



State of Wisconsin
2021 - 2022 LEGISLATURE

LRB-4521/1
JPC:amn

2021 SENATE BILL 736

November 30, 2021 - Introduced by Senators JACQUE and RINGHAND, cosponsored by Representatives TRANEL, NOVAK, BILLINGS, MURPHY, OLDENBURG, SPIROS, TITTL, KERKMAN, PETRYK, KUGLITSCH and WICHGERS. Referred to Committee on Insurance, Licensing and Forestry.

1 **AN ACT** *to amend* 16.25 (1) (am), 48.195 (1), 48.685 (1) (ag) 2., 50.065 (1) (ag) 2.,
2 66.0137 (1) (ah), 102.03 (1) (c) 2., 103.88 (2), 103.88 (3) (a) 1., 108.05 (3) (a),
3 109.03 (1) (e), 111.91 (2) (gu), 118.29 (1) (c), 146.37 (1) (a), 146.38 (1) (b) 1., 146.81
4 (4), 146.997 (1) (d) 14., 154.19 (3) (a), 154.19 (3) (b) 3., 154.21 (1) (a), 154.225 (2)
5 (a), 154.25 (6), 157.06 (12) (a) 1., 252.15 (5g) (a) 1., 256.01 (intro.), 256.12 (2) (a),
6 340.01 (3) (dm) 2., 340.01 (74p) (f), 343.23 (2) (a) 1., 440.9805 (1), 891.453 (1) (b),
7 895.35 (2) (a) 2., 895.48 (1m) (a) (intro.), 895.48 (1m) (a) 2., 895.48 (4) (am)
8 (intro.), 895.484 (2) (d), 940.20 (7) (b), 941.20 (1m) (b), 941.37 (1) (c), 941.375 (1)
9 (b) and 961.443 (1) (b); and *to create* 14.89, 48.981 (2) (a) 28m., 97.67 (5m) (a)
10 6m., 146.81 (1) (t), 252.14 (1) (ar) 16., subchapter I (title) of chapter 256
11 [precedes 256.01], subchapter II of chapter 256 [precedes 256.60] and 257.01 (2)

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- 1 (am) of the statutes; **relating to:** Emergency Medical Services Personnel
2 Licensure Interstate Compact and granting rule-making authority.
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Analysis by the Legislative Reference Bureau

This bill ratifies and enters Wisconsin into the Emergency Medical Services Personnel Licensure Interstate Compact (compact), which provides emergency medical services personnel the ability to obtain a “privilege to practice” in a remote state without obtaining a license in that remote state. Under the bill, “privilege to practice” means an individual’s authority to deliver emergency medical services in remote states as authorized under the compact, “member state” means a state that has enacted the compact, “home state” means a member state where an individual is licensed to practice emergency medical services, and “remote state” means a member state in which an individual is not licensed. Significant provisions of the compact as ratified in the bill include:

1. The compact establishes a joint public agency called the Interstate Commission for Emergency Medical Services Personnel Practice. Each member state has one delegate to the commission. The commission meets at least once during each calendar year. The commission has the authority to promulgate bylaws that regulate the activities of the commission, and rules binding on the member states. The compact prescribes a rule-making process that requires public notice and opportunity for comment. The commission delegates vote on all proposed rules by majority vote. Further, the commission has the power to bring and prosecute legal proceedings, to purchase and maintain insurance and bonds, to hire employees, and to take other actions appropriately related to the function of the commission. All meetings of the commission are open to the public unless closed to discuss sensitive matters. If a meeting of the commission is closed to the public, the compact requires that meeting minutes be prepared and kept under seal.

2. Under the compact, a home state’s license authorizes an individual who holds that license to practice in a remote state under a privilege to practice if the home state meets certain conditions. Those conditions include that the home state has a mechanism in place for receiving and investigating complaints about individuals, and the home state requires a criminal background check of all applicants for initial licensure. If the home state is in compliance with the conditions of the compact, then an individual licensed in the home state has a privilege to practice in all other member states under the conditions set by the compact. Under the compact, an individual practicing in a remote state is subject to the remote state’s authority and laws. Besides the conditions of membership in the compact, the compact does not affect the authority of a member state to issue a license or to establish requirements for the license.

3. Under the compact, a state has the exclusive power to impose adverse action against an individual’s license that is issued by that state. If an individual’s license in any home state is restricted or suspended, the individual is not eligible to practice in a remote state until the individual’s home state license is restored. Further, under

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the compact, a member state has the authority to issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. A subpoena issued in a member state may be enforced in a remote state by any court of competent jurisdiction.

4. The compact requires the commission to develop and maintain a coordinated database and reporting system that contains information related to licensed individuals, adverse actions taken, and significant investigatory information on all licensed individuals. Under the compact, each member state is required to submit a uniform data set to the coordinated database on all individuals to whom the compact is applicable.

5. The compact provides that the executive, legislative, and judicial branches of state government in each member state are responsible for enforcing the compact and taking action necessary to effectuate its purpose. If the commission determines that a member state has defaulted in its performance of the compact, the compact requires the commission to provide written notice to the defaulting state and to provide remedial training and technical assistance to cure the default. If a state fails to cure the default, the compact provides that the defaulting state may be terminated from the compact upon a majority vote of the other member states. If the commission votes to terminate a defaulting state from the compact, all rights, privileges, and benefits conferred by the compact are terminated as of the effective date of the termination. Termination may only be imposed after all other means of securing compliance have been exhausted.

Finally, this bill implements the compact by allowing the Department of Health Services to promulgate rules necessary to implement the compact, and incorporates references to those individuals who have a privilege to practice under the compact into relevant statutory provisions related to emergency medical services and personnel.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 14.89 of the statutes is created to read:
2 **14.89 Emergency medical services personnel licensure interstate**
3 **compact.** There is created an emergency medical services personnel licensure
4 interstate compact commission as specified in s. 256.60. The administrator of the
5 commission representing this state shall be the responsible official of the state EMS
6 authority, as defined in s. 256.60 (2) (s), or his or her designee as provided in s. 256.60

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1 (10) (b) 1. The commission has the powers and duties granted and imposed under
2 s. 256.60.

3 **SECTION 2.** 16.25 (1) (am) of the statutes is amended to read:

4 16.25 (1) (am) “Emergency medical responder” means an individual certified
5 under s. 256.15 (8) (a) or an individual with a privilege to practice, as defined in s.
6 256.60 (2) (L).

