of uniform rules, policies and procedures that multiple states will follow. The development of collaborative agreements with states that border Virginia and refer to uniform and consistent procedures to recognize an EMS provider's privilege to practice is something that cannot be easily accomplished and would require tremendous time and effort.

In addition, a separate effort to establish individual collaborative agreements with other states to allow EMS providers to practice across state lines as called for by HB311 will duplicate the provisions and language of REPLICA that has been accepted nationally by the National Association of State EMS Officials (NASEMSO). Virginia adopted REPLICA during the 2016 Session of the General Assembly, and with the likelihood of a majority of the states that border Virginia expected to join REPLICA within the next one to five years, the concerns about recognizing an EMS provider's privilege to practice across member state lines will be addressed.

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## BACKGROUND

Over the years, it has become increasingly more common for volunteer and career EMS personnel to cross state lines to provide services and transport patients in non-declared states of emergency. In a declared disaster, Article 5 of the Emergency Medical Assistance Compact (EMAC) addresses cross boundary issues, including the privilege of EMS providers to practice outside of their home state. Increased interstate movement places a new emphasis on how EMS personnel are licensed to ensure they are not accused of practicing medicine in a state in which they are not licensed to practice.

In Virginia, the Department of Health, Office of Emergency Medical Services (OEMS) is responsible by state statute to regulate EMS personnel for the protection of the health and safety of its residents and visitors. There is great variability from state to state related to the requirements for EMS personnel licensure and the practical implications for negotiating collaborative agreements with states that border VA are substantial.

As a result of this variability, it is inconvenient and expensive for volunteer and career EMS personnel that cross state borders in their day to day operations to hold licenses from multiple states in order to practice in each state they provide care. Other examples involving patient care that are provided across state lines include Helicopter EMS (HEMS) programs that frequently serve two or more states from the same home base, planned special events involving large mass gatherings, major incidents below the level of a Governor-declared disaster that may require bringing in EMS personnel certified in other states for a week or a long weekend, and wildland fire medical units where EMS personnel may come into the state from all over the country.

During the 2016 Session of the Virginia General Assembly HB222 and SB233 unanimously passed and were adopted creating an EMS personnel licensure interstate compact (REPLICA) that recognizes the ability of EMS personnel to operate within their scope of practice across state lines. The provisions within REPLICA (i) protect the public through verification of competency

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and ensure accountability for patient-care-related activities of licensed EMS personnel through the sharing of investigatory information using a coordinated national and state database without violating individuals' privileges, (ii) facilitate the day-to-day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority, (iii) authorize state EMS offices to afford immediate recognition of privileges to practice to EMS personnel licensed in a member state, (iv) eliminate the inconvenience and expense to volunteer and career EMS personnel of holding licenses from multiple states for individuals that cross state borders in their day to day operations, and (v) expedite the processing of applications from veterans, service members separating from active duty and their spouses by recognizing their training as satisfying the minimum training and examination requirements for Emergency Medical Technician (EMT) certification.

Also during the 2016 Session of the Virginia General Assembly Delegate Orrock introduced HB311 that directs the Secretary of Health and Human Resources (SHHR) to *undertake efforts to establish collaborative agreements with other states, particularly those states that share a border with the Commonwealth, for the interstate recognition of certifications of EMS providers for the purpose of allowing EMS providers to enter into other states to provide emergency medical services.* ([See Appendix A](#)) Delegate Orrock stated he introduced this bill as a “bridge” or stopgap measure to address cross boundary privilege to practice issues with states that border Virginia until REPLICA is enacted in ten (10) states, particularly the states that border Virginia. HB311 was passed unanimously by the General Assembly of Virginia and was signed by the Governor on March 1, 2016. With the passage of this bill, the SHHR was also directed to report to the General Assembly the status of efforts to establish collaborative agreements with other states, particularly those states that share a border with the Commonwealth, no later than November 1, 2016.



