

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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House Bill 352 Sectional Analysis

Version 34-LS1327\A

“An Act Relating to Interstate Medical Licensure Compacts”

- Section 1** Amends AS 08.64.101(a) – under *Medicine: duties* – to add implementation of the Interstate Medical Licensure Compact (IMLC) and the PA Licensure Compact (“PA compact”) to the duties of the State Medical Board.
- Section 2** Adds a new subsection (b) to AS 08.64.190 – *Medicine: contents of application* – to require applications applying for expedited licenses as a physician under the IMLC or license as a PA under the PA compact to complete a fingerprint-based background check as part of their application.
- Section 3** Adds two new sections: AS 08.64.253 – *Medicine: Interstate Medical Licensure Compact* – and AS 08.64.254 – *Medicine: PA Licensure Compact*.

AS 08.64.253: Interstate Medical Licensure Compact

- **Section 1. Purpose.** The Interstate Medical Licensure Compact (“IMLC”) creates a streamlined, multi-state licensure pathway (“expedited license”) to expand access to care while preserving each state medical board’s licensing and disciplinary authority. Affirms that medical practice occurs where the patient is located, putting physicians under that state’s board’s jurisdiction. The IMLC adds a licensure pathway but does not change any state’s Medical Practice Act.
- **Section 2. Definitions.** Establishes core terms (e.g., “Expedited License,” “Member Board,” and “State of Principal License”) and sets physician eligibility baselines: accredited medical education; passage of U.S. Medical Licensing Examination (USMLE)/Comprehensive Osteopathic Medical Licensing Examination of the U.S. (COMLEX); approved graduate training; American Board of Medical Specialties (ABMS)/American Osteopathic Association (AOA) specialty certification; full, unrestricted license; no convictions; no prior discipline (other than fee-related); no controlled-substance sanctions; and no active investigations. Also defines rulemaking terms and the IMLC interstate commission (“commission”) structure.

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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- **Section 3. Eligibility.** Physicians who meet Section 2 criteria qualify for expedited licensure via the IMLC. Those who do not may still seek a standard license directly from a state under that state’s usual processes.
- **Section 4. Designation of State of Principal License.** A physician is required to designate a member state as their State of Principal License (“SPL”). They must have a full and unrestricted license in that state, and the state must be the physician’s state of principal residence, the state where at least 25% of the physician’s practice of medicine occurs, the location of the physician’s employer, or if none of those apply, the residence state for federal income tax purposes. Redesignation is permitted, with the commission empowered to set supporting rules.
- **Section 5. Application and Issuance of Expedited Licensure.** Applicants file with their SPL. That board confirms eligibility (leveraging existing primary-source verifications and conducting FBI-compliant criminal background checks), then issues a “letter of qualification.” After registration and fees, the chosen member state issues a full, unrestricted expedited license governed by its own Medical Practice Act. The license term matches local norms and terminates if the SPL license lapses for non-disciplinary reasons without redesignation.
- **Section 6. Fees for Expedited Licensure.** Member states may charge fees for IMLC-issued or renewed licenses. The commission can adopt fee rules.
- **Section 7. Renewal and Continued Participation.** Renewal is handled through the commission and requires maintaining a full SPL license, no convictions, no discipline (other than fee-related), and no controlled-substance sanctions. Physicians must meet each state’s continuing competency requirements. The commission collects renewal fees and distributes them to member boards.
- **Section 8. Coordinated Information System.** Creates a confidential, sealed database of IMLC applicants and licensees. Member boards report public actions, complaints, and other disciplinary/investigatory information; boards share information upon request. The commission sets rules on mandatory and discretionary data sharing.