7 **SECTION 3.** 48.195 (1) of the statutes is amended to read:

8 48.195 (1) TAKING CHILD INTO CUSTODY. In addition to being taken into custody
9 under s. 48.19, a child whom a law enforcement officer, emergency medical services
10 practitioner, as defined in s. 256.01 (5), individual with a privilege to practice, as
11 defined in s. 256.60 (2) (L), or hospital staff member reasonably believes to be 72
12 hours old or younger may be taken into custody under circumstances in which a
13 parent of the child relinquishes custody of the child to the law enforcement officer,
14 emergency medical services practitioner, individual with a privilege to practice, or
15 hospital staff member and does not express an intent to return for the child. If a
16 parent who wishes to relinquish custody of his or her child under this subsection is
17 unable to travel to a sheriff’s office, police station, fire station, hospital, or other place
18 where a law enforcement officer, emergency medical services practitioner, individual
19 with a privilege to practice, or hospital staff member is located, the parent may dial
20 the telephone number “911” or, in an area in which the telephone number “911” is not
21 available, the number for an emergency medical service provider, and the person
22 receiving the call shall dispatch a law enforcement officer ~~or~~, emergency medical
23 services practitioner, or individual with a privilege to practice to meet the parent and
24 take the child into custody. A law enforcement officer, emergency medical services
25 practitioner, individual with a privilege to practice, or hospital staff member who

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1 takes a child into custody under this subsection shall take any action necessary to
2 protect the health and safety of the child, shall, within 24 hours after taking the child
3 into custody, deliver the child to the intake worker under s. 48.20, and shall, within
4 5 days after taking the child into custody, file a birth record for the child under s.
5 69.14 (3).

6 **SECTION 4.** 48.685 (1) (ag) 2. of the statutes is amended to read:

7 48.685 (1) (ag) 2. “Caregiver” does not include a person who is certified as an
8 emergency medical services practitioner under s. 256.15 if the person is employed,
9 or seeking employment, as an emergency medical services practitioner and does not
10 include a person who is certified as an emergency medical responder under s. 256.15
11 if the person is employed, or seeking employment, as an emergency medical
12 responder. “Caregiver” does not include a person who has a privilege to practice, as
13 defined in s. 256.60 (2) (L), if the person is employed, or seeking employment, to
14 deliver emergency medical services in this state.

15 **SECTION 5.** 48.981 (2) (a) 28m. of the statutes is created to read:

16 48.981 (2) (a) 28m. An individual with a privilege to practice, as defined in s.
17 256.60 (2) (L).

18 **SECTION 6.** 50.065 (1) (ag) 2. of the statutes is amended to read:

19 50.065 (1) (ag) 2. “Caregiver” does not include a person who is certified as an
20 emergency medical services practitioner under s. 256.15 if the person is employed,
21 or seeking employment, as an emergency medical services practitioner and does not
22 include a person who is certified as an emergency medical responder under s. 256.15
23 if the person is employed, or seeking employment, as an emergency medical
24 responder. “Caregiver” does not include a person who has a privilege to practice, as

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1 defined in s. 256.60 (2) (L), if the person is employed, or seeking employment, to
2 deliver emergency medical services in this state.

3 **SECTION 7.** 66.0137 (1) (ah) of the statutes is amended to read:

4 66.0137 (1) (ah) “Emergency medical services practitioner” has the meaning
5 given in s. 256.01 (5), except that in this section it includes an individual with a
6 privilege to practice, as defined in s. 256.60 (2) (L), and applies only to an individual
7 who is employed directly by a political subdivision or by a joint emergency medical
8 services department operated jointly by 2 or more political subdivisions.

9 **SECTION 8.** 97.67 (5m) (a) 6m. of the statutes is created to read:

10 97.67 (5m) (a) 6m. An individual with a privilege to practice, as defined in s.
11 256.60 (2) (L).

12 **SECTION 9.** 102.03 (1) (c) 2. of the statutes is amended to read:

13 102.03 (1) (c) 2. Any employee going to and from his or her employment in the
14 ordinary and usual way, while on the premises of the employer, or while in the
15 immediate vicinity of those premises if the injury results from an occurrence on the
16 premises; any employee going between an employer’s designated parking lot and the
17 employer’s work premises while on a direct route and in the ordinary and usual way;
18 any volunteer fire fighter, emergency medical responder, emergency medical
19 services practitioner, individual with a privilege to practice, as defined in s. 256.60
20 (2) (L), rescue squad member, or diving team member while responding to a call for
21 assistance, from the time of the call for assistance to the time of his or her return from
22 responding to that call, including traveling to and from any place to respond to and
23 return from that call, but excluding any deviations for private or personal purposes;
24 or any fire fighter or municipal utility employee responding to a call for assistance

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1 outside the limits of his or her city or village, unless that response is in violation of
2 law, is performing service growing out of and incidental to employment.

3 **SECTION 10.** 103.88 (2) of the statutes is amended to read:

4 103.88 (2) ABSENCE FROM WORK PERMITTED. An employer shall permit an
5 employee who is a volunteer fire fighter, emergency medical services practitioner,
6 emergency medical responder, individual with a privilege to practice, as defined in
7 s. 256.60 (2) (L), or ambulance driver for a volunteer fire department or fire company,
8 a public agency, or a nonprofit corporation to be late for or absent from work if the
9 lateness or absence is due to the employee responding to an emergency that begins
10 before the employee is required to report to work and if the employee complies with
11 sub. (3) (a). This subsection does not entitle an employee to receive wages or salary
12 for the time the employee is absent from work due to responding to an emergency as
13 provided in this subsection.

14 **SECTION 11.** 103.88 (3) (a) 1. of the statutes is amended to read:

15 103.88 (3) (a) 1. By no later than 30 days after becoming a member of a
16 volunteer fire department or fire company or becoming affiliated with an ambulance
17 service provider, submits to the employee's employer a written statement signed by
18 the chief of the volunteer fire department or fire company or by the person in charge
19 of the ambulance service provider notifying the employer that the employee is a
20 volunteer fire fighter, emergency medical services practitioner, emergency medical
21 responder, individual with a privilege to practice, as defined in s. 256.60 (2) (L), or
22 ambulance driver for a volunteer fire department or fire company, a public agency,
23 or a nonprofit corporation.

24 **SECTION 12.** 108.05 (3) (a) of the statutes is amended to read:

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1 108.05 (3) (a) Except as provided in pars. (c), (d) and (dm) and s. 108.062, if an
2 eligible employee earns wages in a given week, the first \$30 of the wages shall be
3 disregarded and the employee's applicable weekly benefit payment shall be reduced
4 by 67 percent of the remaining amount, except that no such employee is eligible for
5 benefits if the employee's benefit payment would be less than \$5 for any week. For
6 purposes of this paragraph, "wages" includes any salary reduction amounts earned
7 that are not wages and that are deducted from the salary of a claimant by an
8 employer pursuant to a salary reduction agreement under a cafeteria plan, within
9 the meaning of 26 USC 125, and any amount that a claimant would have earned in
10 available work under s. 108.04 (1) (a) which is treated as wages under s. 108.04 (1)
11 (bm), but excludes any amount that a claimant earns for services performed as a
12 volunteer fire fighter, volunteer emergency medical services practitioner, or
13 volunteer emergency medical responder, including services performed as an
14 individual with a privilege to practice, as defined in s. 256.60 (2) (L). In applying this
15 paragraph, the department shall disregard discrepancies of less than \$2 between
16 wages reported by employees and employers.

17 **SECTION 13.** 109.03 (1) (e) of the statutes is amended to read:

18 109.03 (1) (e) A part-time fire fighter ~~or~~, a part-time emergency medical
19 services practitioner, as defined in s. 256.01 (5), or an individual with a privilege to
20 practice, as defined in s. 256.60 (2) (L), who is a member of a volunteer fire
21 department or emergency medical services program maintained by a county, city,
22 village, or town or of a volunteer fire company organized under ch. 181 or ch. 213 and
23 who, by agreement between the fire fighter ~~or~~, emergency medical services
24 practitioner, or individual with a privilege to practice and the entity employing the

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1 fire fighter ~~or~~, emergency medical services practitioner, or individual with a privilege
2 to practice is paid at regular intervals, but no less often than annually.

