



AGENCY & VEHICLE LICENSURE (AVL) COMMITTEE

May 2017

Home State Regulatory Practices with Out-of-State EMS Agencies (Ground and Helicopter)

This report summarizes the findings from a 2016 survey of state EMS offices on licensure requirements, exemptions, and special conditions for ground and helicopter EMS agencies that are based out-of-state.

ACKNOWLEDGMENTS AND DISCLAIMER

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BACKGROUND

In July 2012 the leadership of NASEMSO formed an Agency and Vehicle Licensure (AVL) Committee in support of state EMS offices' efforts fulfilling their legislative mandates in this important policy domain. An initial priority was to assist states that incorporated US General Services Administration "Triple K" specifications in whole or part. This was a result of the anticipated retirement of those specifications on or after October 2013. Although the committee's primary charge was the development of model regulatory language related to the design of ambulances for state promulgation, they have appropriately broadened their scope to address other areas of mutual interest related to agency and vehicle licensure including, but not limited to:

- Identification of state practices related to complaint management, investigations, sanctions, and administrative actions related to EMS agency licensure and proposed approaches to standardization.
- Identification of existing and development of model laws and rules addressing legal recognition of agencies licensed in adjacent states when operating in another state in day-to-day and non-disaster situations.

Through the work of AVL Committee membership it was identified that there were issues with out of state agencies (OOS) performing regulated services in their states. Within the charge of the committee, NASEMSO leadership approved a proposal to develop and execute a survey to further identify and verify the issues and challenges in order to, when appropriate, develop model language for rules or laws and/or policy solutions to bring about more standardization among states on their approach to agency licensure.

The survey was sent to EMS directors of all member states, territories¹, and the District of Columbia (DC) in 2016. Out of the 56 members, 43 responses were received, for a response rate of 77%. Taking into consideration only the continental US and DC, the response rate was 82%. Throughout this report, "state" is inclusive of DC, commonwealths, and territories.

A copy of the 2016 survey can be found in [Appendix A](#) of this report.

¹ Territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico, U.S. Virgin Islands.

DEMOGRAPHICS

Represented States

The states listed below responded to this survey:

- Alabama
- Alaska
- Arizona
- Arkansas
- California²
- Colorado
- Connecticut
- Delaware³
- Florida
- Georgia
- Guam
- Idaho
- Illinois
- Iowa
- Kansas
- Kentucky
- Maine
- Maryland
- Massachusetts
- Michigan
- Mississippi
- Missouri
- Montana
- Nebraska
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Utah
- Vermont
- Virginia
- West Virginia
- Wisconsin
- Wyoming

² California delegates agency licensure authority through a regional system, making uniform responses at the state level difficult considering each of these regions has different standards.

³ In Delaware, certification and licensure of BLS agencies and units fall under the responsibilities of the Delaware State Fire Prevention Commission. Therefore, sections of this report (when noted) do not include information from Delaware.

Respondents

In the territories, Alaska, and Hawaii the entry of out-of-state (OOS) licensed agencies is an infrequent occurrence and may not pose the same policy challenges and dilemmas as it does in the continental US. Understanding this, with the exclusion of California (per footnote on page 3), Alaska, and Guam, the states listed above represent 71% percent of NASEMSO member states (n=40), and 67% (n=30) of the those indicated that they are the state EMS office employee with primary responsibility for licensure in their state, while 71% (n=30) indicated that they were responsible for post-licensure enforcement. This means that the majority of the respondents were the best resource to answer the survey questions, indicating a high degree of confidence in the responses.

ACRONYMS & DEFINITIONS

Acronyms

IS – In-state

OOS – Out-of-state

Definitions

Home state refers to that of the EMS Official completing the survey (the IS official).

EXCLUSION CRITERIA

Before starting the survey, respondents were advised that the questions did not apply to unanticipated mutual aid, rare or unusual circumstances, or disasters. However, some responses included the above-mentioned circumstances. The survey authors have chosen to leave all responses as they were submitted, therefore, the reader will see some comments mentioning the above referenced scenarios.

LAWS/RULES GOVERNING OUT-OF-STATE AGENCIES

Question:

