TITLE 46
MILITIA AND MILITARY AFFAIRS

CHAPTER 9
EMERGENCY MEDICAL SERVICES ACT

46-901. SHORT TITLE. This chapter shall be known and may be cited as the "Emergency Medical Services Act."

[46-901, added 2025, ch. 94, sec. 2, p. 444.]

46-902. LEGISLATIVE PURPOSE -- CONSTRUCTION OF CHAPTER. (1) The purpose of this chapter is to recognize that the delivery of emergency medical services is critical to the life, health, and safety of Idahoans and to provide reasonable regulation of such services. Any regulations under this chapter shall be narrowly tailored, and all licensing requirements shall not be more restrictive than neighboring states or comparably situated states.

(2) To carry out this purpose, the provisions of section 54-1804, Idaho Code, shall not be construed as to prohibit or penalize emergency medical services rendered by a person authorized to render emergency medical services by this chapter if such emergency medical service is rendered under the responsible supervision and control of a physician licensed in Idaho.

[(46-902) (56-1011) (39-139) 39-140, added 1976, ch. 187, sec. 1, p. 674; am. and redesig. 1996, ch. 26, sec. 2, p. 61; am. and redesig. 2001, ch. 110, sec. 4, p. 377; am. 2009, ch. 189, sec. 1, p. 611; am. 2010, ch. 79, sec. 34, p. 155; am. and redesig. 2025, ch. 94, sec. 3, p. 450.]

46-903. DEFINITIONS. As used in this chapter:

(1) "Advanced emergency medical technician" means a person who has met the qualifications for licensure as set forth in this chapter, is licensed under this chapter, carries out the practice of emergency care within the scope of practice determined by the division, and practices under the supervision of an Idaho licensed physician.

(2) "Agency" means any organization licensed under this chapter that operates an air medical service, ambulance service or nontransport service.

(3) "Air ambulance" means any privately or publicly owned fixed wing aircraft or rotary wing aircraft used for, or intended to be used for, the transportation of persons experiencing physiological or psychological illness or injury who may need medical attention during transport. This may include dual or multipurpose vehicles that otherwise comply with this chapter and applicable regulations.

(4) "Air medical service" means an agency licensed under this chapter that responds to requests for patient care and transportation from hospitals and EMS agencies using a fixed wing aircraft or rotary wing aircraft.

(5) "Ambulance service" means an agency licensed under this chapter operated with the intent to provide personnel and equipment for medical treatment at an emergency scene, during transportation or during transfer of persons experiencing physiological or psychological illness or injury who may need medical attention during transport.

(6) "Applicant" means any organization that is requesting an agency license under this chapter and includes the following:

(a) An organization seeking a new license;

(b) An existing agency that intends to change the level of licensed personnel it utilizes;

(c) An existing agency that intends to change its geographic coverage area, except by agency annexation;

(d) An existing nontransport service that intends to provide ambulance service;

(e) An existing ambulance service that intends to discontinue transport and become a nontransport service.

(7) "Community emergency medical technician" or "community EMT" means an emergency medical technician or advanced emergency medical technician with additional standardized training who works within a designated community health emergency medical services program under local medical control as part of a community-based team of health and social services providers.

(8) "Community health emergency medical services" or "community health EMS" means the evaluation, advice or treatment of an eligible recipient outside of a hospital setting that is specifically requested for the purpose of preventing or improving a particular medical condition and that is provided by a licensed emergency medical services agency. Community health EMS involving or related to emergency response must be provided by or in coordination with the primary 911 response agency for that area.

(9) "Community paramedic" means a paramedic with additional standardized training who works within a designated community health emergency medical services program under local medical control as part of a community-based team of health and social services providers.

(10) "Division" means the Idaho military division of the office of the governor.

(11) "Eligible recipient" means an individual eligible to receive community health emergency medical services under this chapter and applicable state regulations or as determined by regulations of a local community health emergency medical services program.

(12) "Emergency medical responder" means a person who has met the qualifications for licensure as set forth in this chapter, is licensed under this chapter, carries out the practice of emergency care within the scope of practice determined by the division, and practices under the supervision of an Idaho licensed physician.

(13) "Emergency medical services" or "EMS" means aid rendered by an individual or group of individuals who do the following:

(a) Respond to a perceived need for medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury;

(b) Are prepared to provide interventions that are within the scope of practice as defined by the division;

(c) Use an alerting mechanism to initiate a response to requests for medical care; and

(d) Offer, advertise or attempt to respond as described in paragraphs (a) through (c) of this subsection.

(14) "Emergency medical technician" means a person who has met the qualifications for licensure as set forth in this chapter, is licensed under this chapter, carries out the practice of emergency care within the scope of practice determined by the division, and practices under the supervision of an Idaho licensed physician.