3 **SECTION 14.** 111.91 (2) (gu) of the statutes is amended to read:

4 111.91 (2) (gu) The right of a public safety employee, who is an employee, as
5 defined in s. 103.88 (1) (d), and who is a fire fighter, emergency medical services
6 practitioner, emergency medical responder, individual with a privilege to practice,
7 as defined in s. 256.60 (2) (L), or ambulance driver for a volunteer fire department
8 or fire company, a public agency, as defined in s. 256.15 (1) (n), or a nonprofit
9 corporation, as defined in s. 256.01 (12), to respond to an emergency as provided
10 under s. 103.88 (2).

11 **SECTION 15.** 118.29 (1) (c) of the statutes is amended to read:

12 118.29 (1) (c) “Health care professional” means a person licensed as an
13 emergency medical services practitioner under s. 256.15, a person certified as an
14 emergency medical responder under s. 256.15 (8), a person with a privilege to
15 practice, as defined in s. 256.60 (2) (L), or any person licensed, certified, permitted
16 or registered under chs. 441 or 446 to 449.

17 **SECTION 16.** 146.37 (1) (a) of the statutes is amended to read:

18 146.37 (1) (a) “Health care provider” includes an ambulance service provider,
19 as defined in s. 256.01 (3), ~~and~~ an emergency medical services practitioner, as defined
20 in s. 256.01 (5), an individual with a privilege to practice, as defined in s. 256.60 (2)
21 (L), and an emergency medical responder, as defined in s. 256.01 (4p).

22 **SECTION 17.** 146.37 (1) (a) of the statutes is amended to read:

23 146.37 (1) (a) “Health care provider” includes an ambulance service provider,
24 as defined in s. 256.01 (3), ~~and~~ an emergency medical services practitioner, as defined

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1 in s. 256.01 (5), and an emergency medical responder, as defined in s. 256.01 (4p), and
2 an individual with a privilege to practice, as defined in s. 256.60 (2) (L).

3 **SECTION 18.** 146.38 (1) (b) 1. of the statutes is amended to read:

4 146.38 (1) (b) 1. A person specified in s. 146.81 (1) (a) to (hp), (r), ~~or~~ (s), or (t).

5 **SECTION 19.** 146.81 (1) (t) of the statutes is created to read:

6 146.81 (1) (t) An individual with a privilege to practice, as defined in s. 256.60
7 (2) (L).

8 **SECTION 20.** 146.81 (4) of the statutes is amended to read:

9 146.81 (4) “Patient health care records” means all records related to the health
10 of a patient prepared by or under the supervision of a health care provider; and all
11 records made by an ambulance service provider, as defined in s. 256.01 (3), an
12 emergency medical services practitioner, as defined in s. 256.01 (5), ~~or~~ an emergency
13 medical responder, as defined in s. 256.01 (4p), or an individual with a privilege to
14 practice, as defined in s. 256.60 (2) (L), in administering emergency care procedures
15 to and handling and transporting sick, disabled, or injured individuals. “Patient
16 health care records” includes billing statements and invoices for treatment or
17 services provided by a health care provider and includes health summary forms
18 prepared under s. 302.388 (2). “Patient health care records” does not include those
19 records subject to s. 51.30, reports collected under s. 69.186, records of tests
20 administered under s. 252.15 (5g) or (5j), 343.305, 938.296 (4) or (5) or 968.38 (4) or
21 (5), records related to sales of pseudoephedrine products, as defined in s. 961.01 (20c),
22 that are maintained by pharmacies under s. 961.235, fetal monitor tracings, as
23 defined under s. 146.817 (1), or a pupil’s physical health records maintained by a
24 school under s. 118.125.

25 **SECTION 21.** 146.997 (1) (d) 14. of the statutes is amended to read:

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1 146.997 (1) (d) 14. An emergency medical services practitioner licensed under
2 s. 256.15 (5) ~~or~~, an emergency medical responder, or an individual with a privilege
3 to practice, as defined in s. 256.60 (2) (L).

4 **SECTION 22.** 154.19 (3) (a) of the statutes is amended to read:

5 154.19 (3) (a) Except as provided in par. (b), emergency medical services
6 practitioners, as defined in s. 256.01 (5), emergency medical responders, as defined
7 in s. 256.01 (4p), individuals with a privilege to practice, as defined in s. 256.60 (2)
8 (L), and emergency health care facilities personnel shall follow do-not-resuscitate
9 orders. The procedures used in following a do-not-resuscitate order shall be in
10 accordance with any procedures established by the department by rule.

11 **SECTION 23.** 154.19 (3) (b) 3. of the statutes is amended to read:

12 154.19 (3) (b) 3. The emergency medical services practitioner, emergency
13 medical responder, individual with a privilege to practice, or member of the
14 emergency health care facility knows that the patient is pregnant.

15 **SECTION 24.** 154.21 (1) (a) of the statutes is amended to read:

16 154.21 (1) (a) The patient expresses to an emergency medical services
17 practitioner, to an emergency medical responder, to an individual with a privilege to
18 practice, as defined in s. 256.60 (2) (L), or to a person who serves as a member of an
19 emergency health care facility's personnel the desire to be resuscitated. The
20 emergency medical services practitioner, emergency medical responder, individual
21 with a privilege to practice, or the member of the emergency health care facility shall
22 promptly remove the do-not-resuscitate bracelet.

23 **SECTION 25.** 154.225 (2) (a) of the statutes is amended to read:

24 154.225 (2) (a) The guardian or health care agent directs an emergency medical
25 services practitioner, an emergency medical responder, an individual with a

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1 privilege to practice, as defined in s. 256.60 (2) (L), or a person who serves as a
2 member of an emergency health care facility's personnel to resuscitate the patient.
3 The emergency medical services practitioner, the emergency medical responder,
4 individual with a privilege to practice, or the member of the emergency health care
5 facility shall promptly remove the do-not-resuscitate bracelet.

6 **SECTION 26.** 154.25 (6) of the statutes is amended to read:

7 154.25 (6) VALID DO-NOT-RESUSCITATE BRACELET. A do-not-resuscitate bracelet
8 that has not been removed, altered, or tampered with in any way shall be presumed
9 valid, unless the patient, the patient's guardian, or the patient's health care agent
10 expresses to the emergency medical services practitioner, emergency medical
11 responder, individual with a privilege to practice, as defined in s. 256.60 (2) (L), or
12 emergency health care facility personnel the patient's desire to be resuscitated.

13 **SECTION 27.** 157.06 (12) (a) 1. of the statutes is amended to read:

14 157.06 (12) (a) 1. A law enforcement officer, fire fighter, emergency medical
15 services practitioner, emergency medical responder, individual with a privilege to
16 practice, as defined in s. 256.60 (2) (L), or ambulance service provider.

17 **SECTION 28.** 252.14 (1) (ar) 16. of the statutes is created to read:

18 252.14 (1) (ar) 16. An individual with a privilege to practice, as defined in s.
19 256.60 (2) (L).