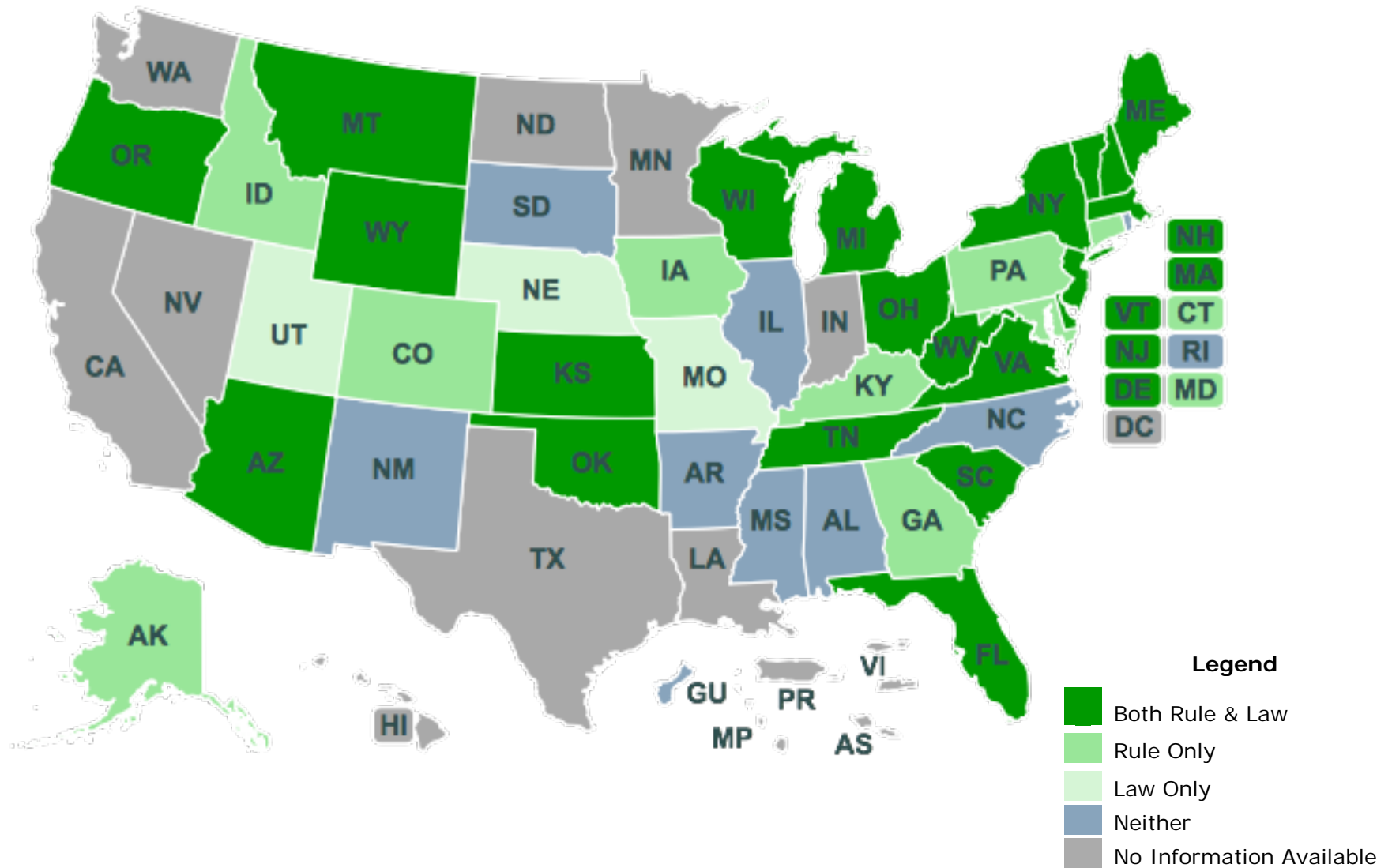
Does your state already have laws and/or rules governing licensure of EMS transport agencies based out-of-state (OOS) functioning in your state?

Seventy-nine percent (n=33) of respondents have addressed OOS EMS agency operations for both ground and helicopter within their home state in law, rule, or both. The degree to which this varies is demonstrated in **Figure 1**.

Additionally, states were asked to provide Internet links to their laws and rules where applicable. However, since web addresses are constantly changing, this information is also located on the AVL Committee's webpage to allow for dynamic updates. You can access the map to state laws and rules [here](#).

Home State Regulatory Practices with Out-of-State EMS Agencies
(Ground and Helicopter) – 2017

FIGURE 1



EXEMPT OUT-OF-STATE AGENCIES

Questions:

Identify whether an out-of-state EMS agency (ground and helicopter) would be exempt from licensure based on the following scenarios:

- Patient transport originates OOS and terminates IS
- Patient transport originates IS and terminates OOS
- Patient transport both originates IS and terminates IS

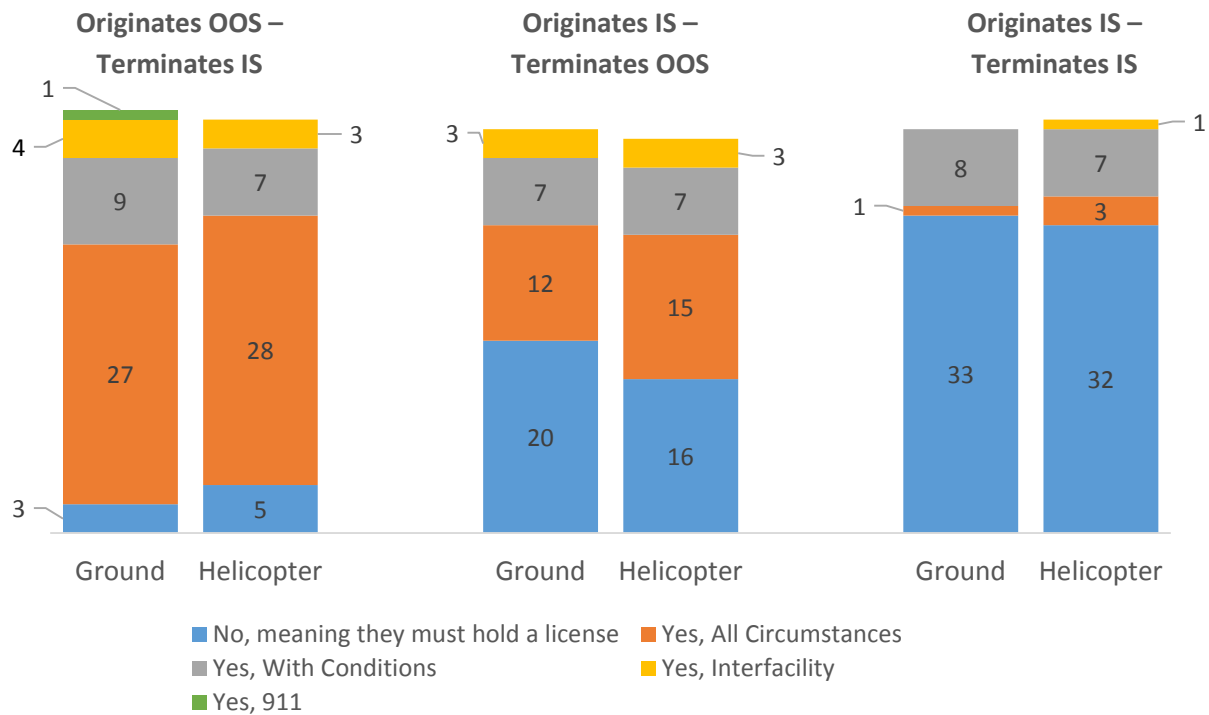
Respondents could select “all that apply” from the following list:

- No (meaning they must hold a license in your state)
- Yes, in all circumstances
- Yes, only if it is an interfacility transport
- Yes, only if it is a 9-1-1 response
- Yes, based on the following conditions