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The decision to pursue individual collaborative agreements with states that border VA in lieu of waiting for states that surround VA to adopt REPLICA has a number of challenges. First, and foremost, over time, collaborative agreements lose their staying power. Collaborative agreements will have to be reviewed on a regular and routine basis in order to account for changes in policies and procedures that occur. Second, it is highly likely that individual collaborative agreements between Virginia and the states bordering Virginia will differ from state to state. As a result, dissimilar and disparate rules and procedures will exist between Virginia and any other state with which a collaborative agreement exists leading to confusion for EMS providers. Collaborative agreements (unless they are identical between Virginia and all other member states) will not clarify that volunteer and career EMS personnel privileges exist within member states resulting in confusion concerning ability to practice, differences in scope of practice, medical treatment protocols that are not the same, and different discretionary skills, procedures, and techniques that each level of certification can perform based on approval from medical direction. Unless these collaborative agreements between Virginia and the states bordering Virginia are identical, it could potentially create the greatest challenge of all resulting in unequal care and treatment for patients that are transported into and from states surrounding Virginia. These agreements will require lengthy and extensive review by the Office of the Attorney General and approval and consent between the respective states' Commissioners of Health before they can be implemented. And finally, the time it will take to enter into individual privilege to practice agreements with each state will likely exceed the time it takes for these states to adopt REPLICA.

It makes sense to permit the use of interstate compacts like REPLICA because it allows states to continue to handle functions they have statutory authority to perform. Compacts offer the power to jointly regulate in a multi-state fashion. And as an added benefit, participation in REPLICA will eventually include other states in addition to Virginia's bordering states (Maryland, West Virginia, Tennessee, Kentucky, North Carolina and the District of Columbia).

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## PROCESS

### METHODS:

In order to assess the interest of states that border Virginia and determine the feasibility of entering into collaborative agreements for the purpose of granting an EMS provider a privilege to practice when operating outside the borders of the Commonwealth in any state that a collaborative agreement is in effect, the Office of EMS developed a short, nine (9) question survey. ([See Appendix B](#)) The EMS Director or his designee in each state that borders Virginia was requested to complete and return the survey to the VA Office of EMS by close of business on Friday, May 27, 2016. The survey was administered on line and OEMS initially received a response from West Virginia, North Carolina and Tennessee. Kentucky responded to a follow up request by email and Maryland and District of Columbia were interviewed at a meeting of the Atlantic EMS Council states (Pennsylvania, New Jersey, Delaware, West Virginia, District of Columbia, Maryland, Virginia, and North Carolina) held on July 25 – 26, 2016.

### RESULTS:

#### West Virginia ([Appendix C-Survey Responses](#))

Melissa Raynes, Director, Office of EMS, Bureau for Public Health, Department of Health and Human Resources responded to the on-line survey. Mrs. Raynes indicated WV has not introduced legislation to adopt REPLICA in 2016 and does not anticipate legislation to be introduced during the 2017 session of their legislature. It is anticipated that WV may introduce legislation to adopt REPLICA as early as 2018 and no later than 2021.

In the interim, if necessary, WV would be interested in discussing the possibility of entering into a collaborative agreement with Virginia to recognize an EMS provider's privilege to practice across state borders.

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## **North Carolina ([Appendix D-Survey Responses](#))**

Tom Mitchell, Director, Office of EMS, Division of Health Service Regulation responded to the on-line survey. Mr. Mitchell indicated NC does not utilize the National Registry of EMT (NREMT) examination for their initial licensing of EMS personnel. For this reason, NC does not meet all of the conditions to participate in REPLICA. Mr. Mitchell indicated he does not anticipate a change in how EMS personnel are licensed in NC within the next five (5) years and therefore they would not be able to adopt REPLICA.

Mr. Mitchell indicated NC would be interested in discussing the possibility of entering into a collaborative agreement with Virginia to recognize an EMS provider's privilege to practice across state borders but he has no idea how long it would take to complete this process.

## **Tennessee ([Appendix E-Survey Responses](#))**

Donna G. Tidwell, Director, Department of Health, Office of EMS, and Keith D. Hodges, Legal Counsel responded to the on-line survey.

During the 2016 session of the Tennessee legislature, legislation was introduced (HB1888) to amend Tennessee Code and adopt REPLICA. HB1888 passed the Tennessee legislature on April 6, 2016 and was approved and signed by Governor Bill Haslam on April 19, 2016. The legislation took effect on July 1, 2016 and amends Tennessee Code by adding new parts which shall be known as the "[Recognition of EMS Personnel Licensure Interstate Compact](#)" or "REPLICA".