(15) "Licensed personnel" means those individuals who are emergency medical responders, emergency medical technicians, advanced emergency medical technicians and paramedics.

(16) "National emergency medical services information system technical assistance center" means an organization that validates software for compliance with the EMS data set defined by the United States department of transportation national highway traffic safety administration.

(17) "Nontransport service" means an agency licensed under this chapter, operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but not intended to be the service that will actually transport sick or injured persons.

(18) "Paramedic" means a person who has met the qualifications for licensure as set forth in this chapter, is licensed under this chapter, carries out the practice of emergency care within the scope of practice determined by the division, and practices under the supervision of an Idaho licensed physician.

(19) "Supervision" means the medical direction by a licensed physician of activities provided by licensed personnel affiliated with a licensed ambulance, air medical or nontransport service, including but not limited to establishing standing orders and protocols, reviewing performance of licensed personnel, providing instructions for patient care via radio or telephone, and other oversight.

(20) "Transfer" means the transportation of a patient from one medical care facility to another.

[(46-903) (56-1012) 39-140, added 1976, ch. 187, sec. 2, p. 675; am. 1980, ch. 145, sec. 7, p. 313; am. 1992, ch. 110, sec. 1, p. 339; am. 1993, ch. 50, sec. 1, p. 131; am. and redesig. 1996, ch. 26, sec. 3, p. 62; am. 1999, ch. 131, sec. 1, p. 376; am. 2001, ch. 110, sec. 5, p. 378; am. 2006, ch. 421, sec. 1, p. 1301; am. 2009, ch. 189, sec. 2, p. 611; am. 2014, ch. 86, sec. 1, p. 235; am. 2015, ch. 157, sec. 3, p. 550; am. 2019, ch. 26, sec. 31, p. 74; am. and redesig. 2025, ch. 94, sec. 4, p. 451.]

46-904. EMERGENCY MEDICAL SERVICES -- MEDICAL DIRECTOR. (1) Consistent with provisions of this chapter, there is hereby established within the division an emergency medical services program. The adjutant general, as administrator of the division, shall supervise and administer the emergency medical services program and shall hire or cause to be hired the necessary personnel responsible for administering it. The responsibilities of the emergency medical services program shall include but are not limited to assisting qualified entities in providing first aid emergency medical services and providing transportation of the sick and injured. The division is authorized to establish regulations regarding the administration of emergency medical services, licensing, and certification in Idaho and to issue emergency medical services certifications, licenses, and permits.

(2) The division shall adopt standards concerning the administration of this chapter, including criteria for educational programs, certification and licensure of personnel, certification of EMS instructors, licensure of ambulance, air medical and nontransport services, manufacturing standards for ambulances and nontransport vehicles, criteria for the use of air medical services by licensed EMS personnel at emergency scenes, establishment of fees for training, inspections, and licensure, appropriate requirements for renewal of licensure of personnel and agencies, and the management of complaints, investigations, and license actions against licensed EMS person-

nel and agencies. Additionally, in consultation with the medical director, the division shall develop guidelines, standards, and procedures for reducing exposure to pathogens from human blood, tissue, or fluids. Such guidelines, standards, and procedures shall be made available to all law enforcement personnel, all emergency medical services personnel and agencies, and such other emergency personnel who request such information.

(3) By employment or contract, the division shall retain the services of a physician licensed in the state of Idaho with experience in emergency medicine to serve as medical director. The medical director shall not be the person hired by the adjutant general to administer the emergency medical services program. The medical director shall:

(a) Advise program leadership on standards for scope of practice and the required level of medical supervision by a physician for personnel and agencies licensed under this chapter;

(b) Advise program leadership on disciplinary actions against licensed personnel and agencies; and

(c) Carry out any other function assigned to him in law or at the request of program leadership.

[46-904, added 2025, ch. 94, sec. 2, p. 444.]

46-905. USE AND DISTRIBUTION OF EMERGENCY MEDICAL SERVICES FUNDS -- COUNTY ACCOUNTABILITY. (1) The division shall be responsible for distributing moneys, subject to legislative appropriation, from the emergency medical services vehicle and equipment grant fund created in section 57-830, Idaho Code, to qualifying nonprofit and governmental entities that submit an application for a grant from the fund. Grants from the fund may cover the cost of vehicles and equipment, training, licensing expenses, communication technology, dispatch services, and costs associated with assuring the performance of planned coverage and emergency response, including highway safety and emergency response to motor vehicle accidents.

