HOUSE FILE 694
BY COMMITTEE ON PUBLIC SAFETY

(SUCCESSOR TO HSB 192)

(As Amended and Passed by the House March 21, 2019)
[= New Language by the House

A BILL FOR

An Act establishing an emergency medical services personnel licensure interstate compact.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

[DIVISION I

EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE INTERSTATE COMPACT]

Section 1. NEW SECTION. **147D.1 Emergency medical services personnel licensure interstate compact.**

1. *Purpose.* In order to protect the public through verification of competency and ensure accountability for patient care related activities all states license emergency medical services personnel, such as emergency medical technicians, advanced emergency medical technicians, and paramedics. This compact is intended to facilitate the day-to-day movement of emergency medical services personnel across state boundaries in the performance of their emergency medical services duties as assigned by an appropriate authority and authorize state emergency medical services offices to afford immediate legal recognition to emergency medical services personnel licensed in a member state. This compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of emergency medical services personnel and that such state regulation shared among the member states will best protect public health and safety. This compact is designed to achieve the following purposes and objectives:

a. Increase public access to emergency medical services personnel.

b. Enhance the states' ability to protect the public's health and safety, especially patient safety.

c. Encourage the cooperation of member states in the areas of emergency medical services personnel licensure and regulation.

d. Support licensing of military members who are separating from an active duty tour and their spouses.

e. Facilitate the exchange of information between member states regarding emergency medical services personnel licensure, adverse action, and significant investigatory

information.

f. Promote compliance with the laws governing emergency medical services personnel practice in each member state.

g. Invest all member states with the authority to hold emergency medical services personnel accountable through the mutual recognition of member state licenses.

2. *Definitions.* In this compact:

a. *"Advanced emergency medical technician"* or *"AEMT"* means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the national emergency medical services education standards and national emergency medical services scope of practice model.

b. *"Adverse action"* means any administrative, civil, equitable, or criminal action permitted by a state's laws which may be imposed against licensed emergency medical services personnel by a state emergency medical services authority or state court, including but not limited to actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring, or other limitation or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions, and state court judgments enforcing adverse actions by the state emergency medical services authority.

c. *"Alternative program"* means a voluntary, nondisciplinary substance abuse recovery program approved by a state emergency medical services authority.

d. *"Certification"* means the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination.

e. *"Commission"* means the national administrative body of which all states that have enacted the compact are members.

f. *"Emergency medical technician"* or *"EMT"* means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the national emergency medical services education standards and national

emergency medical services scope of practice model.

g. "Home state" means a member state where an individual is licensed to practice emergency medical services.

h. "License" means the authorization by a state for an individual to practice as an EMT, AEMT, paramedic, or a level between EMT and paramedic.

i. "Medical director" means a physician licensed in a member state who is accountable for the care delivered by emergency medical services personnel.

j. "Member state" means a state that has enacted this compact.

k. "Paramedic" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the national emergency medical services education standards and national emergency medical services scope of practice model.

l. "Privilege to practice" means an individual's authority to deliver emergency medical services in remote states as authorized under this compact.

m. "Remote state" means a member state in which an individual is not licensed.

n. "Restricted" means the outcome of an adverse action that limits a license or the privilege to practice.

o. "Rule" means a written statement by the interstate commission promulgated pursuant to subsection 12 of this compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the compact; or is an organizational, procedural, or practice requirement of the commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

p. "Scope of practice" means defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it tends to represent the limits of services an

individual may perform.

q. "Significant investigatory information" means:

(1) Investigative information that a state emergency medical services authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would result in the imposition of an adverse action on a license or privilege to practice; or

(2) Investigative information that indicates that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.

r. "State" means any state, commonwealth, district, or territory of the United States.

s. "State emergency medical services authority" means the board, office, or other agency with the legislative mandate to license emergency medical services personnel.

3. *Home state licensure.*

a. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.

b. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.

c. A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

(1) Currently requires the use of the national registry of emergency medical technicians examination as a condition of issuing initial licenses at the EMT and paramedic levels;

(2) Has a mechanism in place for receiving and investigating complaints about individuals;

(3) Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory

information regarding an individual;

(4) No later than five years after activation of the compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the federal bureau of investigation with the exception of federal employees who have suitability determination in accordance with 5 C.F.R. §731.202 and submit documentation of such as promulgated in the rules of the commission; and

(5) Complies with the rules of the commission.

4. *Compact privilege to practice.*

a. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with subsection 3.

b. To exercise the privilege to practice under the terms and provisions of this compact, an individual must:

(1) Be at least eighteen years of age;

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

(3) Practice under the supervision of a medical director.

c. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.

d. Except as provided in paragraph "*c*" of this subsection, an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend, or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote

state takes action it shall promptly notify the home state and the commission.

e. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

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

5. *Conditions of practice in a remote state.* An individual may practice in a remote state under a privilege to practice only in the performance of the individual's emergency medical services duties as assigned by an appropriate authority, as defined in the rules of the commission, and under the following circumstances:

a. The individual originates a patient transport in a home state and transports the patient to a remote state;

b. The individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;

c. The individual enters a remote state to provide patient care and/or transport within that remote state;

d. The individual enters a remote state to pick up a patient and provide care and transport to a third member state;

e. Other conditions as determined by rules promulgated by the commission.