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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- **Section 9. Joint Investigations.** Authorizes member boards to conduct joint investigations and share investigative materials. Subpoenas issued by one member state are enforceable in others. States may investigate violations affecting physicians licensed in their jurisdiction.
- **Section 10. Disciplinary Actions.** Discipline in any member state can be treated as unprofessional conduct by others. If the SPL license is revoked/surrendered/suspended, all other IMLC licenses automatically match that status (with a 90-day automatic suspension to allow local investigation). Reinstatement elsewhere requires action by each respective board.
- **Section 11. Interstate Medical Licensure Compact Commission.** Establishes the commission as a joint public agency with two voting commissioners per member state. Sets meeting, public-notice, and open-meeting requirements (with specified grounds for closed sessions), quorum/voting rules, and creation of executive and other committees for administration and enforcement.
- **Section 12. Powers and Duties of the Interstate Commission.** Authorizes rulemaking; advisory opinions; enforcement; budgeting; staffing; offices; insurance; property management; annual reporting and audits; education and outreach; recordkeeping; and IP protections — all necessary to operate the IMLC.
- **Section 13. Finance Powers.** Permits annual assessments on member states (via binding rule) sufficient to fund operations, forbids incurring obligations without secured funding, limits pledging state credit, and requires annual financial audits.
- **Section 14. Organization and operation of the Interstate Commission.** Requires adoption of bylaws within 12 months; annual election of officers; and grants qualified immunity, defense, and indemnification for officers/employees acting within scope (excluding intentional or willful and wanton misconduct).
- **Section 15. Rulemaking Functions of the Interstate Commission.** Directs the commission to promulgate reasonable rules aligned with the IMLC's scope, using a process substantially conforming to the 2010 Model State Administrative Procedure Act. Allows judicial review in D.C. or the commission's home district, with deference to reasonable exercises of commission authority.

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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- **Section 16. Oversight of Interstate Compact.** Executive, legislative, and judicial branches in each member state must enforce the IMLC and its rules, which have standing as statutory law without overriding existing state authority to regulate medicine. Courts must take judicial notice; the commission must receive service of process and may intervene.
- **Section 17. Enforcement of Interstate Compact.** The commission enforces the IMLC and may sue defaulting states in federal court (D.C. or its principal office district) for injunctive and monetary relief, with prevailing-party fee shifting; other state-law remedies remain available.
- **Section 18. Default Procedures.** Defines default grounds and a graduated response: notice with cure terms, remedial training/technical assistance, and — if uncured — termination by majority vote. Sets responsibilities for affected licenses, cost allocations, and a right to appeal in federal court with fee shifting.
- **Section 19. Dispute Resolution.** The commission attempts to resolve disputes among member states/boards and promulgates rules for mediation and binding dispute resolution when appropriate.
- **Section 20. Member States, Effective Date, and Amendment.** The IMLC takes effect upon enactment by seven states, and thereafter upon each new state's enactment. Governors of non-member states may participate (non-voting) prior to adoption. Amendments proposed by the commission require unanimous enactment by all member states to take effect.
- **Section 21. Withdrawal.** States may withdraw by repealing the IMLC statute; withdrawal takes effect one year after enactment and requires formal notice. Withdrawing states remain liable for obligations through the effective date; reinstatement is possible by reenactment. The commission may adopt rules addressing license impacts when a state withdraws.
- **Section 22. Dissolution.** The IMLC dissolves if membership is reduced to one state; upon dissolution, the commission concludes its affairs and distributes surplus per bylaws.

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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- **Section 23. Severability and Construction.** Severability applies to preserve remaining provisions; the IMLC is to be liberally construed to effectuate its purposes; other interstate compacts remain unaffected.
- **Section 24. Binding Effect of Compact and Other Laws.** State laws consistent with the IMLC remain enforceable; conflicting laws are superseded to the extent of the conflict. Commission rules/bylaws and agreements with member states are binding; provisions exceeding a member state's constitutional limits are ineffective in that state.

AS 08.64.254. PA Licensure Compact ("PA compact")