(a) The division shall approve grants from the fund based on the following criteria:

(i) The applicant is a nonprofit or governmental entity that holds a current license as an ambulance or nontransport service issued by the division;

(ii) The applicant has demonstrated need based on criteria established by the division;

(iii) The applicant has provided verification that it has received the approval and endorsement of a fire district, city, or county within its service area;

(iv) The applicant has certified that the title to any vehicle purchased with funds from the fund shall be in the name of the fire district, city, or county that endorsed the application and shall submit proof of titling to the division as soon as practicable; and

(v) The state of Idaho shall retain a security interest in the vehicle to secure the performance of the grant recipient to utilize the vehicle consistent with the intent described in the application.

(b) Notwithstanding the requirements of paragraph (a)(iii) and (iv) of this subsection, the division is authorized to approve and issue a grant to an applicant in the absence of an endorsement if the endorsement is withheld without adequate justification.

(2) The division shall be responsible for distributing moneys, subject to legislative appropriation, from the emergency medical services fund created in section 57-829, Idaho Code. Moneys in the fund shall be used exclusively for costs associated with emergency medical services. However, if the legislature appropriates moneys to the fund for sustainability grants to cover personnel and operating costs associated with assuring the sustainability and availability of emergency medical services, applicants may only be approved by the division subject to the following criteria:

(a) The applicant is a nonprofit or governmental entity that holds a current emergency medical services agency license issued by the division that authorizes the agency as a 911 response agency;

(b) The application clearly defines the applicant's service area specific to 911 response;

(c) The applicant must certify, if it is eligible to bill for services, that it has billed health insurance carriers for at least eighty percent (80%) of eligible billable services it provided in the previous year. If the applicant is newly licensed and does not have twelve (12) months of historical billing information, the applicant must certify that it is currently billing and will continue to bill health insurance carriers for at least eighty percent (80%) of eligible services; and

(d) If the applicant fulfills the requirements of paragraphs (a), (b), and (c) of this subsection, the county in which the applicant provides 911 response services may, in its discretion, endorse the grant application of the requesting entity.

(3) The provision of emergency medical services is a government function. If the division approves applications for sustainability grants pursuant to subsection (2) of this section, counties are authorized and required to ensure that emergency medical services are reasonably available throughout the county.

(4) It is the intent of the legislature that counties that accept sustainability grants pursuant to subsection (2) of this section use a portion of the sustainability grant to implement or maintain community health EMS in the service area.

[46-905, added 2025, ch. 94, sec. 2, p. 445; am. 2025, ch. 245, sec. 1, p. 1096.]

46-906. RECOGNITION OF EMS PERSONNEL LICENSURE INTERSTATE COMPACT (REPLICA). The recognition of EMS personnel licensure interstate compact (REPLICA) is hereby enacted into law and entered into with all other jurisdictions legally joining therein, in the form substantially as follows:

SECTION I
PURPOSE

In order to protect the public through verification of competency and ensure accountability for patient care-related activities, all states license emergency medical services (EMS) personnel, such as emergency medical technicians (EMTs), advanced EMTs and paramedics. This compact is intended to facilitate the day-to-day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority and authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state. This compact recognizes that states have a vested interest in protecting the public's health

and safety through their licensing and regulation of EMS personnel and that such state regulation shared among the member states will best protect public health and safety. This compact is designed to achieve the following purposes and objectives:

(1) Increase public access to EMS personnel;

(2) Enhance the states' ability to protect the public's health and safety, especially patient safety;

(3) Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;

(4) Support licensing of military members who are separating from an active duty tour and their spouses;

(5) Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action and significant investigatory information;

(6) Promote compliance with the laws governing EMS personnel practice in each member state; and

(7) Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

SECTION II
DEFINITIONS

As used in this compact:

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

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

(3) "Alternative program" means a voluntary, nondisciplinary substance abuse recovery program approved by a state EMS authority.

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

(5) "Commission" means the national administrative body of which all states that have enacted the compact are members.

(6) "Emergency medical technician" (EMT) means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the national EMS education standards and national EMS scope of practice model.

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

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

(9) "Medical director" means a physician licensed in a member state who is accountable for the care delivered by EMS personnel.

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

(11) "Paramedic" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the national EMS education standards and national EMS scope of practice model.

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

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

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

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

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

(17) "Significant investigatory information" means:

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

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

(18) "State" means any state, commonwealth, district or territory of the United States.

(19) "State EMS authority" means the board, office or other agency with the legislative mandate to license EMS personnel.

SECTION III
HOME STATE LICENSE

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

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

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

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

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

(c) Notifies the commission, in compliance with the terms of this compact, of any adverse action or significant investigatory information regarding an individual;

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

(e) Complies with the rules of the commission.