Once the 10<sup>th</sup> state adopts REPLICA, Tennessee and Virginia can begin to enjoy and recognize their respective EMS providers' privilege to practice across state borders with no further action necessary by either state.

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## **Kentucky ([Appendix F- Comments](#))**

Mr. Paul Phillips, Director of Field Operations, Kentucky Board of Emergency Medical Services did not complete the online survey but did respond to a follow-up email requesting information about granting an EMS provider privilege to practice.

The June 13, 2016 email from Mr. Phillips indicated the staff of the state EMS office in KY as well as their Board of EMS has reviewed REPLICA and there are provisions they feel must be considered before KY is willing to enter into a collaborative agreement that addresses cross boundary privilege to practice issues or adopt REPLICA. The areas of concern are more thoroughly described in Appendix F of this report and are related to the Kentucky Certificate of Need (CoN) process and protecting EMS agencies within Kentucky, language in REPLICA related to Conditions of Practice in a Remote State, reporting of Adverse Actions, and Establishment of the Interstate Commission for EMS Practice. Mr. Phillips indicated that he believes the intent of REPLICA or a collaborative agreement between VA and KY is good but it leaves a lot of opportunity for individuals and EMS agencies to find loopholes and use it in a negative way. According to Mr. Phillips, the Kentucky Board of Emergency Medical Services ultimately chose not to seek legislative approval for REPLICA at this time.

## **District of Columbia (DC)**

Brian Amy, MD, Director of the DC Department of Health, Division of EMS, was interviewed on Monday, July 25 concerning the process used to recognize and grant privileges for EMS personnel to practice in the District of Columbia.

All EMS providers in the District must be currently certified by the National Registry of Emergency Medical Technicians (NREMT), and they must maintain NREMT certification to maintain District certification. Additionally, all District EMS providers must be sponsored by a

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certified District EMS response organization or educational institution. The application must be signed by the Medical Director of the sponsoring institution, verifying sponsorship of the EMS provider by the organization.

The EMS Division of the Department of Health (DoH) maintains a list of individuals who have gained and maintained status as a District Certified Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT, EMT-Intermediate, and/or Paramedic. These individuals are then issued a DC DoH card.

DC has no statutes that authorize it to take regulatory action against an EMS provider because they are not credentialed by the Division of EMS. Rather the enforcement action is taken against the District EMS response organization or Medical Director.

Dr. Amy indicated the Washington Metropolitan Council of Governments (COG) could perhaps assist and facilitate collaborative agreements between MD, DC and VA but was unsure how long this process would take.

## **Maryland**

Dr. Kevin Seaman, MD, Director of the Maryland Institute of Emergency Medical Services Systems (MIEMSS), was interviewed on Monday, July 25 concerning the process by which EMS personnel are recognized and granted privilege to practice in Maryland.

MIEMSS oversees and coordinates all components of the statewide EMS system in accordance with Maryland statute and regulation. This includes planning, operations, evaluation, and research. In addition, MIEMSS provides leadership and medical direction, conducts and supports EMS educational programs, operates and maintains a statewide communications system, designates trauma and specialty centers, licenses and regulates commercial ambulance services, and participates in EMS-related public education and prevention programs.

In 1993, MIEMSS became an independent state agency, governed by an 11-member EMS Board appointed by the Governor. A Statewide EMS Advisory Council (SEMSAC), comprised of

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representatives from organizations involved in providing emergency care services, was created to advise and assist the EMS Board.

More than half of the prehospital providers in Maryland are volunteers operating in public service EMS agencies, while others are employed as career EMS providers by public service agencies and/or commercial EMS services (ground and air). Volunteer and career prehospital personnel are certified/licensed by the state and authorized to provide care in accordance with the Maryland Medical Protocols for EMS Providers.

Currently, there is no active effort to adopt REPLICA in Maryland. Dr. Seaman indicated it will depend on their prioritization of initiatives as to whether they will pursue the adoption of REPLICA in their next legislative session beginning in January 2017. The Maryland legislature meets annually between January and April.