6. *Relationship to emergency management assistance compact.* Upon a member state's governor's declaration of a state of emergency or disaster that activates the emergency management assistance compact, all relevant terms and provisions of the emergency management assistance compact shall apply and to the extent any terms or provisions of this compact conflict with the emergency management assistance compact, the terms of the emergency management assistance compact shall

prevail with respect to any individual practicing in the remote state in response to such declaration.

7. *Veterans, service members separating from active duty military, and their spouses.*

a. Member states shall consider a veteran, active military service member, and member of the national guard and reserves separating from an active duty tour, and a spouse thereof, who holds a current, valid, unrestricted national registry of emergency medical technicians certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.

b. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members, and members of the national guard and reserves separating from an active duty tour, and their spouses.

c. All individuals functioning with a privilege to practice under this section remain subject to the adverse actions provisions of subsection 8.

8. *Adverse actions.*

a. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.

b. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

(1) All home state adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state's and remote state's emergency medical services authority.

(2) An individual currently subject to adverse action in the home state shall not practice in any remote state without prior

written authorization from both the home state's and remote state's emergency medical services authority.

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 on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.

f. A home state's emergency medical services authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

g. Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

9. *Additional powers invested in a member state's emergency medical services authority.* A member state's emergency medical services authority, in addition to any other powers granted under state law, is authorized under this compact to:

a. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's emergency medical services authority for the attendance and testimony of witnesses, and/or the production of evidence from

another member state, shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state emergency medical services authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

b. Issue cease and desist orders to restrict, suspend, or revoke an individual's privilege to practice in the state.

10. *Establishment of the interstate commission for emergency medical services personnel practice.*

a. The compact states hereby create and establish a joint public agency known as the interstate commission for emergency medical services personnel practice.

(1) The commission is a body politic and an instrumentality of the compact states.

(2) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

b. Membership, voting, and meetings.

(1) Each member state shall have and be limited to one delegate. The responsible official of the state emergency medical services authority or his designee shall be the delegate to this compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other agency with the legislative mandate to license emergency medical

services personnel at and above the level of EMT exists, the governor of the state will determine which entity will be responsible for assigning the delegate.

(2) Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

(3) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(4) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in subsection 12.

(5) The commission may convene in a closed, nonpublic meeting if the commission must discuss:

(a) Noncompliance of a member state with its obligations under the compact;

(b) The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees, or other matters related to the commission's internal personnel practices and procedures;

(c) Current, threatened, or reasonably anticipated litigation;

(d) Negotiation of contracts for the purchase or sale of goods, services, or real estate;

(e) Accusing any person of a crime or formally censuring any person;

(f) Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(g) Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(h) Disclosure of investigatory records compiled for law enforcement purposes;

(i) Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

(j) Matters specifically exempted from disclosure by federal or member state statute.

(6) If a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

c. The commission shall, by a majority vote of the delegates, prescribe bylaws and rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

(1) Establishing the fiscal year of the commission;

(2) Providing reasonable standards and procedures:

(a) For the establishment and meetings of other committees; and

(b) Governing any general or specific delegation of any authority or function of the commission;

(3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings, and providing an opportunity

for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;

(4) Establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the commission;

(5) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the commission;

(6) Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;

(7) Providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment and/or reserving of all of its debts and obligations;

(8) The commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any;

(9) The commission shall maintain its financial records in accordance with the bylaws; and

(10) The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

d. The commission shall have the following powers:

(1) The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this

compact. The rules shall have the force and effect of law and shall be binding in all member states;

(2) To bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state emergency medical services authority or other regulatory body responsible for emergency medical services personnel licensure to sue or be sued under applicable law shall not be affected;

(3) To purchase and maintain insurance and bonds;

(4) To borrow, accept, or contract for services of personnel, including but not limited to employees of a member state;

(5) To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(6) To accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same, provided that at all times the commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

(7) To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, real, personal, or mixed, provided that at all times the commission shall strive to avoid any appearance of impropriety;

(8) To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;

(9) To establish a budget and make expenditures;

(10) To borrow money;

(11) To appoint committees, including advisory committees comprised of members, state regulators, state legislators or

their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

(12) To provide and receive information from, and to cooperate with, law enforcement agencies;

(13) To adopt and use an official seal; and

(14) To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of emergency medical services personnel licensure and practice.

e. Financing of the commission.

(1) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(2) The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

(3) The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states.

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.

(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be

audited yearly by a certified public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

f. Qualified immunity, defense, and indemnification.