SECTION IV
COMPACT PRIVILEGE TO PRACTICE

(1) Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with section III of this compact.

(2) To exercise the privilege to practice under the terms and provisions of this compact, an individual must:

(a) Be at least eighteen (18) years of age;

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

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

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

(4) Except as provided in this section, an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action, it shall promptly notify the home state and the commission.

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

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

SECTION V
CONDITIONS OF PRACTICE IN A REMOTE STATE

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

(1) The individual originates a patient transport in a home state and transports the patient to a remote state;

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

(3) The individual enters a remote state to provide patient care and/or transport within that remote state;

(4) The individual enters a remote state to pick up a patient and provide care and transport to a third member state; and

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

SECTION VI
RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

Upon a member state's governor's declaration of a state of emergency or disaster that activates the emergency management assistance compact (EMAC), all relevant terms and provisions of EMAC shall apply and to the extent any terms or provisions of this compact conflict with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such declaration.

SECTION VII
VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY, AND THEIR SPOUSES

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

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

(3) All individuals functioning with a privilege to practice under this section remain subject to the adverse actions provisions of section VIII of this compact.

SECTION VIII
ADVERSE ACTIONS

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

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

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

(b) An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.

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

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

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

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

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

SECTION IX
ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY

A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

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

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

SECTION X
ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

(1) The compact states hereby create and establish a joint public agency known as the interstate commission for EMS personnel practice.

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

(b) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the

extent it adopts or consents to participate in alternative dispute resolution proceedings.
(c) Nothing in this compact shall be construed to be a waiver of sovereign immunity.
(2) Membership, voting, and meetings.
(a) Each member state shall have and be limited to one (1) delegate. The responsible official of the state EMS authority or such official's designee shall be the delegate to this compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one (1) board, office or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the governor of the state will determine which entity will be responsible for assigning the delegate.
(b) Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.
(c) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.
(d) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in section XII of this compact.
(e) The commission may convene in a closed, nonpublic meeting if the commission must discuss noncompliance of a member state with its obligations under the compact; the employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures; current, threatened or reasonably anticipated litigation; negotiation of contracts for the purchase or sale of goods, services or real estate; accusing any person of a crime or formally censuring any person; disclosure of trade secrets or commercial or financial information that is privileged or confidential; disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy; disclosure of investigatory records compiled for law enforcement purposes; disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or matters specifically exempted from disclosure by federal or member state statute.
(f) If a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All

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

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

(a) Establishing the fiscal year of the commission;

(b) Providing reasonable standards and procedures for the establishment and meetings of other committees; and governing any general or specific delegation of any authority or function of the commission;

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

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

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

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

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

(h) Publishing its bylaws and filing a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any;

(i) Maintaining its financial records in accordance with the bylaws; and

(j) Meeting and taking such actions as are consistent with the provisions of this compact and the bylaws.

(4) The commission shall have the following powers:

(a) The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all member states;

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

(c) To purchase and maintain insurance and bonds;

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

(e) To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
(f) To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
(g) To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the commission shall strive to avoid any appearance of impropriety;
(h) To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal or mixed;
(i) To establish a budget and make expenditures;
(j) To borrow money;
(k) To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
(l) To provide and receive information from, and to cooperate with, law enforcement agencies;
(m) To adopt and use an official seal; and
(n) To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of EMS personnel licensure and practice.
(5) Financing of the commission.
(a) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.
(b) The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials and services.
(c) The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states.
(d) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.
(e) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public

accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

(6) Qualified immunity, defense, and indemnification.

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

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

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

SECTION XI
COORDINATED DATABASE

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

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

(a) Identifying information;

(b) Licensure data;

(c) Significant investigatory information;

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

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

(f) Nonconfidential information related to alternative program participation;

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

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

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

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

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

SECTION XII
RULEMAKING

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

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

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

(4) Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(a) On the website of the commission; and

(b) On the website of each member state EMS authority or the publication in which each state would otherwise publish proposed rules.

(5) The notice of proposed rulemaking shall include:

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

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

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

(d) The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

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

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

(a) At least twenty-five (25) persons;

(b) A governmental subdivision or agency; or

(c) An association having at least twenty-five (25) members.

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

(a) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

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

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

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

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

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

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

(12) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

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

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

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

(d) Protect public health and safety.

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

SECTION XIII
OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(1) Oversight.

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

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

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

(2) Default, technical assistance, and termination.

(a) If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the commission; and provide remedial training and specific technical assistance regarding the default.

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

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

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

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

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

(3) Dispute resolution.

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

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

(4) Enforcement.