*(Note: comments for this response listed separately from **Chart 1**)*

CHART 1

*** Delaware not included*



“Yes, Based on Conditions” Comments

Ground: Originates OOS → Terminates IS

- Frequency-Related (n=4)
 - Ambulance services licensed and based outside Maryland which transport patients: (a) Into Maryland; or (b) To and from Maryland for diagnostic or therapeutic services in the same calendar day.
 - As long as this is not a regular occurrence.
 - If they routinely respond to calls over the state line, they must be licensed.
 - As long as it is not routine and on-going.
- Other Miscellaneous Responses (n=5)
 - If requested by a Vermont Hospital or EMS Agency.
 - Transfer in transfer out mutual aid call.
 - I realized you mentioned this is not for unusual/infrequent or mutual aid situations, but that describes when this occurs in our state. We exempt agencies in those infrequent situations.
 - “But no such ambulance shall be used to pick up patients within this state for transportation to locations within this state except in case of an emergency;” or in the case of a mutual aid request from a Nebraska Service which falls into the category of emergency.
 - Ground ambulance licensing is handled in Colorado at the county level, not the state level, and therefore county requirements may vary.

Helicopter: Originates OOS → Terminates IS

- Frequency-Related (n=3)
 - Again, frequency is the key. It depends on how often this occurs, and if we are made aware of the situation. If we are made aware of more than 2 - 3 transports a year, we will contact the agency and let them know they are subject to licensure.
 - As long as it is not a regular occurrence.
 - If they routinely respond to calls over the state line, they must be licensed.

- Other Miscellaneous Responses (n=4)
 - “But no such ambulance shall be used to pick up patients within this state for transportation to locations within this state except in case of an emergency;” or in the case of a mutual aid request from a Nebraska Service which falls into the category of emergency.
 - If requested by Vermont Hospital or EMS Agency.
 - Federal pre-emption.
 - Medevac billing may be a different matter and is occurring as we speak for insurance companies. Local insurance agents are not reimbursing OOS charges unless licensed in-state.

Ground: Originates IS → Terminates OOS

- Frequency-Related (n=4)
 - As long as it is not a regular occurrence.
 - As long as it is not routine and on-going.
 - If the frequency of trips into the state to pick up patients is six trips or less annually.
 - Our bureau is not the licensing entity for ground transport agencies; however, the Public Regulation Commission does not address this situation. We would indeed regulate the licensure of the individuals, should this become a common occurrence.
- Other Miscellaneous Responses (n=3)
 - “But no such ambulance shall be used to pick up patients within this state for transportation to locations within this state except in case of an emergency;” or in the case of a mutual aid request from a Nebraska State Service which falls into the category of emergency.
 - If requested by a Vermont Hospital or EMS Agency
 - “For a patient who is not a Kentucky resident back to their state of residence.” or “that responds to a mutual aid request from a Kentucky licensed provider for emergency assistance if the out of state service is the closest service appropriately capable of responding to the request or when Kentucky licensed providers: 1. Are unavailable; 2. Have already responded; or 3. Are physically unable to reach the incident”

Helicopter: Originates IS → Terminates OOS

- Frequency-Related (n=4)
 - As long as it is not a regular occurrence
 - Frequency is the key.
 - Up to 4 run per year.
 - If the frequency of trips into the state to pick up patients is six trips or less annually.
- Other Miscellaneous Responses (n=4)
 - “A mutual aid request from a Kentucky licensed provider for emergency assistance if the out-of-state service is the closest service appropriately capable of responding to the request or if Kentucky licensed providers: 1. Are unavailable; 2. Have already responded; or 3. Are physically unable to reach the incident.”
 - “But no such ambulance shall be used to pick up patients within this state for transportation to locations within this state except in case of an emergency;” or in the case of a mutual aid request from a Nebraska Service which falls into the category of emergency.
 - If requested by a Vermont Hospital or EMS Agency
 - Federal FAA pre-emption

Ground: Originates IS → Terminates IS

- Frequency-Related (n=6)
 - As long as it is not routine and on-going.
 - Ground based is handled by the Public Regulation Commission, but again, this really isn’t addressed as it is a very infrequent occurrence.
 - If requested by a Vermont Hospital or EMS Agency, but only if infrequent - once more routine, licensure would be required.
 - Only for 10 runs.
 - That it’s a one-time straight transport.
 - If they routinely respond to calls over the state line, they must be licensed.

- Other Miscellaneous Responses (n=2)
 - “But no such ambulance shall be used to pick up patients within this state for transportation to locations within this state except in case of an emergency;” or in the case of a mutual aid request from a Nebraska Service which falls into the category of emergency.
 - An OOS ground agency can respond into Oklahoma for emergency requests if an Oklahoma licensed service isn’t available and the OOS service is requested by an Oklahoma licensed agency.

Helicopter: Originates IS → Terminates IS

- Frequency-Related (n=4)
 - Air ambulance services licensed and based outside Maryland which transport patients from or within Maryland less than 26 times per year.
 - Frequency.
 - If they routinely respond to calls over the state line, they must be licensed.
 - Only up to 4 runs.
- Other Miscellaneous Responses (n=3)
 - “But no such ambulance shall be used to pick up patients within this state for transportation to locations within this state except in case of an emergency;” or in the case of a mutual aid request from a Nebraska Service which falls into the category of emergency.
 - If requested by a Vermont Hospital or EMS agency
 - Federal FAA pre-emption

Discussion

A trend is evident that frequency, or what appears to be regular origination in a home state that results in a patient being delivered in the same state or to another state calls for routine agency licensure rather than offering any type of exemption. Clarifying what exactly “frequency or routine” means in this setting would be worthy of future exploration considering it is often the tipping point for requiring licensure. Some respondents offered numbers such as “ten” times a year for origination and termination within the same state. The comments provided by responses support this as well. Conversely, responses and transports from OOS into the home state are largely exempt for both air and ground, being that the home state relies on the standards and accountabilities of the other – neighboring states. The only area we see some variation in exemptions between air and ground is when the transport originates IS and terminates OOS, again most of the comments support looking to frequency as a way to determine whether or not a service should be licensed versus having an exemption.