- **Section 1. Purpose.** The PA Licensure Compact ("compact") enables physician assistants (PAs) to practice across state lines by mutually recognizing licenses from participating states. It strengthens access to medical services, supports modern care delivery (including remote care), maintains patient safety, and preserves state authority to license and discipline PAs. The compact ensures the PA is regulated by the state where the patient is located. It also provides mobility for military families through easier transferability of PA practice privileges.
- **Section 2. Definitions.** Key terms used throughout the compact are defined, such as "Adverse Action," "Compact Privilege," "Licensing Board," "Qualifying License," "Remote State," "Medical Services," and the "Data System." These definitions create a standardized vocabulary governing eligibility, disciplinary processes, information-sharing, and the administrative structure of the compact. *(NOTE: The term "home state" is not used in the PA compact but will be used in this sectional analysis to refer to the participating state a PA's qualifying license was issued by for the purpose of clarification.)*
- **Section 3. State Participation in This Compact.** States must meet specific requirements to join the compact, including licensing PAs, participating in the centralized data system, investigating complaints, sharing disciplinary information, conducting criminal background checks, adopting national exam standards, and granting compact privileges to qualified PAs. States may charge fees for issuing these privileges.
- **Section 4. Compact Privilege.** A PA must meet standardized eligibility criteria to practice in a Remote State under a compact privilege. Requirements include accredited education, National Commission on Certification of Physician Assistants (NCCPA) certification, a

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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clean criminal and disciplinary history, a qualifying home-state license, and meeting jurisprudence and reporting obligations. The privilege remains valid as long as the qualifying license is active and unrestricted. If the PA's license is restricted or revoked, all compact privileges are suspended for two years after full restoration. States retain authority over controlled-substance prescribing rules.

- **Section 5. Designation of the State from Which Licensee is Applying for a Compact Privilege.** When applying for a compact privilege, the PA must identify their primary state of residence and accept service of legal process at that address. They must notify the commission of any change to their residence.
- **Section 6. Adverse Actions.** Home states retain exclusive authority over their own PA licenses, while remote states may discipline or revoke compact privileges within their borders. States can share investigative information, conduct joint investigations, and honor each other's disciplinary findings. A PA's compact privileges in all states are automatically deactivated if the home-state license is sanctioned. States must report Adverse Actions to the commission's data system.
- **Section 7. Establishment of the PA Licensure Compact Commission.** This section creates the national governing body: the PA Licensure Compact Commission ("commission"). It outlines membership, voting, meetings, powers, and administrative structures. Key powers include rulemaking, fee setting, budgeting, managing the data system, issuing reports, and overseeing compliance. It also defines committee structures—especially the Executive Committee—and establishes processes for public meetings, closed sessions, financial management, and legal immunity for commission personnel.
- **Section 8. Data System.** The commission must maintain a centralized database containing licensure information, adverse actions, and significant investigative data. States must submit uniform data sets and are notified of disciplinary activity. Sensitive information may be restricted from public release but must still be shared among participating states. Expunged information must be removed.
- **Section 9. Rulemaking.** The commission has authority to create binding rules across all participating states. Rulemaking requires public notice, hearings, and comment periods.

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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Emergency rules may be adopted quickly under specific conditions. States may collectively reject rules, and previously adopted rules automatically apply to states joining later. Minor technical corrections may be made without full rulemaking if they do not materially change the rule.

- **Section 10. Oversight, Dispute Resolution, and Enforcement.** State governments must enforce the compact. The commission can take action against states that fail to comply, including providing technical assistance, issuing notices of default, and ultimately terminating a state's participation. A terminated state must notify its licensees, who receive temporary continuation of privileges. The commission can mediate disputes, require binding dispute resolution, and bring legal action to enforce compliance. Only states—not individuals—may sue the commission.
- **Section 11. Date of Implementation of the PA Licensure Compact Commission.** The compact becomes effective when seven states enact it. The commission will review each state's enacted language for material conformity with the model compact. States joining later are subject to the commission's participation review. States may withdraw by statute, with a 180-day transition period for licensees. The compact remains valid even if the number of participating states falls below seven after formation.
- **Section 12. Construction and Severability.** The compact is to be interpreted broadly to achieve its purposes. If any portion is ruled unconstitutional, the remainder still applies. The commission may deny or terminate a state's participation if its constitutional provisions materially conflict with the compact.
- **Section 13. Binding Effect of Compact.** Participating states must comply with the compact and its rules. Any conflicting state laws are superseded to the extent of the conflict. Agreements between states and the commission are legally binding.

Section 4 Amends AS 08.64.315 – *Medicine: fees* – to add fees set by the department for expedited licenses or renewed through the IMLC and for compact privileges.