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

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

(c) The remedies in this section shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

SECTION XIV
DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

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

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

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

(a) A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

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

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

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

SECTION XV
CONSTRUCTION AND SEVERABILITY

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

[46-906, added 2025, ch. 95, sec. 1, p. 498.]

46-907. AUTHORIZED ACTIONS. Persons licensed under this chapter shall be authorized to perform such acts under written or oral authorization of a licensed physician as established by the division, including but not limited to administration of intravenous solutions and drugs, cardiac defibrillation, airway management, endotracheal intubation, community health emergency medical services and other patient care.

[(46-907) (56-1013) 39-141, added 1996, ch. 26, sec. 4, p. 63; am. and redesig. 2001, ch. 110, sec. 6, p. 379; am. 2006, ch. 421, sec. 2, p. 1303; am. 2009, ch. 189, sec. 3, p. 614; am. 2015, ch. 157, sec. 4, p. 552; am. and redesig. 2025, ch. 94, sec. 5, p. 453.]

46-908. LIABILITY. (1) No act or omission of any person who is duly licensed under this chapter done or omitted in good faith while rendering emergency medical services to a person or persons who are perceived to need immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury shall impose any liability upon those personnel, the supervising physician, the hospital, the organization providing the service, or on a federal, state, county, city or other local governmental unit, or on employees of such governmental unit, unless such provider of care or such personnel is shown to have caused injury and damages to such person or persons as a proximate result of such personnel's reckless or grossly negligent misconduct, which shall be the sole grounds for civil liability of such persons in the provision of care or assistance under this chapter, regardless of the circumstance under which such care or assistance may be provided. This section shall not relieve the organization or agency operating the service from the duty of securing, maintaining and operating the equipment and licensure designated for use in performing the emergency medical services.

(2) The provisions of subsection (1) of this section shall apply to licensed personnel of another state of the United States who enter this state in response to an emergency to render emergency medical services to a person who is perceived to need immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

(3) No act or omission of any person authorized under this chapter to provide community health emergency medical services shall impose any liability on such person or the person's agency or supervising physician where the act or omission occurs in the course of providing authorized services and is done or omitted in good faith, unless the person is shown to have caused injury as a result of reckless or grossly negligent misconduct.

[(46-908) (56-1014) 39-142, added 1976, ch. 187, sec. 3, p. 676; am. 1996, ch. 26, sec. 5, p. 64; am. and redesig. 2001, ch. 110, sec. 7, p. 380; am. 2009, ch. 189, sec. 5, p. 615; am. 2010, ch. 138, sec. 3, p. 293; am. 2015, ch. 157, sec. 5, p. 553; am. and redesig. 2025, ch. 94, sec. 6, p. 453.]

46-909. FAILURE TO OBTAIN CONSENT. Notwithstanding the provisions of section 32-1015, Idaho Code, no person licensed under this chapter or physician or hospital licensed in this state shall be subject to civil liability based solely on failure to obtain consent in rendering emergency medical, surgical, hospital or health services to any individual regardless of age where that individual is unable to give this consent for any reason and there is no other person reasonably available who is legally authorized to consent to the providing of such care; provided, however, that such person, physician, or hospital has acted in good faith and without knowledge of facts negating consent. The provision or refusal of consent under this chapter shall be governed by chapter 45, title 39, Idaho Code.

[(46-909) (56-1015) 39-143, added 1976, ch. 187, sec. 4, p. 674; am. 1996, ch. 26, sec. 6, p. 61; am. and redesig. 2001, ch. 110, sec. 8, p. 373; am. 2005, ch. 120, sec. 7, p. 393; am. 2009, ch. 189, sec. 6, p. 616; am. and redesig. 2025, ch. 94, sec. 7, p. 454.]

46-910. AGENCY MINIMUM STANDARDS. (1) Each ambulance service, air medical service and nontransport service shall be licensed under this chapter based on the level of licensed personnel it utilizes, transport capability and self-declared geographic coverage area and shall meet the following standards:

(a) Personnel during transport or transfer -- There shall be at least two (2) crew members on each patient transport or transfer, with the crew member delivering patient care being, at a minimum, a licensed emergency medical technician (EMT) or a licensed emergency medical responder (EMR) with a valid ambulance certification issued by the division.

(b) Dispatch -- Each licensed EMS agency shall have a twenty-four (24) hour dispatch arrangement and shall respond to calls on a twenty-four (24) hour basis.

(c) Agency inspections and licensing -- The division shall conduct inspections at least annually related to agency licensing or shall contract to have the inspections carried out. Each agency shall have a current state license in order to operate.

(d) Ambulance service minimum standards waiver -- The controlling authority providing ambulance services may petition the division for waiver of the ambulance standards of subsection (2) of this section if compliance with these standards would cause undue hardship on the community being served, or would result in abandonment of ambulance services.