PATIENT CARE RECORDS

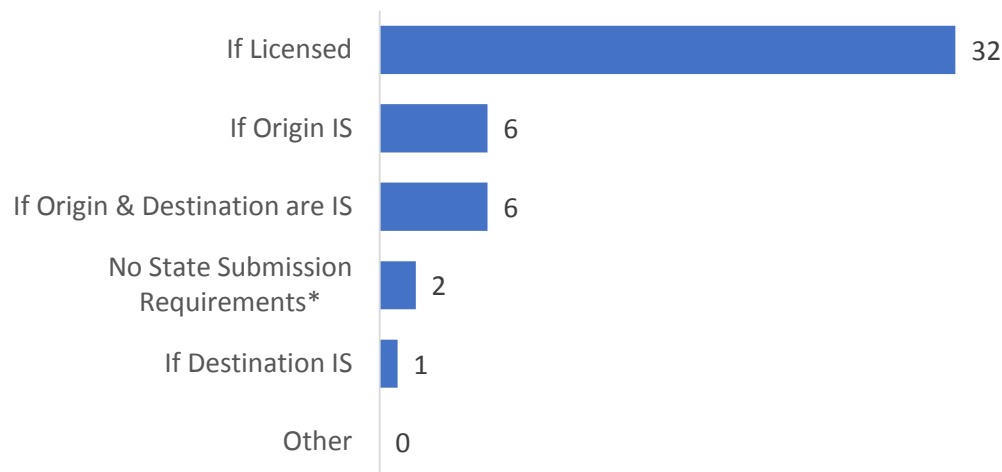
Question:

Under what circumstances must an OOS ground agency submit patient care records to your office? (select all the apply)

- Only if they are licensed in my state
- For all patients whose origin is my state
- For all patients whose destination is my state
- For all patients whose origin and destination are both in my state
- Other/Comments

CHART 2

**** Delaware not included**



**Although not a response option, answers gleaned from comments.*

Discussion

As represented in **Chart 2**, a notable gap exists as to what circumstances a state EMS Office has access to patient care records when the ground EMS agency is not licensed in the home state, yet operates by some type of exemption when transporting patients to destinations within the home state or from the home state to another. In large part, the answers to this question indicate that ground EMS agencies with a transport initiated OOS, moving the patient to a destination IS, are not required to file a patient care record with the EMS regulatory authority. To put it further into perspective, 93% of states require that ground agencies function in these circumstances by some type of exemption, therefore no license is required.

INVESTIGATIONS

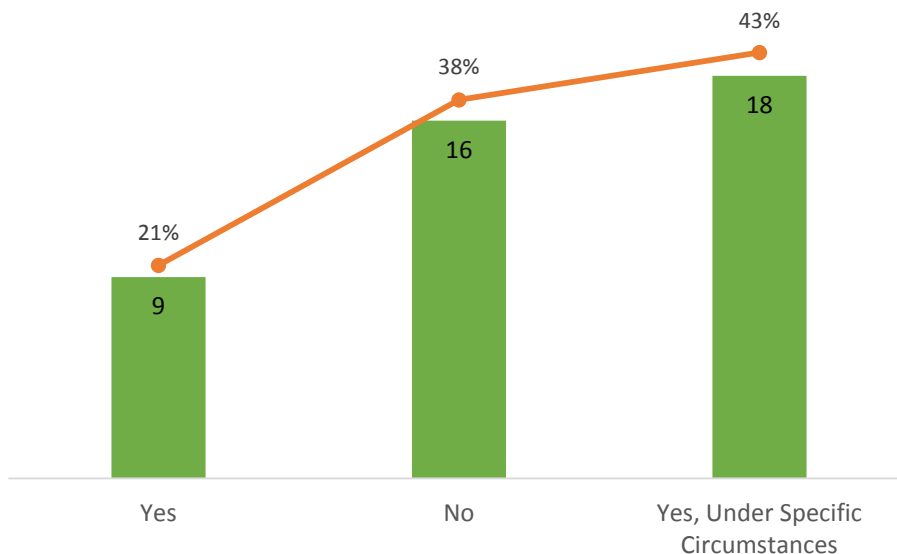
Question:

If a neighboring state EMS office contacted your office and advised they were conducting an investigation on a transport into their state by an EMS agency that you license, would you be able to share the patient care record with them if it was submitted to your state?

-Yes
-Yes, under specific circumstances
-No

Respondents who answered “No” and “Yes, under specific circumstances” were asked to explain their response. These comments are listed after **Chart 3**.

CHART 3



“No” and “Yes, Under Specific Circumstances” Comments

No

- We do not collect patient care records.
- We do not maintain PCR data at the state level. We would have to initiate an investigation in our state and obtain the PCR from the agency involved. Additionally it would have to be reviewed by legal for a request to share patient data.

- Not possible given our regulatory structure.
- A different program within OHA houses those records, not EMS & Trauma Systems.
- MIEMSS generally does not share the patient care record but refers them to the EMS agency. §1-401 and §14-506 of the Health Occupations Article, Annotated Code of Maryland and §4-329 of the General Provisions Article, Annotated Code of Maryland.
- Neighboring state does not have jurisdiction over KS service.
- Not allowed by regulation.
- Not identified in statute to be able to release to another OOS entity, no enabling legislation.
- Our statute doesn't speak to this circumstance, but by its plain language Chapter Three section 4.1 specifically says "part of the patient's medical record" is strictly confidential.
- Patient Record belongs to the entity doing the transport. The request has to go to that entity and agreed by patient.
- Permission needed.
- HIPAA.
- The neighboring state agency would have to contact the provider of services to request the PCR. As an investigative authority per HIPAA rules.
- The state would have to subpoena the specific agency for the records.
- The question has never been asked, but our rules are silent on any sharing of PCRs so I think I have to say we can't.
- When these request come in the state requests it be through legal counsel. The requests will be filtered to our legal counsel to determine if the information can be release (sic).