20 **SECTION 29.** 252.15 (5g) (a) 1. of the statutes is amended to read:

21 252.15 (5g) (a) 1. The person is an emergency medical services practitioner;
22 emergency medical responder; individual with a privilege to practice, as defined in
23 s. 256.60 (2) (L); fire fighter; peace officer; correctional officer; person who is
24 employed at a juvenile correctional facility, as defined in s. 938.02 (10p), or a secured
25 residential care center for children and youth, as defined in s. 938.02 (15g); state

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1 patrol officer; jailer, keeper of a jail, or person designated with custodial authority
2 by the jailer or keeper and the contact occurred during the course of the person
3 providing care or services to the individual.

4 **SECTION 30.** Subchapter I (title) of chapter 256 [precedes 256.01] of the statutes
5 is created to read:

CHAPTER 256**SUBCHAPTER I****EMERGENCY MEDICAL SERVICES****IN GENERAL**

10 **SECTION 31.** 256.01 (intro.) of the statutes is amended to read:

11 **256.01 Definitions.** (intro.) In this ~~chapter~~ subchapter:

12 **SECTION 32.** 256.12 (2) (a) of the statutes is amended to read:

13 256.12 (2) (a) Any county, city, town, village, hospital, ambulance service
14 provider, or combination thereof may, after submission of a plan approved by the
15 department, conduct an emergency medical services program using emergency
16 medical services practitioners or individuals with a privilege to practice, as defined
17 in s. 256.60 (2) (L), for the delivery of emergency medical care to sick, disabled, or
18 injured individuals at the scene of an emergency and during transport to a hospital,
19 while in the hospital emergency department until responsibility for care is assumed
20 by the regular hospital staff, and during transfer of a patient between health care
21 facilities. An ambulance service provider may, after submission of a plan approved
22 by the department, conduct an emergency medical services program using
23 emergency medical services practitioners or individuals with a privilege to practice
24 for the delivery of emergency medical care to sick, disabled, or injured individuals
25 during transfer of the individuals between health care facilities. Nothing in this

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1 section prohibits an emergency medical services program from using community
2 paramedics and community emergency medical services practitioners for services
3 described in ss. 256.205 (6) and 256.21 (6) or from providing nonemergency services
4 in accordance with s. 256.15 (6p). Nothing in this section shall be construed to
5 prohibit the operation of fire department, police department, for-profit ambulance
6 service provider, or other emergency vehicles using the services of emergency
7 medical services practitioners or individuals with a privilege to practice in
8 conjunction with a program approved by the department. Hospitals that offer
9 approved training courses for emergency medical services practitioners should, if
10 feasible, serve as the base of operation for approved programs using emergency
11 medical services practitioners.

12 **SECTION 33.** Subchapter II of chapter 256 [precedes 256.60] of the statutes is
13 created to read:

CHAPTER 256**SUBCHAPTER II****EMERGENCY MEDICAL SERVICES****PERSONNEL LICENSURE****INTERSTATE COMPACT**

19 **256.60 Emergency medical services personnel licensure interstate**
20 **compact. (1) PURPOSE.** (a) In order to protect the public through verification of
21 competency and ensure accountability for patient care related activities, all states
22 license emergency medical services personnel, such as emergency medical
23 technicians, advanced emergency medical technicians, and paramedics. This
24 compact is intended to facilitate the day-to-day movement of emergency medical
25 services personnel across state boundaries in the performance of their emergency

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1 medical services duties as assigned by an appropriate authority and authorize state
2 emergency medical services offices to afford immediate legal recognition to
3 emergency medical services personnel licensed in a member state. This compact
4 recognizes that states have a vested interest in protecting the public's health and
5 safety through their licensing and regulation of emergency medical services
6 personnel and that such state regulation shared among the member states will best
7 protect public health and safety.

8 (b) This compact is designed to achieve the following purposes and objectives:

9 1. Increase public access to emergency medical services personnel.

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

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

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

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

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

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

24 (2) DEFINITIONS. In this section:

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1 (a) “Advanced emergency medical technician” or “AEMT” means an individual
2 licensed with cognitive knowledge and a scope of practice that corresponds to that
3 level in the National Emergency Medical Services Education Standards and
4 National Emergency Medical Services Scope of Practice Model.

5 (b) “Adverse action” means any administrative, civil, equitable, or criminal
6 action permitted by a state’s laws that may be imposed against licensed emergency
7 medical services personnel by a state EMS authority or state court, including, but
8 not limited to, actions against an individual’s license such as revocation, suspension,
9 probation, consent agreement, monitoring or other limitation or encumbrance on the
10 individual’s practice, letters of reprimand or admonition, fines, criminal convictions,
11 and state court judgments enforcing adverse actions by the state EMS authority.

12 (c) “Alternative program” means a voluntary, nondisciplinary substance abuse
13 recovery program approved by a state EMS authority.

14 (d) “Certification” means the successful verification of entry-level cognitive
15 and psychomotor competency using a reliable, validated, and legally defensible
16 examination.

17 (e) “Commission” means the national administrative body of which all states
18 that have enacted the compact are members.

19 (f) “Emergency medical technician” or “EMT” means an individual licensed
20 with cognitive knowledge and a scope of practice that corresponds to that level in the
21 National Emergency Medical Services Education Standards and National
22 Emergency Medical Services Scope of Practice Model.

23 (g) “Home state” means a member state where an individual is licensed to
24 practice emergency medical services.

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

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

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

6 (k) "Paramedic" means an individual licensed with cognitive knowledge and a
7 scope of practice that corresponds to that level in the National Emergency Medical
8 Services Education Standards and National Emergency Medical Services Scope of
9 Practice Model.

10 (L) "Privilege to practice" means an individual's authority to deliver emergency
11 medical services in remote states as authorized under this compact.

12 (m) "Remote state" means a member state in which an individual is not
13 licensed.

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

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

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

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1 (q) “Significant investigatory information” means any of the following:

2 1. Investigative information that a state EMS authority, after a preliminary
3 inquiry that includes notification and an opportunity to respond if required by state
4 law, has reason to believe, if proven true, would result in the imposition of an adverse
5 action on a license or privilege to practice.

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

9 (r) “State” means any state, commonwealth, district, or territory of the United
10 States.

11 (s) “State EMS authority” means the board, office, or other agency with the
12 legislative mandate to license emergency medical services personnel.

13 **(3) HOME STATE LICENSURE.** (a) Any member state in which an individual holds
14 a current license shall be deemed a home state for purposes of this compact.

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

18 (c) A home state’s license authorizes an individual to practice in a remote state
19 under the privilege to practice only if the home state does all of the following:

20 1. Currently requires the use of the National Registry of Emergency Medical
21 Technicians examination as a condition of issuing initial licenses at the EMT and
22 paramedic levels.

23 2. Has a mechanism in place for receiving and investigating complaints about
24 individuals.

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1 3. Notifies the commission, in compliance with the terms herein, of any adverse
2 action or significant investigatory information regarding an individual.

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

9 5. Complies with the rules of the commission.