(e) Nontransport service minimum standards waiver -- The controlling authority providing nontransport services may petition the division for waiver of the twenty-four (24) hour response requirement of this section if the petition demonstrates that the community, setting, industrial site or event is not populated on a twenty-four (24) hour basis or does not exist on a three hundred sixty-five (365) day per year basis or if compliance with these standards would cause undue hardship on the community being served or would result in abandonment of nontransport services.

(f) Supervision -- A licensed physician shall supervise the medical activities provided by licensed personnel affiliated with the licensed agency, including but not limited to establishing standing orders and protocols, reviewing performance of licensed personnel, approving

methods for licensed personnel to receive instructions for patient care via radio, telephone or in person, and other oversight as provided in regulation.

(2) Applicants must submit the following information with their applications and agree to meet the following requirements as a condition of licensure:

(a) A declaration of anticipated applicant agency costs and revenues; a statement of projected changes in response time; and a narrative describing projected clinical benefits to patients resulting from licensure using methods defined in applicable regulations concerning such matters on an application provided by the division; and

(b) Collect and report data to the division upon receiving a license using a data collection system that is validated as compliant by the national emergency medical services information system technical assistance center in accordance with applicable regulation.

(3) The division will provide notice of any such application to all cities, counties and other units of local government that have any geographic coverage area in common with the applicant in accordance with applicable regulations. Such notice will include a summary of the applicant data supplied to the division. Any other division use of the cost and revenue data supplied by applicants is limited exclusively to informational purposes.

(4) If the division denies an application for any reason, then such decision may be appealed to the office of administrative hearings within forty-two (42) days of the date of the issuance of the denial at the request of the applicant whose request for a license was denied.

(a) The office of administrative hearings shall, within twenty-eight (28) days of receipt of the request, review the full record regarding the application and convene a public hearing regarding the appeal. After the public hearing, the hearing officer shall submit a written recommendation to the division and to the applicant requesting review. The recommendation by the hearing officer either to affirm or reverse the division's decision shall be based on the full record regarding the application, including this chapter and the regulations and standards established under this chapter. The recommendation shall be in writing and accompanied by a reasoned opinion.

(b) Within twenty-eight (28) days following the issuance of the hearing officer's written recommendation, the division shall either affirm or reverse its initial decision.

(c) If, upon reconsideration of a decision to deny an application, the division:

(i) Reverses its initial decision and approves the application, then there shall be no further appeal; or

(ii) Affirms its initial decision denying the application, then the applicant may appeal as set forth in chapter 52, title 67, Idaho Code.

[(46-910) (56-1016) 39-144, added 1976, ch. 187, sec. 5, p. 677; am. 1993, ch. 50, sec. 2, p. 131; am. 1996, ch. 26, sec. 7, p. 64; am. and redesig. 2001, ch. 110, sec. 9, p. 380; am. 2006, ch. 421, sec. 4, p. 1305; am. 2009, ch. 189, sec. 7, p. 616; am. 2018, ch. 101, sec. 1, p. 212; am. and redesig. 2025, ch. 94, sec. 8, p. 454.]

46-911. PERSONNEL AND AGENCIES LICENSURE ACTIONS -- GROUNDS -- PROCEDURE. (1) Subject to the provisions of chapter 52, title 67, Idaho Code, the division, upon recommendation of the EMS medical director, may deny a license or refuse to renew a license for a person, or may suspend or revoke a license or may impose probationary conditions, if the holder of a license or the applicant for a license has engaged in unprofessional conduct that has endangered or is likely to endanger the health, welfare, or safety of the public. Such unprofessional conduct includes but is not limited to:

(a) Obtaining a license by means of fraud, misrepresentation, or concealment of a material fact;

(b) Being found guilty of unprofessional conduct as defined by the division;

(c) Being convicted of a crime that would have a direct and adverse bearing on the licensee's ability to practice or perform emergency medical care competently;

(d) The unauthorized practice of medicine;

(e) Violating any provisions of this chapter or any regulations adopted under this chapter; and

(f) Being found mentally incompetent by a court of competent jurisdiction.

(2) Subject to the provisions of chapter 52, title 67, Idaho Code, the division may deny, revoke, or refuse to renew a license of an agency, or may impose probationary conditions or fines as a condition of an agency's ability to retain a license in accordance with regulations adopted by the division.

(3) A denial, refusal to renew, suspension, revocation, or imposition of probationary conditions on a license may be ordered by the division after opportunity for a hearing as provided in section 46-910(4), Idaho Code.