Yes, Under Specific Circumstances

- 1. A data sharing agreement with that agency spelling out the elements to be shared; 2. Subpoena/court order.
- A signed release from the patient.
- After the request is reviewed by our Office of Legal counsel to ensure all laws are being followed.
- If the investigation were conducted jointly with the adjacent state and all confidentiality agreements were in place.
- If the request is made in writing to our Research/QM section, a redacted copy of a patient care record would be sent to that state.
- OPRA request.
- Subpoena.
- The request would be referred to our legal division for review and approval.
- Under FOI.
- HIPAA compliant release signed by the patient to provide that information.
- We would assure this with our HIPAA officer and Office of General Counsel.
- I would need a subpoena and then the AAG's office would determine what we would do.
- Not completely sure - we would consult our assistant attorney general, but I believe the expectation is that the investigators would obtain it through the agency using legal means. I also expect we would initiate our own investigation.
- With approval from the Attorney General's Office.
- With approval of our legal department.
- With medical release form from the patient.
- Ohio does not collect run reports. Services are required to submit specific data from the run report on emergency runs into an ED and emergency ED to ED transports only. Ohio Revised Code, section 4765.09 defines the collection and release of data submitted by EMS agencies.
- Our EMS Office do not retain copies of the patient care report, however upon request we can obtain such.
- Difficult question. Massachusetts would not collect this if it is not our investigation.

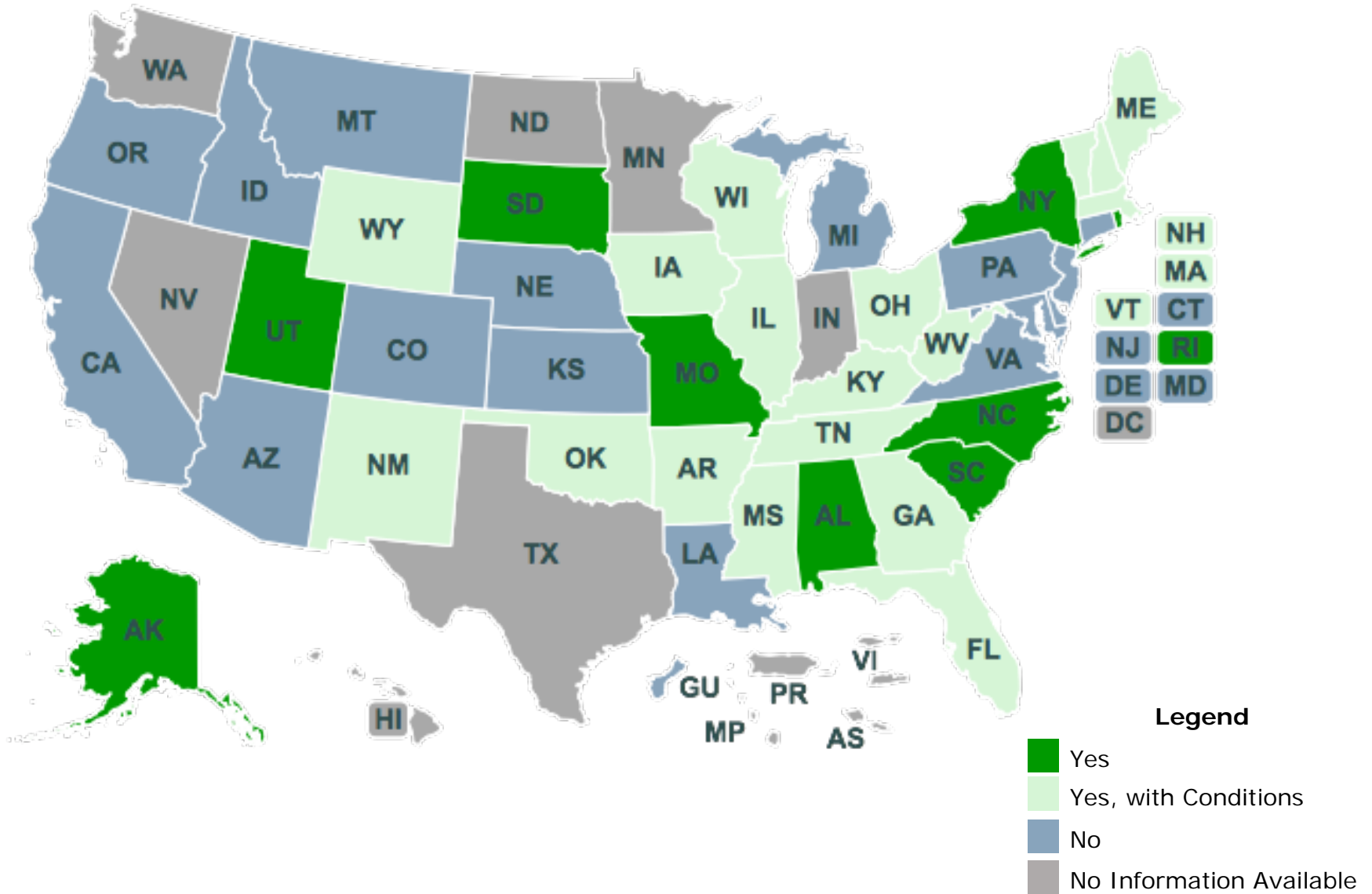
Discussion

A gap exists when considering ready access to patient care information for the purposes of both public protection. When considering access to patient care records from a neighboring state, 38% of respondents stated they could not provide a record to the state conducting an investigation on a transport into the home state. While 43% stated that they could but only under specific circumstances. These conditions, in large part, represented scenarios where in order to get a copy of a patient care record, the state EMS regulatory authority has to either obtain a subpoena, make a written request, use the Freedom of Information Act law(s), or work through their agencies legal counsel, possibly higher up in the executive branches of the respective states. A small number of states were either concerned with the Health Insurance Portability and Accountability Act (HIPAA) violations, or were unaware of what the process would be. The smooth and efficient transfer of this information needs to be further explored, as these matters are often time sensitive, involve public trust, and possibly EMS personnel licensure.