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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- Section 5** Amends AS 08.86.070 – *Psychologists and Psychological Associates: duties of the board* – to add implementation of the Psychology Interjurisdictional Compact (PSYPACT) to the duties of the Board of Psychologist and Psychological Associate Examiners.
- Section 6** Amends AS 08.86.130(a) – under *Psychologists and Psychological Associates: licensing requirements* – to add fingerprint-based background checks as a requirement for a psychologist licensure by examination.
- Section 7** Amends AS 08.86.140(a) – under *Psychologists and Psychological Associates: fees* – to add fees set by the department for authority to practice under the PSYPACT.
- Sections 8-9** Amends AS 08.86.150 – *Psychologists and Psychological Associates: license by credentials* – to add fingerprint-based background checks as a requirement for a psychologist licensure by credentials.
- Section 10** Adds Article 5a – **Psychology Interjurisdictional Compact** – and new section AS 08.86.225 – *Psychologists and Psychological Associates: compact enacted*.
- **Article I. Purpose.** The Psychology Interjurisdictional Compact (“PSYPACT”) establishes a framework enabling psychologists to provide telepsychology services across state lines and temporary in-person services for up to 30 days per year in other PSYPACT states. It is intended to increase access to psychological services, promote public protection, foster cooperation among states, and ensure accountability through mutual recognition of state licenses. The PSYPACT does not apply when a psychologist holds licenses in both states and does not authorize permanent in-person practice.
 - **Article II. Definitions.** All major terms are defined, including “Adverse Action,” “Home State,” “Receiving State,” “Distant State,” “Telepsychology,” “Temporary Authorization to Practice,” “E.Passport,” “IPC,” and “Coordinated Licensure Information System.” This establishes common terminology governing telepsychology, temporary practice, license status, investigatory information, and the authority of state regulatory boards.
 - **Article III. Home State Licensure.** A psychologist’s Home State is the PSYPACT state where they hold a license. The Home State must require background checks, maintain complaint and investigative processes, report adverse actions, and require psychologists to

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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hold an E.Passport or IPC for compact privileges. It retains authority over its own licensees, and compact privileges depend on the Home State meeting all PSYPACT requirements.

- **Article IV. Compact Privilege to Practice Telepsychology.** Licensed psychologists meeting education and training standards—and holding an active E.Passport—may practice telepsychology into other PSYPACT states without holding a local license. Telepsychology practice is governed by the laws and scope of the Receiving State. If a psychologist faces disciplinary action or license restriction in any PSYPACT state, the telepsychology privilege and E.Passport are revoked.
- **Article V. PSYPACT Temporary Authorization to Practice.** Psychologists who hold an IPC and meet PSYPACT criteria may provide temporary in-person psychological services for up to 30 days per year in another PSYPACT state. They are fully subject to the Distant State's laws, and that state may limit or revoke the temporary authorization. Any adverse action in any PSYPACT state revokes the IPC and eliminates temporary practice privileges.
- **Article VI. Conditions of Telepsychology Practice in a Receiving State.** Telepsychology may occur only when initiated by the psychologist from their Home State and delivered to a client located in a Receiving State. All telepsychology practice must follow the Receiving State's scope of practice and commission rules.
- **Article VII. Adverse Actions.** Both Home States and Receiving/Distant States may take disciplinary actions. Home State discipline automatically terminates all compact privileges and revokes both the E.Passport and IPC. States must report adverse actions to the commission. Psychologists in alternative-to-discipline programs may not use compact privileges during participation.
- **Article VIII. Additional Authorities Invested in a Compact State's Psychology Regulatory Authority.** PSYPACT States may issue subpoenas across state lines, seek injunctions or cease-and-desist orders, and restrict compact privileges. Psychologists cannot change their Home State while under investigation. Investigatory information shared under the PSYPACT remains confidential.
- **Article IX. Coordinated Licensure Information System.** The commission maintains a centralized database containing licensure data, significant investigatory information, adverse

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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actions, privilege revocations, and denials. PSYPACT States must submit uniform data and will receive notice of adverse actions in any state. Expunged information must be removed from the database.