10 **(4) COMPACT PRIVILEGE TO PRACTICE.** (a) Member states shall recognize the
11 privilege to practice of an individual licensed in another member state that is in
12 conformance with sub. (3).

13 (b) To exercise the privilege to practice under the terms and provisions of this
14 compact, an individual must satisfy all of the following requirements:

15 1. Be at least 18 years of age.

16 2. Possess a current unrestricted license in a member state as an EMT, AEMT,
17 paramedic, or state recognized and licensed level with a scope of practice and
18 authority between EMT and paramedic.

19 3. Practice under the supervision of a medical director.

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

24 (d) Except as provided in par. (c), an individual practicing in a remote state will
25 be subject to the remote state's authority and laws. A remote state may, in

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1 accordance with due process and that state's laws, restrict, suspend, or revoke an
2 individual's privilege to practice in the remote state and may take any other
3 necessary actions to protect the health and safety of its citizens. If a remote state
4 takes action, it shall promptly notify the home state and the commission.

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

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

11 **(5) CONDITIONS OF PRACTICE IN A REMOTE STATE.** An individual may practice in
12 a remote state under a privilege to practice only in the performance of the
13 individual's emergency medical services duties as assigned by an appropriate
14 authority, as defined in the rules of the commission, and under all of the following
15 circumstances:

16 (a) The individual originates in the home state and transports the patient to
17 a remote state.

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

20 (c) The individual enters a remote state to provide patient care or transport
21 within that remote state.

22 (d) The individual enters a remote state to pick up a patient and provide care
23 and transport to a 3rd member state.

24 (e) Other conditions as determined by rules promulgated by the commission.

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1 **(6) RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT.** Upon a
2 member state's governor's declaration of a state of emergency or disaster that
3 activates the Emergency Management Assistance Compact, all relevant terms and
4 provisions of the Emergency Management Assistance Compact shall apply and to the
5 extent any terms or provisions of this compact conflicts with the Emergency
6 Management Assistance Compact, the terms of the Emergency Management
7 Assistance Compact shall prevail with respect to any individual practicing in the
8 remote state in response to such declaration.

9 **(7) VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY, AND THEIR**
10 **SPOUSES.** (a) Member states shall consider a veteran, active military service member,
11 and member of the National Guard and Reserves separating from an active duty
12 tour, and a spouse thereof, who holds a current valid and unrestricted certification
13 by the National Registry of Emergency Medical Technicians at or above the level of
14 the state license being sought as satisfying the minimum training and examination
15 requirements for such licensure.

16 (b) Member states shall expedite the processing of licensure applications
17 submitted by veterans, active military service members, and members of the
18 National Guard and Reserves separating from an active duty tour, and their spouses.

19 (c) All individuals functioning with a privilege to practice under this subsection
20 remain subject to the adverse actions provisions in sub. (8).

21 **(8) ADVERSE ACTIONS.** (a) A home state shall have exclusive power to impose
22 adverse action against an individual's license issued by the home state.

23 (b) 1. If an individual's license in any home state is restricted or suspended, the
24 individual shall not be eligible to practice in a remote state under the privilege to
25 practice until the individual's home state license is restored.

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1 2. All home state adverse action orders shall include a statement that the
2 individual's compact privileges are inactive. The order may allow the individual to
3 practice in remote states with prior authorization from the state EMS authority of
4 both the home state and the remote state.

5 3. An individual currently subject to adverse action in the home state shall not
6 practice in any remote state without prior written authorization from the state EMS
7 authority of both the home state and the remote state.

8 (c) A member state shall report adverse actions and any occurrences that the
9 individual's compact privileges are restricted, suspended, or revoked to the
10 commission in accordance with the rules of the commission.

11 (d) A remote state may take adverse action on an individual's privilege to
12 practice within that state.

13 (e) Any member state may take adverse action against an individual's privilege
14 to practice in that state based on the factual findings of another member state, so long
15 as each state follows its own procedures for imposing such adverse action.

16 (f) The state EMS authority of a home state shall investigate and take
17 appropriate action with respect to reported conduct in a remote state as it would if
18 such conduct had occurred within the home state. In such cases, the home state's law
19 shall control in determining the appropriate adverse action.

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

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1 **(9) ADDITIONAL POWERS INVESTED IN A STATE EMS AUTHORITY OF A MEMBER STATE.**

2 The state EMS authority of a member state, in addition to any other powers granted
3 under state law, is authorized under this compact to do any of the following:

4 (a) Issue subpoenas for both hearings and investigations that require the
5 attendance and testimony of witnesses and the production of evidence. Subpoenas
6 issued by the state EMS authority of a member state for the attendance and
7 testimony of witnesses, or the production of evidence from another member state,
8 shall be enforced in the remote state by any court of competent jurisdiction, according
9 to that court's practice and procedure in considering subpoenas issued in its own
10 proceedings. The issuing state EMS authority shall pay any witness fees, travel
11 expenses, mileage, and other fees required by the service statutes of the state where
12 the witnesses or evidence are located.

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

15 **(10) ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMERGENCY MEDICAL**
16 **SERVICES PERSONNEL PRACTICE.** (a) *Interstate Commission for Emergency Medical*
17 *Services Personnel Practice.* The compact states hereby create and establish a joint
18 public agency known as the Interstate Commission for Emergency Medical Services
19 Personnel Practice.

20 1. The commission is a body politic and an instrumentality of the compact
21 states.

22 2. Venue is proper and judicial proceedings by or against the commission shall
23 be brought solely and exclusively in a court of competent jurisdiction where the
24 principal office of the commission is located.

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1 3. Nothing in this compact shall be construed to be a waiver of sovereign
2 immunity.

3 (b) *Membership, voting, and meetings.* 1. Each member state shall have and
4 be limited to one delegate. The responsible official of the state EMS authority or his
5 or her designee shall be the delegate to this compact for each member state. Any
6 delegate may be removed or suspended from office as provided by the law of the state
7 from which the delegate is appointed. Any vacancy occurring in the commission shall
8 be filled in accordance with the laws of the member state in which the vacancy exists.
9 In the event that more than one board, office, or other agency with the legislative
10 mandate to license emergency medical services personnel at and above the level of
11 EMT exists, the governor of the state will determine which entity will be responsible
12 for assigning the delegate.

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

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

20 4. All meetings shall be open to the public, and public notice of meetings shall
21 be given in the same manner as required under the rule-making provisions in sub.
22 (12).

23 5. The commission may convene in a closed, nonpublic meeting if the
24 commission must discuss any of the following:

25 a. Noncompliance of a member state with its obligations under the compact.

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1 b. The employment, compensation, discipline, or other personnel matters,
2 practices, or procedures related to specific employees, or other matters related to the
3 commission's internal personnel practices and procedures.

4 c. Current, threatened, or reasonably anticipated litigation.

5 d. Negotiation of contracts for the purchase or sale of goods, services, or real
6 estate.

7 e. Accusing any person of a crime or formally censuring any person.

8 f. Disclosure of trade secrets or commercial or financial information that is
9 privileged or confidential.

10 g. Disclosure of information of a personal nature where disclosure would
11 constitute a clearly unwarranted invasion of personal privacy.

12 h. Disclosure of investigatory records compiled for law enforcement purposes.