(1) The members, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

(2) The commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel, and provided further that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that

occurred, within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

11. *Coordinated database.*

a. The commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action, and significant investigatory information on all licensed individuals in member states.

b. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this compact is applicable as required by the rules of the commission, including:

(1) Identifying information;

(2) Licensure data;

(3) Significant investigatory information;

(4) Adverse actions against an individual's license;

(5) An indicator that an individual's privilege to practice is restricted, suspended, or revoked;

(6) Nonconfidential information related to alternative program participation;

(7) Any denial of application for licensure, and the reason(s) for such denial; and

(8) Other information that may facilitate the administration of this compact, as determined by the rules of the commission.

c. The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.

d. Member states contributing information to the coordinated

database may designate information that may not be shared with the public without the express permission of the contributing state.

e. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

12. *Rulemaking.*

a. The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

b. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any member state.

c. Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

d. Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) On the internet site of the commission; and

(2) On the internet site of each member state emergency medical services authority or the publication in which each state would otherwise publish proposed rules.

e. The notice of proposed rulemaking shall include:

(1) The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

(2) The text of the proposed rule or amendment and the reason for the proposed rule;

(3) A request for comments on the proposed rule from any interested person; and

(4) The manner in which interested persons may submit notice

to the commission of their intention to attend the public hearing and any written comments.

f. Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

g. The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) At least twenty-five persons;

(2) A governmental subdivision or agency; or

(3) An association having at least twenty-five members.

h. If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the commission from making a transcript or recording of the hearing if it so chooses.

(4) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

i. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was

not held, the commission shall consider all written and oral comments received.

j. The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

k. If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

l. Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

(1) Meet an imminent threat to public health, safety, or welfare;

(2) Prevent a loss of commission or member state funds;

(3) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

(4) Protect public health and safety.

m. The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be

made in writing, and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

13. *Oversight, dispute resolution, and enforcement.*

a. Oversight.

(1) The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities, or actions of the commission.

(3) The commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

b. Default, technical assistance, and termination.

(1) If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(a) Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the commission; and

(b) Provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(3) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(4) A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(5) The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

(6) The defaulting state may appeal the action of the commission by petitioning the United States district court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

c. Dispute resolution.

(1) Upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states.

(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

d. Enforcement.

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

(2) By majority vote, the commission may initiate legal action in the United States district court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

(3) The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

14. *Date of implementation of the interstate commission for emergency medical services personnel practice and associated rules, withdrawal, and amendment.*

a. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

b. Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

c. Any member state may withdraw from this compact by enacting a statute repealing the same.

(1) A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's emergency medical services authority to comply with the investigative and adverse action reporting requirements of this compact prior to the effective date of withdrawal.

d. Nothing contained in this compact shall be construed to invalidate or prevent any emergency medical services personnel licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

e. This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

15. *Construction and severability.* This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining member states. Nothing in this compact supersedes state law or rules related to licensure of emergency medical services agencies.

DIVISION II

IMPLEMENTING CHANGES

Sec. 2. Section 147A.1, subsection 4, Code 2019, is amended to read as follows:

4. *"Emergency medical care provider"* means an individual trained to provide emergency and nonemergency medical care at the emergency medical responder, emergency medical technician, advanced emergency medical technician, paramedic, or other certification levels adopted by rule by the department, who has been issued a certificate by the department, or a person practicing pursuant to chapter 147D.

Sec. 3. Section 147A.1A, Code 2019, is amended to read as

follows:

147A.1A Lead agency.

The department is designated as the lead agency for coordinating and implementing the provision of emergency medical services in this state. The department shall be the state EMS authority for the purposes of chapter 147D.

Sec. 4. Section 147A.4, Code 2019, is amended by adding the following new subsection:

NEW SUBSECTION. 5. The department shall recognize the practice requirements of recognition of the emergency medical services personnel licensure interstate compact, chapter 147D, and shall adopt rules necessary for the implementation of the compact.

Sec. 5. Section 147A.6, Code 2019, is amended to read as follows:

147A.6 Emergency medical care provider certificates — fees and renewal.

1. The department, upon initial application and receipt of the prescribed initial application fee, shall issue a certificate to an individual who has met all of the requirements for emergency medical care provider certification established by the rules adopted under section 147A.4, subsection 2. All fees received pursuant to this section shall be ~~deposited in the emergency medical services fund established in section 135.25~~ retained by the department. The moneys retained by the department shall be used for any of the department's duties under this chapter, including but not limited to the addition of full-time equivalent positions for program services and investigations. Revenues retained by the department pursuant to this section shall be considered repayment receipts as defined in section 8.2. Notwithstanding section 8.33, moneys retained by the department pursuant to this section are not subject to reversion to the general fund of the state.

2. The department, upon renewal application and receipt

of the prescribed renewal application fee, shall issue a certificate to an individual who has met all of the requirements for emergency medical care provider certification established by the rules adopted under section 147A.4, subsection 2. All fees collected pursuant to this section shall be deposited in the emergency medical services fund established in section 135.25.

~~2.~~ 3. Emergency medical care provider certificates are valid for the multiyear period determined by the department, unless sooner suspended or revoked. The certificate shall be renewed upon application of the holder and receipt of the prescribed fee if the holder has satisfactorily completed continuing medical education programs as required by rule.]