A map showing the variations among states is provided in **Figure 2**.

*Home State Regulatory Practices with Out-of-State EMS Agencies
(Ground and Helicopter) – 2017*

FIGURE 2

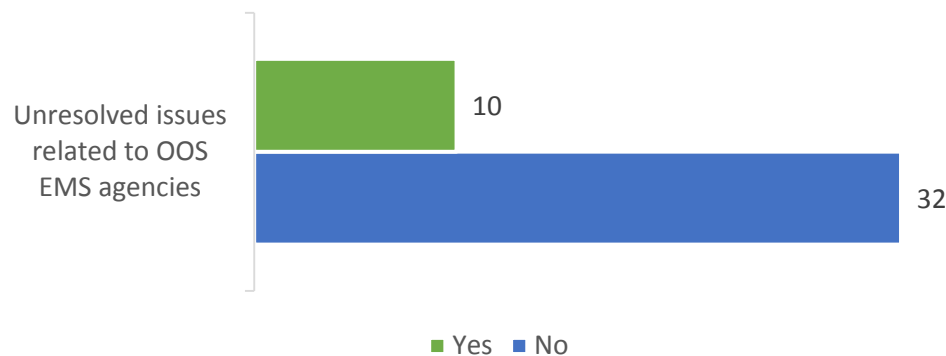


MISCELLANEOUS CHALLENGES

Unresolved Issues/Challenges

Question:
Do you have unresolved issues/challenges related to EMS agencies of any kind based out of state?

CHART 4



“Yes” Comments

- Capturing OOS agencies that come into our state and pick up patients. Gaining compliance from these agencies.
- Equipment/medication lists for ALS are different; agencies have to carry different bags/kits depending on where they are.
- Inspection of their licensed vehicles and their equipment can be a challenge.
- Often an OOS service, when confronted by a {State} EMS Inspector, will feign ignorance of the laws in {State} regarding out of state agencies originating calls in {State}.
- One particular issue is that hospitals will call OOS agencies directly, because patients aren't moving as quickly as they would like with their local agency, and request them to transport patients.
- OOS medevac licensing.
- Sometimes an OOS agency is the primary transport ambulance agency, we don't get their data and we do not regulate their service.

- State licensure issues are being addressed for not requiring licensure for OOS agencies who respond on mutual aid emergencies or for non-state declared disaster assistance.
- The statute and regulations state that we may provide reciprocity to air services based on their out of state license. However, the staff does not have to be licensed in our state. So, the questions of crew member types (dual nurse vs nurse/paramedic makeup), scope of practice, equipment, and protocols creates concern.
- There are issues with one air provider, but I prefer not to disclose the specifics.

Discussion

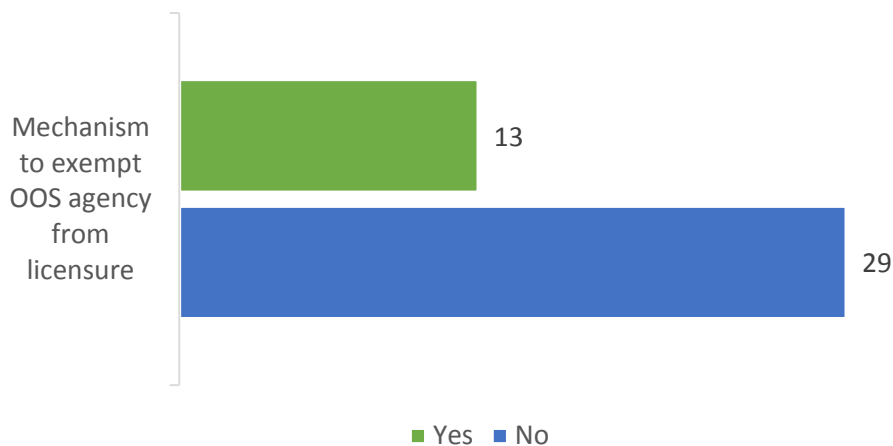
Only 24% of the respondents stated that there are unresolved challenges (of any kind) related to OOS EMS agencies. Despite the number being small, the opportunities to addresses public protection issues between state EMS offices and jurisdictions are significant. In terms of frequency, the most common area(s) mentioned includes the lack of knowledge by OOS agencies as to how home state laws and rule apply to them while operating in that state in areas such as protocols, ambulance inspections, and the completion of patient care records. Differences in licensing requirements for helicopter EMS agencies versus personnel staffing, equipment, and medications are seen as challenges. Although none of the issues raised are unfamiliar territory to state EMS offices, it does place these issues back into focus when working at the national level to standardize regulation and practice in these areas.

Mechanisms to Exempt OOS Agencies

Question:

Do you have a mechanism by which you exempt an OOS agency from licensure by your state based on the license they hold in another state?

CHART 5



Respondents were asked to provide a link, when available, which provided additional information when a mechanism existed. As with the laws and rules links, since Internet addresses are constantly changing, this information is located on the AVL Committee’s webpage to allow for dynamic updates. You can access the map to state laws and rules as they relate to mechanisms for exemptions [here](#).

“Yes” Comments

- AZ §36-2217. Exemption from regulation A. This chapter does not apply to: 5. Ambulances from other states that are: (a) Responding to a major catastrophe or emergency in this state because there are insufficient registered ambulances in this state to respond in that situation. (b) Operating either from a location outside of this state to transport a patient to a location within this state or operating from a location outside of this state and crossing through this state to transport a patient to a location outside this state. B. Except as provided in subsection A, paragraph 5, subdivision (a) of this section, an ambulance from another state

shall not pick up a patient in this state and transport that patient to another location in this state unless that ambulance is registered under this chapter.

- They would apply to the Board of EMS for a waiver of the MEMS Rules.
- As long as the licensed OOS Unit/service is transporting a patient that originates from out of state
- If the Governor signs a declaration. If a Wisconsin EMS service need mutual aid and both services have an agreement.
- Interstate agreements.
- Mutual aid for emergencies.