13 i. Disclosure of information related to any investigatory reports prepared by or
14 on behalf of or for use of the commission or other committee charged with
15 responsibility of investigation or determination of compliance issues pursuant to the
16 compact.

17 j. Matters specifically exempted from disclosure by federal or member state
18 statute.

19 6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the
20 commission's legal counsel or designee shall certify that the meeting may be closed
21 and shall reference each relevant exempting provision. The commission shall keep
22 minutes that fully and clearly describe all matters discussed in a meeting and shall
23 provide a full and accurate summary of actions taken, and the reasons therefore,
24 including a description of the views expressed. All documents considered in
25 connection with an action shall be identified in such minutes. All minutes and

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1 documents of a closed meeting shall remain under seal, subject to release by a
2 majority vote of the commission or order of a court of competent jurisdiction.

3 (c) *Rules and bylaws.* The commission shall, by a majority vote of the delegates,
4 prescribe bylaws and rules to govern its conduct as may be necessary or appropriate
5 to carry out the purposes and exercise the powers of the compact, including all of the
6 following:

7 1. Establishing the fiscal year of the commission.

8 2. Providing reasonable standards and procedures for all of the following:

9 a. The establishment and meetings of other committees.

10 b. Governing any general or specific delegation of any authority or function of
11 the commission.

12 3. Providing reasonable procedures for calling and conducting meetings of the
13 commission, ensuring reasonable advance notice of all meetings, and providing an
14 opportunity for attendance of such meetings by interested parties, with enumerated
15 exceptions designed to protect the public's interest, the privacy of individuals, and
16 proprietary information, including trade secrets. The commission may meet in
17 closed session only after a majority of the membership votes to close a meeting in
18 whole or in part. As soon as practicable, the commission must make public a copy
19 of the vote to close the meeting revealing the vote of each member with no proxy votes
20 allowed.

21 4. Establishing the titles, duties, and authority, and reasonable procedures for
22 the election of the officers of the commission.

23 5. Providing reasonable standards and procedures for the establishment of the
24 personnel policies and programs of the commission. Notwithstanding any civil

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1 service or other similar laws of any member state, the bylaws shall exclusively
2 govern the personnel policies and programs of the commission.

3 6. Promulgating a code of ethics to address permissible and prohibited
4 activities of commission members and employees.

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

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

11 9. The commission shall maintain its financial records in accordance with the
12 bylaws.

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

15 (d) *Powers of the commission.* The commission shall have the following powers:

16 1. The authority to promulgate uniform rules to facilitate and coordinate
17 implementation and administration of this compact. The rules shall have the force
18 and effect of law and shall be binding in all member states.

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

23 3. To purchase and maintain insurance and bonds.

24 4. To borrow, accept, or contract for services of personnel, including employees
25 of a member state.

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

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

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

13 8. To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise
14 dispose of any property whether real, personal, or mixed.

15 9. To establish a budget and make expenditures.

16 10. To borrow money.

17 11. To appoint committees, including advisory committees comprised of
18 members, state regulators, state legislators or their representatives, and consumer
19 representatives, and such other interested persons as may be designated in this
20 compact and the bylaws.

21 12. To provide and receive information from, and to cooperate with, law
22 enforcement agencies.

23 13. To adopt and use an official seal.

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

4 (e) *Financing of the commission.* 1. The commission shall pay, or provide for
5 the payment of, the reasonable expenses of its establishment, organization, and
6 ongoing activities.

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

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

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

19 5. The commission shall keep accurate accounts of all receipts and
20 disbursements. The receipts and disbursements of the commission shall be subject
21 to the audit and accounting procedures established under its bylaws. However, all
22 receipts and disbursements of funds handled by the commission shall be included in
23 and become part of the annual report of the commission.

24 (f) *Qualified immunity, defense, and indemnification.* 1. The members,
25 officers, executive director, employees, and representatives of the commission shall

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1 be immune from suit and liability, either personally or in their official capacity, for
2 any claim for damage to or loss of property or personal injury or other civil liability
3 caused by or arising out of any actual or alleged act, error, or omission that occurred,
4 or that the person against whom the claim is made had a reasonable basis for
5 believing occurred within the scope of commission employment, duties, or
6 responsibilities; provided that nothing in this subdivision shall be construed to
7 protect any such person from suit or liability for any damage, loss, injury, or liability
8 caused by the intentional, willful, or wanton misconduct of that person.

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

18 3. The commission shall indemnify and hold harmless any member, officer,
19 executive director, employee, or representative of the commission for the amount of
20 any settlement or judgment obtained against the person arising out of any actual or
21 alleged act, error, or omission that occurred within the scope of commission
22 employment, duties, or responsibilities, or that such person had a reasonable basis
23 for believing occurred within the scope of commission employment, duties, or
24 responsibilities, provided that the actual or alleged act, error, or omission did not
25 result from the intentional, willful, or wanton misconduct of that person.

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1 **(11) COORDINATED DATABASE.** (a) The commission shall provide for the
2 development and maintenance of a coordinated database and reporting system
3 containing licensure, adverse action, and significant investigatory information on all
4 licensed individuals in member states.

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

- 9 1. Identifying information.
- 10 2. Licensure data.
- 11 3. Significant investigatory information.
- 12 4. Adverse actions against an individual's license.
- 13 5. An indicator that an individual's privilege to practice is restricted,
14 suspended, or revoked.
- 15 6. Nonconfidential information related to alternative program participation.
- 16 7. Any denial of application for licensure, and the reason or reasons for such
17 denial.
- 18 8. Other information that may facilitate the administration of this compact, as
19 determined by the rules of the commission.

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

23 (d) Member states contributing information to the coordinated database may
24 designate information that may not be shared with the public without the express
25 permission of the contributing state.

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

4 **(12) RULE MAKING.** (a) The commission shall exercise its rule-making powers
5 pursuant to the criteria set forth in this subsection and the rules adopted thereunder.
6 Rules and amendments shall become binding as of the date specified in each rule or
7 amendment.

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

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

13 (d) Prior to promulgation and adoption of a final rule or rules by the
14 commission, and at least 60 days in advance of the meeting at which the rule will be
15 considered and voted upon, the commission shall file a notice of proposed rule
16 making on all of the following:

17 1. The website of the commission.

18 2. The website of each member state emergency medical services authority or
19 the publication in which each state would otherwise publish proposed rules.

20 (e) The notice of proposed rule making shall include all of the following:

21 1. The proposed time, date, and location of the meeting in which the rule will
22 be considered and voted upon.

23 2. The text of the proposed rule or amendment and the reason for the proposed
24 rule.

25 3. A request for comments on the proposed rule from any interested person.

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1 4. The manner in which interested persons may submit notice to the
2 commission of their intention to attend the public hearing and any written
3 comments.

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

7 (g) The commission shall grant an opportunity for a public hearing before it
8 adopts a rule or amendment if a hearing is requested by any of the following:

9 1. At least 25 persons.

10 2. A governmental subdivision or agency.

11 3. An association having at least 25 members.

12 (h) 1. If a hearing is held on the proposed rule or amendment, the commission
13 shall publish the place, time, and date of the scheduled public hearing.