Dr. Seaman indicated a number of items must be addressed before Maryland could enter into a collaborative agreement with VA. To begin with, there are differing standards of care and medical treatment protocols for EMS providers between each state. In addition, Dr. Seaman stated they would have to conduct a complete review of the Code of Maryland Administrative Regulations (COMAR) and their state statutes to identify any areas of potential conflict before Maryland could pursue adopting REPLICA or entering into a collaborative agreement with VA.

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## NATIONAL PERSPECTIVE

There is strong support across the country among the EMS community for REPLICA. A separate effort to establish individual collaborative agreements with other states to allow EMS providers to practice across state lines is considered unnecessary and duplicates the provisions and language of REPLICA that has been accepted nationally by the National Association of State EMS Officials (NASEMSO).

REPLICA will create a system of self-regulation by the states through the use of interstate compacts whereby national policy can be established but remain flexible enough to adapt as change continues to occur in the EMS industry, preserving state sovereignty and collective control.

The draft language for REPLICA was developed with the legal and technical assistance and process guidance from the Council of State Governments (CSG) through its National Center for Interstate Compacts (NCIC). In addition, the project to develop REPLICA was closely coordinated with the National Governors Association, National Council of State Legislatures, Federal Interagency Committee on EMS (FICEMS), and the National EMS Advisory Council (NEMSAC).

As of October 1, 2016, REPLICA has been adopted in seven states (VA, CO, TX, UT, ID, KS, and TN). Other states (KY, NM, WA, OR, MS, SC, MO, NV, GA, MN, and WI) are in various stages of process to present this measure to their legislators. Ten (10) states have to adopt the legislation and join the compact in order to activate it.

Recently it has been announced that NREMT has hired an individual to build the required information technology infrastructure of REPLICA. NASEMSO, using resources made available from NREMT and Association and Society Management International, Inc. (ASMI) has hired an individual to serve as a “champion” for REPLICA to assist other states with

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questions that may arise before and during the legislative process. This individual will also have duties related to the preparation of drafts and materials in anticipation of the formation of the REPLICA Commission.



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## CONCLUSION

At the Atlantic EMS Council meeting on December 7, 2015 and again on July 25, 2016, each member state, which includes the District of Columbia and most of the states bordering Virginia, indicated they will consider the adoption of REPLICA by their respective legislative bodies. North Carolina does not use the National Registry examination for their initial licensing of EMS personnel and for this reason, NC does not currently meet all of the conditions to participate in REPLICA. The time frame for when states that border VA will pursue the adoption of REPLICA varies from next year and projects out to the potential of five (5) years.

At the time the survey and interviews were conducted several states (DC, MD and KY) indicated they had some concerns about the provisions contained within REPLICA that would have to be resolved before their respective states could consider adopting REPLICA. Since that time, NREMT and NASEMSO have hired dedicated positions to work with all states that have not adopted REPLICA to answer any questions that may exist, help states understand the provisions of the language in REPLICA, and assist states with their respective legislative sessions. It is important to note that since the survey and interviews for this report were conducted, NASEMSO has met with representatives from Kentucky and it has been reported that they no longer have the same concerns that were reported at the time their input was solicited for this report and are now planning to pursue adoption of REPLICA in their state.

By Virginia participating in REPLICA and a majority of the states bordering Virginia expected to join REPLICA within the next one to five years, the concerns about recognizing an EMS provider's privilege to practice across member state lines will be addressed. REPLICA creates a clear ability to manage and monitor EMS personnel by collective control and self-regulation through the creation of uniform rules, policies and procedures that multiple states will follow.

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Because of the wide variance from state to state in EMS governance and Board authority, and for the reasons stated above and in the background section of this report, the VDH, Office of EMS recommends not to pursue the development of collaborative agreements with states bordering Virginia, and to rely on the near future adoption of REPLICA by eligible states bordering Virginia to allow EMS providers to provide emergency medical care across state lines.

Because North Carolina is currently not eligible to participate in REPLICA, the VDH OEMS will meet with EMS officials from North Carolina within the next 60 days to discuss and identify any cross boundary privilege to practice issues that may exist. If cross boundary issues are identified, officials from Virginia and North Carolina will develop a unique collaborative agreement that promotes a coordinated delivery of care for patients that are sick or injured and whom must be moved across state lines.

