National Association of State EMS Officials

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Maureen K. Ohlhausen, Acting Chairman
Federal Trade Commission
600 Pennsylvania Avenue, NW
Washington, DC 20580

Dear Acting Chairman Ohlhausen and Members of the Task Force:

These comments have been prepared to inform the Federal Trade Commission Economic Liberty Task Force at its "Streamlining Licensing Across State Lines Roundtable" being held on July 27, 2017. We appreciate the opportunity to provide input on an important subject.

The National Association of State Emergency Medical Services Officials (NASEMSO) membership is comprised of executive branch agency personnel in all 50 states, the District of Columbia, and territories (collectively, "states" in this document) charged with oversight of emergency medical services (EMS) systems. Each member is responsible for the overall planning, coordination and regulation of the EMS system within the state. Specifically, this includes the licensure of EMS personnel such as paramedics and emergency medical technicians (EMTs); we estimate that over 825,000 people hold an EMS license at or above the EMT level in one or more states (2011).

We understand that the following areas are those on which comment is invited:

- Barriers to entry raised by cross-state occupational licensing requirements;
- License portability strategies;
- The status and effectiveness of interstate licensure compacts, agreements, and model laws to ease licensing requirements across state lines for specific professions;
- State-based initiatives to improve the portability of licenses held by military service members and their spouses, and the extent to which these experiences may help civilian license portability efforts; and
- The potential impact of portability measures on licensee mobility, market entry, provider supply, and competition among service providers.

NASEMSO member agencies are relatively young compared to their counterparts that license other health care professionals such as nurses and physicians. In the 1970's most states set up systems of "certification" for emergency medical technicians and paramedics. Two system characteristics were among the first license portability strategies that states employed. One early mechanism was the use of written and psychomotor tests available from the National Registry of Emergency Medical Technicians (NREMT), a US based non-governmental examination development and administration body. In the fast paced and mobile environment of EMS, incident-specific portability was also commonly addressed in state rules that provided an exemption from licensure requirements under specific circumstances, e.g., if

the crew on an ambulance and their patient originated out of state but were transporting to a hospital in an adjacent state, the adjacent states rules may have stipulated that the personnel did not have to hold a license in the adjacent state.

In contrast, personnel affiliated with an ambulance service with a 9-1-1 response area adjacent to or straddling a state boundary may face the requirement for individuals holding a license in both states. The encumbrance placed on those individuals may include paying fees in a second state, meeting different and/or additional license renewal processes, tracking multiple expiration dates, and meeting other requirements such as criminal history checks as mandated in one state but not the other. With the continued growth in the air medical industry and evolution of helicopter and fixed-wing ambulance services with a multistate footprint, there are anecdotal but widespread reports of flight paramedics whose response jurisdictions may include three or more states, necessitating the corresponding number of licenses required.

After two years of development of an interstate compact to solve the issue of license portability, NASEMSO began leading the campaign for its enactment by states. This is a solution to manage the long-standing problem facing EMS regulators when state-by-state licensing requirements became barriers to patient access and EMS personnel mobility. State borders should not serve as obstacles to patient access as a result of burdensome processes for state-by-state licensure, and the solution should not jeopardize the level of protection and quality afforded to the public. Additionally, project leadership saw the opportunity to recognize the bravest in our nation and their families for their service by including an expedited licensure process for veterans, separating service members, and their spouses in the compact.

Funded under a contract from the United States Department of Homeland Security, a four-phased process was initiated that resulted in the "Recognition of Emergency Medical Services Personnel Licensure Interstate CompAct" (REPLICA). History has shown that interstate compacts are a collaborative way to solve problems between multiple states and a sound way to create agreement and a common approach on a policy issue. In 2014, NASEMSO released the model legislation for states to consider in order to join the compact. As of May 8, 2017, twelve states have passed the REPLICA legislation and the compact has passed its necessary threshold for activation. REPLICA is in its critical early days of preparing its governing body for full operation.

State EMS offices and their stakeholders regulate how proper licensure to practice in their state is maintained. States must maintain specific requirements related to the licensure and investigations or sanctions of EMS personnel as a condition of participation in REPLICA beyond passage of the law. States remain responsible for the ongoing rigorous processes and requirements necessary to maintain competent and accountable EMS professionals.

REPLICA is modeled after the state driver's license compacts, affording licensed individuals a privilege to practice under specified conditions while they are in a remote state. It is not a multistate license. In the event someone relocates and would otherwise need to obtain licensure in the new state, states have the prerogative to promulgate rules allowing short-term practice on the REPLICA license while reciprocity is obtained. Criteria for reciprocity, or yielding a new license based on the requirements met and license issued by another state is an area worthy of further exploration.

Separating service members and veterans whose EMS credentials rest within a branch of the military is a unique variant of reciprocity for states. In 2015, the National Association of State EMS Officials (NASEMSO) surveyed the state EMS offices concerning licensing practices specific to military-related

EMS personnel, including those separating from active military service, members of guard and reserve units, and military spouses. The use of the NREMT exam by the Army and Air Force, and optional availability in the Navy has assured that many military-related EMS personnel meet the certification exam requirements for the majority of states. Since the Army and Airforce require that their medics keep the NREMT current, these individuals have a significant component completed for state licensing. Some states have developed review processes to evaluate military- related training above the Emergency Medical Technician to grant equivalence for certification at the Advanced EMT or Paramedic level.

When REPLICA was being drafted, project leadership decided to include a permanent solution for states that were not able to implement the practices outlined above by eliminating any time-consuming research of the military EMS courses and experience when a current, valid and unrestricted NREMT credential is presented at or above the level of license being sought, and to require processing of license applications from military-related EMS personnel be expedited.

In conclusion, the members of NASEMSO are committed to their legislative mandate to protect the public through the implementation and administration of requirements and accountability for EMS personnel while maintaining sensitivity to the opportunity for improvement. This is equally important for veterans and separating services members, as well as nationwide practices that involve crossing one or more state lines in the performance of life saving duties.

We would be happy to answer any questions or provide further information about EMS personnel in the United States.

Respectfully Submitted,

R. Keith Wages
President