14 2. All persons wishing to be heard at the hearing shall notify the executive
15 director of the commission or other designated member in writing of their desire to
16 appear and testify at the hearing not less than 5 days before the scheduled date of
17 the hearing.

18 3. Hearings shall be conducted in a manner providing each person who wishes
19 to comment a fair and reasonable opportunity to comment orally or in writing.

20 4. No transcript of the hearing is required, unless a written request for a
21 transcript is made, in which case the person requesting the transcript shall bear the
22 cost of producing the transcript. A recording may be made in lieu of a transcript
23 under the same terms and conditions as a transcript. This subdivision shall not
24 preclude the commission from making a transcript or recording of the hearing if it
25 so chooses.

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1 5. Nothing in this subsection shall be construed as requiring a separate hearing
2 on each rule. Rules may be grouped for the convenience of the commission at
3 hearings required by this subsection.

4 (i) Following the scheduled hearing date, or by the close of business on the
5 scheduled hearing date if the hearing was not held, the commission shall consider
6 all written and oral comments received.

7 (j) The commission shall, by majority vote of all members, take final action on
8 the proposed rule and shall determine the effective date of the rule, if any, based on
9 the rule-making record and the full text of the rule.

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

13 (L) Upon determination that an emergency exists, the commission may
14 consider and adopt an emergency rule without prior notice, opportunity for
15 comment, or hearing, provided that the usual rule-making procedures provided in
16 the compact and in this subsection shall be retroactively applied to the rule as soon
17 as reasonably possible, in no event later than 90 days after the effective date of the
18 rule. For the purposes of this provision, an emergency rule is one that must be
19 adopted immediately in order to do any of the following:

20 1. Meet an imminent threat to public health, safety, or welfare.

21 2. Prevent a loss of commission or member state funds.

22 3. Meet a deadline for the promulgation of an administrative rule that is
23 established by federal law or rule.

24 4. Protect public health and safety.

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1 (m) The commission or an authorized committee of the commission may direct
2 revisions to a previously adopted rule or amendment for purposes of correcting
3 typographical errors, errors in format, errors in consistency, or grammatical errors.
4 Public notice of any revisions shall be posted on the website of the commission. The
5 revision shall be subject to challenge by any person for a period of 30 days after
6 posting. The revision may be challenged only on grounds that the revision results
7 in a material change to a rule. A challenge shall be made in writing, and delivered
8 to the chair of the commission prior to the end of the notice period. If no challenge
9 is made, the revision will take effect without further action. If the revision is
10 challenged, the revision may not take effect without the approval of the commission.

11 **(13) OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT.** (a) *Oversight.* 1. The
12 executive, legislative, and judicial branches of state government in each member
13 state shall enforce this compact and take all actions necessary and appropriate to
14 effectuate the compact's purposes and intent. The provisions of this compact and the
15 rules promulgated hereunder shall have standing as statutory law.

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

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

24 (b) *Default, technical assistance, and termination.* 1. If the commission
25 determines that a member state has defaulted in the performance of its obligations

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1 or responsibilities under this compact or the promulgated rules, the commission
2 shall do all of the following:

3 a. Provide written notice to the defaulting state and other member states of the
4 nature of the default, the proposed means of curing the default, and any other action
5 to be taken by the commission.

6 b. Provide remedial training and specific technical assistance regarding the
7 default.

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

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

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

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

24 6. The defaulting state may appeal the action of the commission by petitioning
25 the U.S. District Court for the District of Columbia or the federal district where the

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1 commission has its principal offices. The prevailing member shall be awarded all
2 costs of such litigation, including reasonable attorney fees.

3 (c) *Dispute resolution.* 1. Upon request by a member state, the commission
4 shall attempt to resolve disputes related to the compact that arise among member
5 states and between member and nonmember states.

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

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

10 2. By majority vote, the commission may initiate legal action in the U.S.
11 District Court for the District of Columbia or the federal district where the
12 commission has its principal offices against a member state in default to enforce
13 compliance with the provisions of the compact and its promulgated rules and bylaws.
14 The relief sought may include both injunctive relief and damages. In the event
15 judicial enforcement is necessary, the prevailing member shall be awarded all costs
16 of such litigation, including reasonable attorney fees.

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

19 **(14) DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMERGENCY**
20 **MEDICAL SERVICES PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND**
21 **AMENDMENT.** (a) The compact shall come into effect on the date on which the compact
22 statute is enacted into law in the 10th member state. The provisions, which become
23 effective at that time, shall be limited to the powers granted to the commission
24 relating to assembly and the promulgation of rules. Thereafter, the commission shall

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1 meet and exercise rule-making powers necessary to the implementation and
2 administration of the compact.

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

8 (c) 1. Any member state may withdraw from this compact by enacting a statute
9 repealing the same.

10 2. A member state's withdrawal shall not take effect until 6 months after
11 enactment of the repealing statute.

12 3. Withdrawal shall not affect the continuing requirement of the state EMS
13 authority of the withdrawing state to comply with the investigative and adverse
14 action reporting requirements of this act prior to the effective date of withdrawal.

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

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

22 **(15) CONSTRUCTION.** This compact shall be liberally construed so as to
23 effectuate the purposes thereof. If this compact shall be held contrary to the
24 constitution of any state member thereto, the compact shall remain in full force and

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1 effect as to the remaining member states. Nothing in this compact supersedes state
2 law or rules related to licensure of emergency medical services agencies.

3 **256.61 Implementation of the emergency medical services personnel**
4 **licensure interstate compact. (1)** In this section:

5 (a) “Compact” means the emergency medical services personnel licensure
6 interstate compact under s. 256.60.

7 (b) “Department” means the department of health services.

8 (c) “Privilege to practice” means a privilege to practice, as defined in s. 256.60
9 (2) (L), that is granted under the compact to an individual to practice in this state.

10 (2) The department may not impose a fee for an individual to receive a privilege
11 to practice.

12 (3) The department, in consultation with the emergency medical services
13 board, may promulgate rules necessary to implement the compact under s. 256.60.

14 **SECTION 34.** 257.01 (2) (am) of the statutes is created to read:

15 257.01 (2) (am) An individual who has a privilege to practice, as defined in s.
16 256.60 (2) (L).

17 **SECTION 35.** 340.01 (3) (dm) 2. of the statutes is amended to read:

18 340.01 (3) (dm) 2. Used by an emergency medical services practitioner licensed
19 under s. 256.15, an individual with a privilege to practice, as defined in s. 256.60 (2)
20 (L), or an ambulance driver or emergency medical responder authorized by the chief
21 of an ambulance service or rescue squad.

22 **SECTION 36.** 340.01 (74p) (f) of the statutes is amended to read:

23 340.01 (74p) (f) A law enforcement officer, traffic officer, fire fighter, or
24 emergency medical services practitioner, as defined in s. 256.01 (5), or individual

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1 with a privilege to practice, as defined in s. 256.60 (2) (L), while performing his or her
2 official duties.

3 **SECTION 37.** 343.23 (2) (a) 1. of the statutes is amended to read:

4 343.23 (2) (a) 1. The person's employment as a law enforcement officer as
5 defined in s. 165.85 (2) (c), fire fighter as defined in s. 102.475 (8) (b), ~~or~~ emergency
6 medical services practitioner as defined in s. 256.01 (5), or individual with a privilege
7 to practice, as defined in s. 256.60 (2) (L).