- **Article X. Establishment of the Psychology Interjurisdictional Compact Commission.** This article creates the Psychology Interjurisdictional Compact Commission (“commission”), composed of one voting commissioner per member state. The commission administers the PSYPACT, adopts bylaws and rules, conducts public meetings, operates through committees (including an Executive Board), manages finances, and ensures compliance. Commissioners and staff are granted immunity, legal defense, and indemnification when acting within the scope of their duties.
- **Article XI. Rulemaking.** The commission may adopt binding rules following required procedures for public notice, comment, and hearings. State legislatures may collectively reject a rule. Emergency rules may be adopted without standard procedures in limited circumstances. Technical corrections may be made without restarting the rulemaking process.
- **Article XII. Oversight, Dispute Resolution, and Enforcement.** States must enforce the PSYPACT, and courts must recognize its rules. The commission may intervene in litigation affecting PSYPACT and may take action—including litigation—against states in default. Defaulting states receive notice and technical assistance before possible termination. Dispute resolution procedures, including mediation and binding mechanisms, are established for interstate conflicts.
- **Article XIII. Date of Implementation of the Psychology Interjurisdictional Compact Commission and Associated Rules, Withdrawal, and Amendments.** The PSYPACT takes effect once seven states enact it. States joining later are bound by existing commission rules. A state may withdraw through repeal, effective six months after enactment, but must continue meeting reporting obligations until that date. Amendments require unanimous adoption by all PSYPACT states. States may also maintain or enter into separate agreements not conflicting with PSYPACT.

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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- **Article XIV. Construction and Severability.** PSYPACT must be interpreted broadly to accomplish its goals. If any part is found unconstitutional in one state, it remains fully effective for all other PSYPACT states.

Section 11 Adds three new paragraphs (26)-(28) to AS 12.62.400(a) – under *Criminal Justice Information and Records Check: national criminal history record checks for employment, licensing, and other noncriminal justice purposes* – to allow DPS to run national background checks for expedited licensure as a physician under the IMLC, licensure as a PA under the PA compact, and licensure as a psychologist.

Section 12 Adds a new subsection (d) to AS 18.08.082 – *Emergency Medical Services: issuance of certificate and licenses; designations* – to require Department of Health (DOH) to implement the Recognition of EMS Personnel Licensure Interstate Compact Act (“REPLICA”).

Section 13 Adds a new section AS 18.08.105 – *Emergency Medical Services: recognition of EMS personnel licensure interstate compact*.

- **Section 1. Purpose.** The Recognition of EMS Personnel Licensure Interstate Compact Act (“REPLICA”) establishes a multistate framework allowing licensed Emergency Medical Services (EMS) personnel—including Emergency Medical Technicians (EMTs), Advanced Emergency Medical Technicians (AEMTs), and paramedics—to cross state lines and practice immediately under a recognized privilege when performing assigned EMS duties. It aims to increase public access to EMS services, enhance patient safety, improve interstate cooperation, support transitioning military members and spouses, enable rapid information sharing among states, promote compliance with state practice laws, and ensure accountability through mutual recognition of licenses.
- **Section 2. Definitions.** Establishes the REPLICA’s core terminology including EMS license levels (EMT, AEMT, paramedic) and key regulatory concepts such as “Adverse Action,” “Significant Investigatory Information,” “Scope of Practice,” “License,” and “Privilege to Practice.” This section also identifies the roles of the Home State, Remote State, State EMS Authority, and the Interstate Commission, and clarifies the meaning of Certification, Alternative Programs, Medical Director oversight, and the Commission’s rulemaking authority.