(4) An application for reinstatement may be filed with the division one (1) year from the date of license revocation. In the event a timely application is filed, the division, upon recommendation of the EMS medical director, may accept or reject the application for reinstatement. An opportunity for a hearing as provided in section 46-910(4), Idaho Code, shall follow any rejection under this subsection, and the opportunity for appeal as set forth in chapter 52, title 67, Idaho Code, shall follow if the division affirms its initial decision.

[46-911, added 2025, ch. 94, sec. 2, p. 446.]

46-912. RULES. Emergency medical service rules that are in effect on July 1, 2025, shall remain in effect as if promulgated by the division and may be amended as necessary by the division consistent with chapter 52, title 67, Idaho Code, subject to legislative approval. Provided however, any authority to promulgate rules under this chapter shall be null, void, and of no effect on and after July 1, 2027.

[(46-912) (56-1023) (56-1017), 39-145, added 1976, ch. 187, sec. 6, p. 678; am. 1988, ch. 16, sec. 1, p. 19; am. 1996, ch. 26, sec. 8, p. 65; am. and redesig. 2001, ch. 110, sec. 10, p. 381; am. 2004, ch. 362, sec. 1, p. 1082; am. 2006, ch. 421, sec. 5, p. 1305; am. 2007, ch. 306, sec. 2, p. 858; am. and redesig. 2009, ch. 189, sec. 9, p. 618; am. and redesig. 2025, ch. 94, sec. 9, p. 456.]

46-913. PENALTIES FOR VIOLATIONS. (1) Any person who practices or attempts to practice EMS as a licensed provider of emergency care as provided for in this chapter, without having at the time of violation a valid, unexpired, unrestricted, unrevoked, and unsuspended license issued by the division under this chapter shall be guilty of a misdemeanor and shall be subject to a fine of not more than five hundred dollars ($500) or imprisonment for not more than six (6) months, or both, for each violation.

(2) Any person establishing, conducting, managing, or operating any agency as provided for in this chapter without a license issued by the division under this chapter shall be guilty of a misdemeanor and shall be subject to a fine of not more than one thousand dollars ($1,000) or imprisonment for not more than six (6) months, or both. Each day of continuing violation shall constitute a separate offense.

[46-913, added 2025, ch. 94, sec. 2, p. 447.]

46-914. IDAHO TIME SENSITIVE EMERGENCY SYSTEM OF CARE -- STATEMENT OF INTENT. Time sensitive emergencies, specifically blunt trauma injuries, strokes and heart attacks, were three (3) of the top five (5) causes of death in Idaho in 2011. Numerous studies throughout the United States have demonstrated that organized systems of care improve patient outcomes, thus reducing the frequency of preventable death and improving the functional status of the patient. The institute of medicine's report "Hospital-Based Emergency Care: At the Breaking Point" recommended improving the care of critical illness through regionalization by transporting critically ill patients to designated specialized care centers when appropriate. Early treatment and transfer when necessary will save the lives of Idahoans stricken with these emergency conditions. Trauma systems of care are well understood as they have existed in many other states for decades. It is the intent of the legislature, in sections 46-914 through 46-922, Idaho Code, to create an integrated and responsive system of care for Idaho citizens. The trauma component will serve as the initial framework in a deliberate, incremental implementation approach for a comprehensive system of care for time sensitive emergencies in Idaho. The time sensitive emergency system in Idaho is intended to be voluntary and inclusive. The system will be designed such that all facilities, and in particular critical access hospitals, have the opportunity to participate. No facility shall be excluded from receiving medically appropriate patients based solely on the facility's decision of not seeking designation.

[(46-914) 56-1024, added 2014, ch. 147, sec. 1, p. 403; am. and redesig. 2025, ch. 94, sec. 10, p. 456.]

46-915. IDAHO TIME SENSITIVE EMERGENCY SYSTEM -- CREATION AND DEFINITIONS. (1) There is hereby created a voluntary time sensitive emergency system within the division.

(2) As used in sections 46-914 through 46-922, Idaho Code:

(a) "Confidential information" means information that may identify a patient, health care facility, or health care practitioner.

(b) "Contractor" means an individual, partnership, corporation, or other entity performing TSE registry services under a contractual agreement with the division.

(c) "Council" means the Idaho time sensitive emergency system council.

(d) "De-identified information" means records and information contained in the TSE registry, including compilations and analyses thereof, that do not contain information that might identify a patient, health care facility, or health care practitioner.

(e) "Heart attack" means a STEMI, which is a common name for an ST-elevation myocardial infarction, a more precise description of a type of heart attack that is caused by a prolonged period of blocked blood supply that affects a large area of the heart and has a substantial risk of death and disability calling for a quick response.