## APPENDIX A

### HB-311

#### 2016 SESSION

[another bill?](#) | [print version](#)

#### HB 311 Emergency medical services providers; interstate agreements.

Introduced by: Robert D. Orrock, Sr. | [all patrons](#) ... [notes](#) | [add to my profiles](#)

##### SUMMARY AS INTRODUCED:

**Emergency medical services providers; interstate agreements.** Directs the Secretary of Health and Human Resources to undertake efforts to establish collaborative agreements with other states to allow emergency medical services providers to provide emergency medical services across state lines and to report to the General Assembly regarding the status of such efforts no later than November 1, 2016. The bill contains an emergency clause.

##### FULL TEXT

01/05/16 House: Prefiled and ordered printed with emergency clause; offered 01/13/16 16100540D [pdf](#) | [impact statement](#)

02/24/16 House: Bill text as passed House and Senate (HB311ER) [pdf](#) | [impact statement](#)

03/01/16 Governor: Acts of Assembly Chapter text (CHAP0079) [pdf](#)

##### HISTORY

01/05/16 House: Prefiled and ordered printed with emergency clause; offered 01/13/16 16100540D

01/05/16 House: Referred to Committee on Health, Welfare and Institutions

01/21/16 House: Reported from Health, Welfare and Institutions (22-Y 0-N)

01/25/16 House: Read first time

01/26/16 House: Read second time and engrossed

01/27/16 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

01/27/16 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)

01/28/16 Senate: Constitutional reading dispensed

01/28/16 Senate: Referred to Committee on Education and Health

02/18/16 Senate: Reported from Education and Health (15-Y 0-N)

02/19/16 Senate: Constitutional reading dispensed (39-Y 0-N)

02/22/16 Senate: Read third time

02/22/16 Senate: Passed Senate (40-Y 0-N)

02/24/16 House: Enrolled

02/24/16 House: Bill text as passed House and Senate (HB311ER)

02/24/16 House: Signed by Speaker

02/25/16 Senate: Signed by President

02/25/16 House: Enrolled Bill communicated to Governor on 2/25/16

02/25/16 Governor: Governor's Action Deadline Midnight, March 3, 2016

03/01/16 Governor: Approved by Governor-Chapter 79 (effective 3/1/16)

03/01/16 Governor: Acts of Assembly Chapter text (CHAP0079)

[01/05/16 House: Prefiled and ordered printed with emergency clause; offered 01/13/16 16100540D pdf | impact statement](#)

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APPENDIX A

2016 SESSION

INTRODUCED

16100540D

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**HOUSEBILL NO. 311**  
Offered January 13, 2016  
Prefiled January 5, 2016

*A BILL to require the Secretary of Health and Human Resources to undertake efforts to establish collaborative agreements with other states to allow emergency medical services providers to provide emergency medical services across state lines.*

Patrons--Orrock and Landes

Referred to Committee on Health, Welfare and Institutions

**Be it enacted by the General Assembly of Virginia:**

*1. § 1. That the Secretary of Health and Human Resources shall undertake efforts to establish collaborative agreements with other states, particularly those states that share a border with the Commonwealth, for the interstate recognition of certifications of emergency medical services providers for the purpose of allowing emergency medical services providers to enter into other states to provide emergency medical services and shall report to the General Assembly regarding the status of such efforts no later than November 1, 2016.*

**2. That an emergency exists and this act is in force from its passage.**

INTRODUCED

W

## APPENDIX B

### Survey

#### Interest in Collaborative Agreements

##### 1. Survey Purpose

###### INTRO

During the 2016 session of the Virginia General Assembly, HB311 was introduced and passed that directs the Secretary of Health and Human Resources to undertake efforts to establish collaborative agreements with other states, particularly those states that share a border with the Commonwealth, for the interstate recognition of certifications of emergency medical services providers for the purpose of allowing emergency medical services providers to enter into other states to provide emergency medical services. A report regarding the status of such efforts shall be communicated to the Virginia General Assembly no later than November 1, 2016. During the 2016 session of the Virginia General Assembly, HB222 and SB233 were also introduced and passed by the Virginia legislature and signed by the Governor to adopt REPLICA. HB311 was introduced by a legislator as a stopgap measure to address cross boundary privilege to practice issues until REPLICA is enacted in ten (10) states, particularly the states that border Virginia.