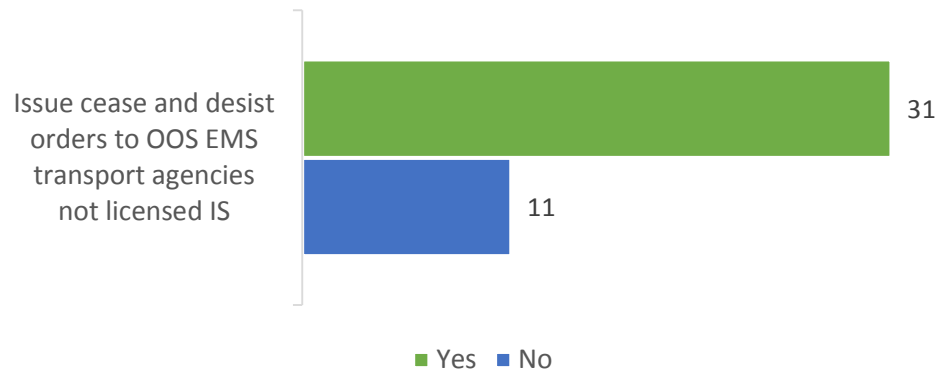
Discussion

Just shy of 70% of the respondents have no formal mechanism to legally exempt an OOS EMS agency from licensure based on their state of origin. The comments provided pathways, waivers, and declarations to accomplish recognition when necessary. Simply, home states are clearly staking out regulatory authority over those who intend to routinely conduct business in their state.

Cease and Desist Orders

Question:
Do you have the ability to issue cease and desist orders to EMS transport agencies functioning in your state if they are not licensed by your state?

CHART 6



Respondents were asked to provide a link, when available, which provided additional information on cease and desist orders. As with the laws and rules links, since Internet addresses are constantly changing, this information is located on the AVL Committee’s webpage to allow for dynamic updates. You can access the map showing the relevant information on cease and desist orders [here](#).

Cease & Desist Comments

- AZ §36-2214(A). A person shall not operate an air ambulance service in this state unless the air ambulance service is licensed and complies with this article and the rules adopted pursuant to this article.
- MO Revised Statute 190.180. Constitutes a statute violation. Violation of a statute can be criminally prosecuted.
- FL Statute 401.421(2)(a). If the department has probable cause to believe that any person not licensed by the department has provided pre-hospital or inter-facility advanced life support or basic life support procedures or transportation services in this state not specifically authorized by law, the department may issue and deliver to such person a notice to cease and desist from such services. For the purpose of enforcing a cease and desist order, the department may file a petition,

in the name of the state, seeking issuance of an injunction or a writ of mandamus against any person who violates any provisions of such order.

- IDAPA 16.01.12.340.01.a. Idaho can fine an agency for failure to obtain an agency license.
- You are required to obtain proper licensure if you wish to operate an ambulance in Maryland, and you must not operate an ambulance until a proper license is issued. The Education Article, §13-515 provides that any person violating any provision of §13-515 or a regulation adopted under that section is guilty of a misdemeanor.
- {UT} 26-8a-507. Cease and desist orders. The department may issue a cease and desist order to any person who: (1) may be disciplined under Section 26-8a-503 or 26-8a-504; or (2) otherwise violates this chapter or any rules adopted under this chapter.
- We would proceed through the AAG's Office.
- Both the PRC for transport agencies and our Bureau for non-transport agencies.
- Contact appropriate state EMS Office.
- If billing.
- Statutes for both immediate compliance orders and requirement for licenses.
- We have legal authority.
- Pulling license.
- The EMS Systems Act prohibits a non-licensed agency from holding themselves out as an EMS Agency within the State.
- Through our legal department.
- Through the AG's office.
- Through the Assistant Attorney General assigned to EMS.
- We can issue these.

Discussion

A clear pathway exists for the authority responsible for EMS in states to take a "cease and desist" action against an OOS agency should they establish that they are functioning without proper licensure. Presently 74% of the respondents have this authority.

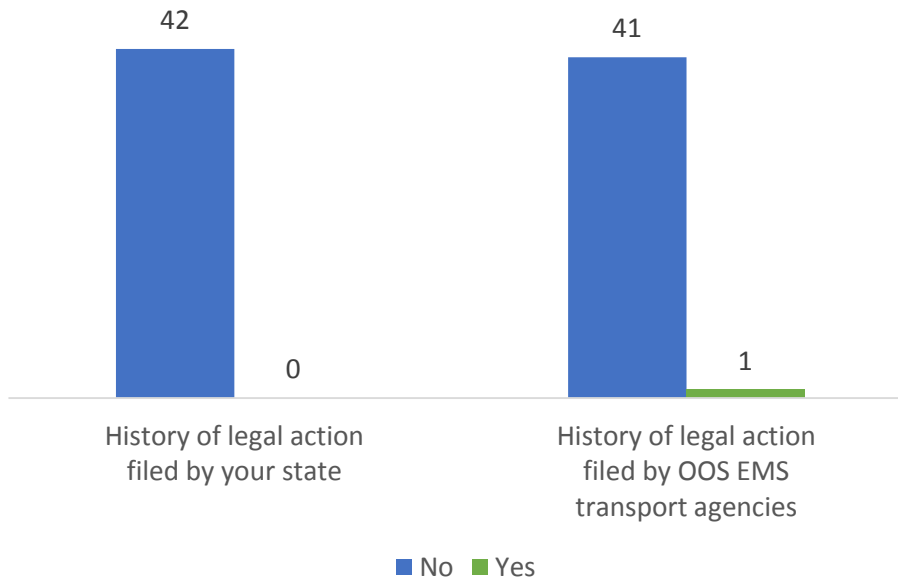
History of Legal Action

Questions:

Do you have any history of legal action filed by your state other than cease and desist orders against EMS transport agencies not licensed by your state in the last ten years?