8 **SECTION 38.** 440.9805 (1) of the statutes is amended to read:

9 440.9805 (1) "Health care provider" means a health care provider, as defined
10 in s. 146.81 (1) (a) to (p), a person licensed or issued a training permit as an
11 emergency medical services practitioner under s. 256.15, ~~or~~ a person certified as an
12 emergency medical responder under s. 256.15 (8) (a), or an individual with a privilege
13 to practice, as defined in s. 256.60 (2) (L).

14 **SECTION 39.** 891.453 (1) (b) of the statutes is amended to read:

15 891.453 (1) (b) "Emergency medical service provider" means a person employed
16 by the state or by a county or municipality and who is an emergency medical services
17 practitioner under s. 256.01 (5) ~~or~~, an emergency medical responder under s. 256.01
18 (4p), or an individual with a privilege to practice, as defined in s. 256.60 (2) (L).

19 **SECTION 40.** 891.453 (1) (b) of the statutes is amended to read:

20 891.453 (1) (b) "Emergency medical service provider" means a person employed
21 by the state or by a county or municipality and who is an emergency medical services
22 practitioner under s. 256.01 (5) ~~or~~, an emergency medical responder under s. 256.01
23 (4p), or an individual with a privilege to practice, as defined in s. 256.60 (2) (L).

24 **SECTION 41.** 895.35 (2) (a) 2. of the statutes is amended to read:

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1 895.35 (2) (a) 2. “Protective services officer” means an emergency medical
2 services practitioner, as defined in s. 256.01 (5), an emergency medical responder, as
3 defined in s. 256.01 (4p), an individual with a privilege to practice, as defined in s.
4 256.60 (2) (L), a fire fighter, or a law enforcement or correctional officer.

5 **SECTION 42.** 895.48 (1m) (a) (intro.) of the statutes is amended to read:

6 895.48 (1m) (a) (intro.) Except as provided in par. (b), any physician, physician
7 assistant, podiatrist, or athletic trainer licensed under ch. 448, chiropractor licensed
8 under ch. 446, dentist licensed under ch. 447, emergency medical services
9 practitioner licensed under s. 256.15, emergency medical responder certified under
10 s. 256.15 (8), individual with a privilege to practice, as defined in s. 256.60 (2) (L),
11 registered nurse licensed under ch. 441, or a massage therapist or bodywork
12 therapist licensed under ch. 460 who renders voluntary health care to a participant
13 in an athletic event or contest sponsored by a nonprofit corporation, as defined in s.
14 66.0129 (6) (b), a private school, as defined in s. 115.001 (3r), a tribal school, as
15 defined in s. 115.001 (15m), a public agency, as defined in s. 46.856 (1) (b), or a school,
16 as defined in s. 609.655 (1) (c), is immune from civil liability for his or her acts or
17 omissions in rendering that care if all of the following conditions exist:

18 **SECTION 43.** 895.48 (1m) (a) 2. of the statutes is amended to read:

19 895.48 (1m) (a) 2. The physician, podiatrist, athletic trainer, chiropractor,
20 dentist, emergency medical services practitioner, as defined in s. 256.01 (5),
21 emergency medical responder, as defined in s. 256.01 (4p), individual with a privilege
22 to practice, as defined in s. 256.60 (2) (L), physician assistant, registered nurse,
23 massage therapist or bodywork therapist does not receive compensation for the
24 health care, other than reimbursement for expenses.

25 **SECTION 44.** 895.48 (4) (am) (intro.) of the statutes is amended to read:

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1 895.48 (4) (am) (intro.) Any of the following, other than an emergency medical
2 services practitioner, individual with a privilege to practice, as defined in s. 256.60
3 (2) (L), or an emergency medical responder — defibrillation, is immune from civil
4 liability for the acts or omissions of a person in rendering in good faith emergency
5 care by use of an automated external defibrillator to an individual who appears to
6 be in cardiac arrest:

7 **SECTION 45.** 895.484 (2) (d) of the statutes is amended to read:

8 895.484 (2) (d) The actor remained with the person or domestic animal until
9 a law enforcement officer, emergency medical service provider, individual with a
10 privilege to practice, as defined in s. 256.60 (2) (L), animal control officer, or other
11 emergency medical responder, as defined in s. 256.01 (4p), arrived at the scene.

12 **SECTION 46.** 940.20 (7) (b) of the statutes is amended to read:

13 940.20 (7) (b) Whoever intentionally causes bodily harm to a health care
14 provider who works in a hospital, an emergency department worker, an emergency
15 medical services practitioner, an emergency medical responder, an individual with
16 a privilege to practice, as defined in s. 256.60 (2) (L), or an ambulance driver who is
17 acting in an official capacity and who the person knows or has reason to know is a
18 health care provider who works in a hospital, an emergency department worker, an
19 emergency medical services practitioner, an emergency medical responder, an
20 individual with a privilege to practice, as defined in s. 256.60 (2) (L), or an ambulance
21 driver, by an act done without the consent of the person so injured, is guilty of a Class
22 H felony.

23 **SECTION 47.** 941.20 (1m) (b) of the statutes is amended to read:

24 941.20 (1m) (b) Whoever intentionally points a firearm at or towards a law
25 enforcement officer, a fire fighter, an emergency medical services practitioner, an

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1 emergency medical responder, an individual with a privilege to practice, as defined
2 in s. 256.60 (2) (L), an ambulance driver, or a commission warden who is acting in
3 an official capacity and who the person knows or has reason to know is a law
4 enforcement officer, a fire fighter, an emergency medical services practitioner, an
5 emergency medical responder, an individual with a privilege to practice, as defined
6 in s. 256.60 (2) (L), an ambulance driver, or a commission warden is guilty of a Class
7 H felony.

8 **SECTION 48.** 941.37 (1) (c) of the statutes is amended to read:

9 941.37 (1) (c) “Emergency medical personnel” means an emergency medical
10 services practitioner licensed under s. 256.15, emergency medical responder
11 certified under s. 256.15 (8), an individual with a privilege to practice, as defined in
12 s. 256.60 (2) (L), peace officer or fire fighter, or other person operating or staffing an
13 ambulance or an authorized emergency vehicle.

14 **SECTION 49.** 941.375 (1) (b) of the statutes is amended to read:

15 941.375 (1) (b) “Public safety worker” means an emergency medical services
16 practitioner licensed under s. 256.15, an emergency medical responder certified
17 under s. 256.15 (8), an individual with a privilege to practice, as defined in s. 256.60
18 (2) (L), a peace officer, a fire fighter, or a person operating or staffing an ambulance.

19 **SECTION 50.** 961.443 (1) (b) of the statutes is amended to read:

20 961.443 (1) (b) Summons and makes contact with a law enforcement officer,
21 ambulance, emergency medical services practitioner, as defined in s. 256.01 (5),
22 individual with a privilege to practice, as defined in s. 256.60 (2) (L), or other health
23 care provider, in order to assist another person if the other person is, or if a
24 reasonable person would believe him or her to be, suffering from an overdose of, or
25 other adverse reaction to, any controlled substance or controlled substance analog.