When completing this survey, please consider the following scenarios regarding recognition of an EMS providers privilege to practice in your state:

1. The individual originates a patient transport in a home state (Virginia) and transports the patient to a remote state (your state);
2. The individual originates in the home state (Virginia) and enters a remote state (your state) to pick up a patient and provide care and transport of the patient to the home state (Virginia);
3. The individual enters a remote state (your state) to provide patient care and/or transport within that remote state (your state);

"Home State" means: where an individual is licensed to practice emergency medical services.

"Remote State" means: a state in which an individual is not licensed.

Keep in mind a collaborative agreement would recognize the privilege to practice of a certified EMS provider with a valid and unrestricted certification issued by Virginia or your state when practicing outside their home state in one of our respective states.

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## APPENDIX B

### Interest in Collaborative Agreements

\*State or District Completing th1s survey.

\_\_\_\_\_ : ]

\*Title of the person completing th1s survey.

\* Name of the person completing th1s survey

\*Email address for person completing th1s survey.

''' Contact telephone for person completing th1s survey

\* Describe your state's legislative session (i.e. Frequency legislature meets, length of session, date legislation passed by legislature becomes effective (exclude emergency enactment clauses).

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## APPENDIX B

Interest in Collaborative Agreements

3.

\* Has your state introduced legislation to adopt REPLICA?

Yes ▾

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If answered yes, then:

Interest in Collaborative Agreements

4.

When would you expect your state to adopt REPLICA?

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## APPENDIX B

Or if answered no, then:

Interest in Collaborative Agreements

4.

If no, do you anticipate legislation will be introduced during the next legislative session in your state to adopt REPLICA?


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If the answer above is yes, then:

Interest in Collaborative Agreements

5.

When would you expect your state to adopt REPLICA?

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## APPENDIX B

If answered no, then:

### Interest in Collaborative Agreements

If no, do you anticipate legislation to be introduced sometime in the next five (5) years to adopt REPLICA in your state?

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### Interest in Collaborative Agreements

If REPLICA has not been enacted in your state, would your state be interested in discussing the possibility of entering into a collaborative agreement with Virginia to recognize a certified EMS providers privilege to practice when moving back and forth across our respective state borders?

Yes  
No  
Unknown

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## APPENDIX B

If yes or unknown, then:

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Interest in Collaborative Agreements

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If yes, how long would it take your state to enter into a collaborative agreement with Virginia?

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If no, then:

Interest in Collaborative Agreements

**7. The End**

Thank you for participating in the survey.

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## APPENDIX B

After Item #7, then:

Interest in Collaborative Agreements

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What steps and approvals would your state have to complete before entering into a collaborative agreement with Virginia?

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Interest in Collaborative Agreements

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When would you expect your state to adopt REPLICA?

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Prev **Next**

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SurveyMonkey  
see how easy it is to create a survey

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## APPENDIX B

Interest in Collaborative Agreements

10. The End

Thank you for participating in the survey.

Prev

Done

Powered by



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## APPENDIX C

### West Virginia Survey Responses

#### Interest in Collaborative Agreements

#3



**COMPLETE**

Collector: Web Link 1 (Web Unk)  
Started: Tuesday, May 24, 2016 12:37:52 PM  
Last Modified: Tuesday, May 24, 2016 12:41:32 PM  
Time Spent: 00:03:39  
IP Address: 129.71.238.252

PAGE2

Q1: State or District Completing this survey. West Virginia

Q2: Title of the person completing this survey.

Director

Q3: Name of the person completing this survey

Melissa Raynes

Q4: Email address for person completing this survey.

Melissa.j.raynes@wv.gov

Q5: Contact telephone for person completing this survey.

304-558-3956

Q6: Describe your state's legislative session (i.e. Frequency legislature meets, length of session, date legislation passed by legislature becomes effective (exclude emergency enactment clauses)).