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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- **Section 3. Home State Licensure.** Any state where an individual holds a current EMS license serves as the Home State. Home States must meet specific requirements—use of National Registry of Emergency Medical Technicians (NREMT) exams, complaint investigation systems, reporting duties, compliance with Commission rules, and (within five years) implementation of FBI-compliant fingerprint background checks—to grant their licensees the privilege to practice in other states. States may still require full licensure for activities outside REPLICA’s scope.
- **Section 4. Compact Privilege to Practice.** Member states must recognize an EMS provider’s privilege to practice if the individual is at least 18, holds an unrestricted Home State license at or above EMT level, and works under the supervision of a Medical Director. Providers practice within their Home State scope unless changed by a Remote State. Remote States may restrict or revoke the privilege to practice for safety reasons. If any Home State license or Remote State privilege is restricted or suspended, the individual loses compact practice eligibility across all states.
- **Section 5. Conditions of Practice in a Remote State.** Providers may exercise the privilege to practice only when performing assigned EMS duties under defined operational scenarios, such as originating patient transport from the Home State to a Remote State, entering a Remote State to provide care or transport, or transporting a patient onward to a third member state. Additional conditions may be established through Commission rules.
- **Section 6. Relationship to Emergency Management Assistance Compact.** During a declared emergency that activates the Emergency Management Assistance Compact (EMAC), EMAC’s provisions supersede any conflicting REPLICA provisions for EMS personnel providing care in a Remote State under emergency deployment.
- **Section 7. Veterans, Service Members Separating from Active-Duty Military, and Their Spouses.** Member states must recognize NREMT certification held by veterans, active service members, separating National Guard or Reserve members, and their spouses as meeting minimum training and examination requirements for state licensure. States must expedite their licensure processing. Individuals using compact privileges under this section remain subject to all Adverse Action rules.

ALASKA STATE LEGISLATURE



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- **Section 8. Adverse Actions.** Home States have exclusive authority over their own licensees, and license restrictions or suspensions automatically inactivate compact privileges. Remote States may take adverse action on an individual's privilege within their borders, and states may rely on the factual findings of other states when disciplining privileges. Home States must investigate conduct occurring in Remote States as if it occurred locally. Participation in an approved Alternative Program may substitute for discipline, but participating individuals may not practice in other states without prior authorization.
- **Section 9. Additional Powers Invested in a Member State's EMS Authority.** State EMS Authorities may issue subpoenas across state lines for investigations and hearings, with enforcement by other states' courts, and may issue cease-and-desist orders compelling a provider to stop practicing under the privilege to practice.
- **Section 10. Establishment of the Interstate Commission for EMS Personnel Practice.** This section creates the Interstate Commission for EMS Personnel Practice ("commission"), a joint public agency of all member states responsible for compact administration. It outlines delegate selection, voting procedures, meeting requirements, public-meeting standards, allowable closed sessions, and recordkeeping. The Commission may adopt bylaws, manage finances, create committees, hire staff, promulgate rules, accept grants or donations, and take legal action. It also establishes financial management standards and grants members and staff qualified immunity, legal defense, and indemnification.
- **Section 11. Coordinated Database.** The Commission must maintain a database containing identifying information, licensure data, significant investigatory information, adverse actions, privilege-restriction indicators, licensure denials, and alternative-program participation (when non-confidential). States must submit uniform data and will be notified of new adverse actions. States may designate information as non-public, and expunged data must be removed.
- **Section 12. Rulemaking.** The Commission may adopt binding rules. Rulemaking requires public notice, opportunity for comment, and hearings upon request. States may collectively reject a rule through majority legislative action. Emergency rules may be adopted when needed for immediate health or safety concerns, fiscal protection, federal deadlines, or urgent public-protection needs. Technical corrections may be made without full rulemaking.

ALASKA STATE LEGISLATURE



REPRESENTATIVE ZACK FIELDS

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- **Section 13. Oversight, Dispute Resolution, and Enforcement.** States must enforce the REPLICA, and courts must recognize Commission rules. The Commission may intervene in proceedings and address state noncompliance through notice, assistance, and—if uncorrected—termination of membership. Terminated states remain responsible for obligations up to the termination date. The Commission may mediate disputes and bring legal action in federal court to enforce compliance, with prevailing parties receiving attorney’s fees.
- **Section 14. Date of Implementation of the Interstate Commission for EMS Personnel Practice and Association Rules, Withdrawal, and Amendment.** The REPLICA becomes effective when enacted by ten states. States joining after initial rule adoption must comply with existing rules. States may withdraw by repealing the REPLICA statute, effective six months later, but must continue reporting duties until withdrawal is complete. States may maintain separate agreements with non-member states that do not conflict with REPLICA. Amendments require enactment by all member states.
- **Section 15. Construction and Severability.** The REPLICA must be interpreted broadly to fulfill its purposes. If any portion is deemed unconstitutional in one state, the REPLICA remains effective in all others. The REPLICA does not supersede individual state laws governing EMS agency licensure.