Do you have any history of legal action filed by EMS transport agencies not licensed by your state against your state in the last ten years?

CHART 7



Discussion

Outside of “cease and desist orders” legal action taken against EMS office OOS agencies or by an OOS agency against an EMS office are basically non-existent. Only respondent cited that there was an action against an OOS service for picking up and transporting within their state without a license.

CONCLUSION

With a 75% response rate to this survey, it is clear that state EMS offices have an interest and investment in this discussion as well as understand the challenges presented in managing OOS services. There are indications from the respondents that these challenges have grown including the increase in availability and need for air medical transport. Variation among states in requirements for licensure was a key finding of the report, suggesting that reaching policy consensus is a prudent initiative in the future.

Although formal exemptions for OOS EMS agencies working within a home state, are not readily in place (**Chart 6, Question 19**), there appears to be either a readiness of acceptance by respondents that their neighboring states agency licensing standards are adequate or there has not been sufficient time to further advance a formal, standardized process. **Chart 1** demonstrates that the activity originating OOS and/or terminates OOS is more likely to be exempt from licensure than when the initial activity starts within the borders of those answering the questions, the home state. What is clear is that the issue of how frequently these responses and transports occur and where the patient originates from are the tipping points for requiring licensure. Although Mutual Aid is mentioned from time to time, it is less of a factor in these discussions due solely to the nature of the request.

The responses in **Chart 2** and **Chart 3** indicate that there is a lack of ability to hold OOS agencies accountable for proper documentation of patient care activities and when requesting basic investigatory information. These are issues basic to public protection and require further discussion. The real question is when does a patient intersect with a home state EMS system and should that number, that experience be counted.

APPENDIX A – SURVEY QUESTIONS

Please note that the questions in this survey do NOT apply to unanticipated mutual aid, rare, or unusual circumstances, or disasters.

1. Does your state already have laws and/or rules governing licensure of EMS transport agencies based out-of-state (OOS) functioning in your state?
 - Yes
 - No

2. You indicated that your state has laws and/or rules governing licensure of OOS-based EMS transport agencies functioning in your state. Please provide the following as appropriate (*if the link(s) lead to multiple sections, please provide the relevant section #(s)*):
Law: _____
Rule: _____

3. Does your state exempt OOS ground EMS agencies from licensure if the patient transport originates OOS and terminates in your state? (*check all that apply*)
 - No (*meaning they must hold a license in your state*)
 - Yes, in all circumstances
 - Yes, only if it is an interfacility transport Yes, only if it is a 9-1-1 response
 - Yes, based on the following conditions (e.g., frequency): _____

4. Does your state exempt OOS helicopter EMS agencies from licensure if the patient transport originates OOS and terminates in your state? (*check all that apply*)
 - No (*meaning they must hold a license in your state*)
 - Yes, in all circumstances
 - Yes, only if it is an interfacility transport Yes, only if it is a 9-1-1 response
 - Yes, based on the following conditions (e.g., frequency): _____

5. Does your state exempt OOS ground EMS agencies from licensure if the patient transport originates in your state and terminates OOS? (*check all that apply*)
 - No (*meaning they must hold a license in your state*)
 - Yes, in all circumstances
 - Yes, only if it is an interfacility transport Yes, only if it is a 9-1-1 response
 - Yes, based on the following conditions (e.g., frequency): _____

6. Does your state exempt OOS helicopter EMS agencies from licensure if the patient transport originates in your state and terminates OOS? *(check all that apply)*
- No (*meaning they must hold a license in your state*)
 - Yes, in all circumstances
 - Yes, only if it is an interfacility transport Yes, only if it is a 9-1-1 response
 - Yes, based on the following conditions (e.g., frequency): _____
7. Does your state exempt OOS ground EMS agencies from licensure if the patient transport BOTH originates and terminates in your state? *(check all that apply)*
- No (*meaning they must hold a license in your state*)
 - Yes, in all circumstances
 - Yes, only if it is an interfacility transport Yes, only if it is a 9-1-1 response
 - Yes, based on the following conditions (e.g., frequency): _____
8. Does your state exempt OOS helicopter EMS agencies from licensure if the patient transport BOTH originates and terminates in your state? *(check all that apply)*
- No (*meaning they must hold a license in your state*)
 - Yes, in all circumstances
 - Yes, only if it is an interfacility transport Yes, only if it is a 9-1-1 response
 - Yes, based on the following conditions (e.g., frequency): _____
9. Under what circumstances must an OOS ground agency submit patient care records to your office? *(select all that apply)*
- Only if they are licensed in my state
 - For all patients whose origin is in my state
 - For all patients whose destination is in my state
 - For all patients whose origin and destination are both in my state
 - Other/Comments (*please specify*) _____
10. If a neighboring state EMS office contacted your office and advised they were conducting an investigation on a transport into their state by an EMS agency that you license, would you be able to share the patient care record with them if it was submitted to your state?
- No
 - Yes
 - Yes, under specific circumstances (*please list the conditions*) _____
11. You indicated that you would not be able to share the patient care record to a neighboring state conducting an investigation. Please explain why not. _____

12. Do you have unresolved issues/challenges related to EMS agencies of any kind based out of state? (these responses will be aggregated and not labeled by state):
- No
 - Yes (*please specify*) _____
13. Do you have a mechanism by which you exempt an OOS agency from licensure by your state based on the license they hold in another state?
- No
 - Yes (*please describe, and provide a link if different from those provided above*) _____
14. Do you have the ability to issue cease and desist orders to EMS transport agencies functioning in your state if they are not licensed by your state?
- No
 - Yes (*please describe, provide a link to your rules citing this authority if different from those provided above*) _____
15. Do you have any history of legal action filed by your state other than cease and desist orders against EMS transport agencies not licensed by your state in the last ten years?
- No
 - Yes (*describe briefly, these responses will be aggregated and not labeled by state*) _____
16. Do you have any history of legal action filed by EMS transport agencies not licensed by your state against your state in the last ten years?
- No
 - Yes (*describe briefly, these responses will be aggregated and not labeled by state*) _____