Regular session each Jan-Feb with interim sessions other times throughout the year

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Q7: Has your state introduced legislation to adopt REPLICA? No

PAGE4

Q8: If no, do you anticipate legislation will be introduced during the next legislative session in your state to adopt REPLICA? No

## APPENDIX C

PAGES

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Q9: If no, do you anticipate legislation to be introduced sometime in the next five (5) years to adopt REPLICA in your state? Yes

PAGE6

Q10: If REPLICA has not been enacted in your state, would your state be interested in discussing the possibility of entering into a collaborative agreement with Virginia to recognize a certified EMS providers privilege to practice when moving back and forth across our respective state borders? Yes

PAGE7

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Q11: If yes, How long would it take your state to enter into a collaborative agreement with Virginia?  
a few months at most

PAGES

Q12: What steps and approvals would your state have to complete before entering into a collaborative agreement with Virginia?  
obtain approval through the office of emergency medical services

PAGE9

---

Q13: When would you expect your state to adopt REPLICA?  
3-5 years potentially

## APPENDIX D

### North Carolina Survey Responses

#### Interest in Collaborative Agreements

#2



**COMPLETE**

Collector: Web Link 1 (Web Unk)  
Started: Friday, May 20, 2016 12:51:47 PM  
Last Modified: Sunday, May 22, 2016 9:54:43 PM  
Time Spent: Over a day  
IP Address: 199.90.157.16

PAGE2

Q1: State or District Completing this survey. North Carolina

Q2: Title of the person completing this survey.

Chief

Q3: Name of the person completing this survey

Tom Mitchell

Q4: Email address for person completing this survey.

tom.mitchell@dhhsnc.gov

Q5: Contact telephone for person completing this survey.

919-855-3941

Q6: Describe your state's legislative session (i.e. Frequency legislature meets, length of session, date legislation passed by legislature becomes effective (exclude emergency enactment clauses).

They meet in two sessions per year. A short session that begins in April and usually ends in July (provided budget is adopted). The long session that is usually set on the calendar before the close of the short session.

PAGE3

Q7: Has your state introduced legislation to adopt REPLICA? No

PAGE4

Q8: If no, do you anticipate legislation will be introduced during the next legislative session in your state to adopt REPLICA? No

## APPENDIX D

PAGES

Q9: If no, do you anticipate legislation to be introduced sometime in the next five (5) years to adopt REPLICA in your state? No

PAGES

Q10: If REPLICA has not been enacted in your state, would your state be interested in discussing the possibility of entering into a collaborative agreement with Virginia to recognize a certified EMS providers privilege to practice when moving back and forth across our respective state borders? Yes

PAGE 7

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Q11: If yes, How long would it take your state to enter into a collaborative agreement with Virginia?  
Unsure at this point

PAGE 8

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Q12: What steps and approvals would your state have to complete before entering into a collaborative agreement with Virginia?  
Unsure, but willing to research

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---

Q13: When would you expect your state to adopt REPLICA?  
Don't qualify for REPLICA due to not being a NR state.



# APPENDIX E

## Tennessee Survey Responses

### Interest in Collaborative Agreements

#1



COMPLETE

Collector: Web Link 1 (Web Link)  
Started: Wednesday, May 18, 2016 12:15:00 PM  
Last Modified: Wednesday, May 18, 2016 1:22:45 PM  
Time Spent: 01:07:44  
IP Address: 170.141.177.181

PAGE2

Q1: State or District Completing this survey. Tennessee

Q2: Title of the person completing this survey.

Director of Office of EMS  
Legal Counsel

Q3: Name of the person completing this survey

Donna G Tidwell  
Legal Counsel

Q4: Email address for person completing this survey.

donna.g.tidwell@tn.gov  
keith.d.hodges@tn.gov

Q5: Contact telephone for person completing this survey.

615-509-9808 Donna  
615-741-8218 Keith

Q6: Describe your state's legislative session (i.e. Frequency legislature meets, length of session, date legislation passed by legislature becomes effective (exclude emergency enactment clauses)).

January and ends April, most legislation passed are effective July 1

PAGE3

Q7: Has your state introduced legislation to adopt REPLICAs? Yes

PAGE4

Q8: If no, do you anticipate legislation will be introduced during the next legislative session in your state to adopt REPLICAs? *Respondent skipped this question*

## APPENDIX E

PAGES

Q9: If no, do you anticipate legislation to be introduced sometime in the next five (5) years to adopt REPLICA in your state?

*Respondent skipped this question*

PAGE6

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Q10: If REPLICA has not been enacted in your state, would your state be interested in discussing the possibility of entering into a collaborative agreement with Virginia to recognize a certified EMS providers privilege to practice when moving back and forth across our respective state borders?

*Respondent skipped this question*

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Q11: If yes, How long would it take your state to enter into a collaborative agreement with Virginia?

*Respondent skipped this question*

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Q12: What steps and approvals would your state have to complete before entering into a collaborative agreement with Virginia?

*Respondent skipped this question*

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Q13: When would you expect your state to adopt REPLICA?

July 1, 2016

## APPENDIX F

### Kentucky Email Comments

**From:** Phillips, Paul S (KCTCS) [<mailto:paul.phillips@kctcs.edu>]

**Sent:** Monday, June 13, 2016 9:29 AM

**To:** Berg, Michael (VDH)

**Subject:** RE: Fall Meeting

Michael,

I wanted to reserve comment until after our board met last Thursday, but we have reviewed REPLICA internally, as well as having it brought before our board, and below are a few bullet points that outline some of the issues pointed out by the board and our office. Some of the issues have to do with the Kentucky Certificate of Need process and protecting EMS agencies within Kentucky. Personally, I believe the intent is good but it leaves a lot of opportunity for individuals and agencies to find loopholes and use it in a negative way. Ultimately our board chose not to seek legislative approval at this time. I hope this explains our position a bit. Have a great week.

- Under Section 5. Conditions of Practice in a Remote State:
  - (3) The individual enters a remote state to provide patient care and/or transport within that remote state;
  - (4) The individual enters a remote state to pick up a patient and provide care and transport to a third member state;

*- These two (3&4) violate our current provisions for licensure under the Kentucky Certificate of Need Process. Under this agreement, ambulance services that do not hold a Certificate of Need or a Kentucky license, with unlicensed Kentucky personnel could come into a jurisdiction in Kentucky and begin business. This could cause many challenges:*

*#1: It circumvents the Certificate of Need process in Kentucky which could alter volumes for rural agencies that depend on these volumes to maintain sustainability.*

*#2: Medicare/Medicaid and most third-party insurers REQUIRE state licensure in the state where the call originates. This could potentially lead to fraudulent insurance claims.*
- Section 8. Adverse Actions

2. (C.D. & E):

C. A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended, or revoked to the Commission in accordance with the rules of the Commission.

D. A remote state may take adverse action on an individual's privilege to practice within that state.

E. Any member state may take adverse action against an individual's privilege to practice in that state based upon factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.

*- The reporting of adverse action against licenses in Kentucky are available on our website under "Public Notice of Negative Action." Other states can feel free to make licensure determinations based upon this premise. It is not our practice to do so across the board. I believe this places Kentucky under unnecessary scrutiny from the applicant or licensee and may cause litigation secondary to not allowing for*

## APPENDIX F

*independent due process and a violation of a constitutional property right (the license).*

*- If there is not property involved (a certificate of license issued from Kentucky) there is no way to take adverse action against the individual. You are prevented from taking disciplinary action against an individual that is not licensed in your state unless they have committed a misdemeanor or felony by functioning without a license. This becomes a criminal law matter, rather than an administrative one.*

- Section 10. Establishment of the Interstate Commission for EMS Personnel Practice.

*- It is our belief that the establishment and cooperation of the Commission lends too much power to an independent third-party agency. It is our fundamental responsibility to ensure the delivery of safe and effective pre-hospital care to the citizens of our state. To delegate this responsibility to a third-party commission would be irresponsible of our organization and a dereliction of our duties as the Kentucky Board of Emergency Medical Services.*

### **Paul Phillips, Paramedic, MS**

Director of Field Operations

Kentucky Board of Emergency Medical Services

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