(f) "Hospital" has the same meaning as in 42 CFR.

(g) "Stroke" means an interruption of blood flow to the brain causing paralysis, slurred speech, or altered brain function usually caused by a blockage in a blood vessel that carries blood to the brain (ischemic stroke) or by a blood vessel bursting (hemorrhagic).

(h) "Trauma" means the result of an act or event that damages, harms, or hurts a human being resulting in intentional or unintentional damage to the body resulting from acute exposure to mechanical, thermal, electrical, or chemical energy or from the absence of such essentials as heat or oxygen.

(i) "TSE" means a time sensitive emergency, specifically trauma, stroke, or heart attack.

(j) "TSE registry" means the population-based data system that provides ongoing and systematic collection, analysis, interpretation, and dissemination of information related to trauma, stroke, and heart attack for system improvement, prevention, and research activities. Elements in the registry shall describe the nature and scope of the injury, illness, or health condition and identify the incidence and prevalence of traumatic injury, illness or health condition, severity of injury, performance of out-of-hospital and hospital emergency medical systems, patient outcomes, and the impact of trauma, stroke, and heart attack on the health care system.

(k) "TSE system" means the organized approach to treating injured patients that establishes and promotes standards for patient transportation, equipment, and information analysis for effective and coordinated TSE care. TSE systems represent a continuum of care that is fully integrated into the emergency medical services system and is a coordinated effort between out-of-hospital and hospital providers with the close cooperation of medical specialists in each phase of care. The focus is on prevention, coordination of acute care, and aggressive rehabilitation. Systems are designed to be inclusive of all patients with a TSE requiring acute care facilities, striving to meet the needs of the patient, regardless of the severity of injury, geographic location, or population density. A TSE system seeks to prevent injuries from happening and the reduction of death and disability when it does happen.

[(46-915) 56-1026, added 2014, ch. 147, sec. 3, p. 403; am. and redesig. 2025, ch. 94, sec. 11, p. 457.]

46-916. IDAHO TIME SENSITIVE EMERGENCY SYSTEM -- COUNCIL -- COMPOSITION -- DUTIES. (1) There is hereby created within the division the Idaho time sensitive emergency system council. Council members shall be appointed by and serve at the pleasure of the governor. Terms on the council shall be for four (4) years, and vacancies on the council for unexpired terms shall be filled by appointment by the governor for the remainder of the term. Coun-

cil members shall be selected to assure geographic, rural, and clinical specialty representation.

(2) The membership of the council shall include the following:

(a) One (1) representative from a facility that either holds or is seeking designation as an Idaho trauma center. The representative shall be the medical director, the coordinator, or the program manager responsible for the respective facility's trauma program;

(b) One (1) representative from a facility that either holds or is seeking designation as an Idaho stroke facility. The representative shall be the medical director, the coordinator, or the program manager responsible for the respective facility's stroke program;

(c) One (1) representative from a facility that either holds or is seeking designation as an Idaho heart attack center. The representative shall be the medical director, the coordinator, or the program manager responsible for the respective facility's heart attack program;

(d) One (1) representative from an EMS agency licensed by the division that serves a primarily urban response area;

(e) One (1) representative from an EMS agency licensed by the division that serves a primarily rural response area;

(f) One (1) representative from an air medical EMS agency licensed by the division;

(g) One (1) administrator of an Idaho hospital that either holds or is seeking Idaho trauma, stroke, or heart attack designation;

(h) One (1) chief executive officer or administrator of an Idaho critical access hospital that either holds or is seeking Idaho trauma, stroke, or heart attack designation;

(i) One (1) licensed health care provider who routinely works in the emergency department of a hospital that serves a primarily urban area that either holds or is seeking Idaho trauma, stroke, or heart attack designation;

(j) One (1) licensed health care provider who routinely works in the emergency department of a hospital that serves a primarily rural area that either holds or is seeking Idaho trauma, stroke, or heart attack designation; and

(k) One (1) member of the public.

(3) The chair of each regional time sensitive committee established pursuant to section 46-918, Idaho Code, shall be added as a voting member of the council when the regional time sensitive emergency committee is implemented and the chair is selected.

(4) The governor shall appoint a chair who shall serve a term of two (2) years. The council may elect other officers as it may deem necessary and appropriate. The council shall meet at least semiannually and at the call of the chair.

(5) The duties of the council shall be as follows:

(a) Develop, implement, and monitor a voluntary statewide system that includes trauma, stroke, and heart attack facilities;

(b) Provide oversight of the system, assuring adherence to standards and regulations established by the council;

(c) Establish substate system regions that provide more effective access to the system. In the designation of these regions, specific consideration shall be given to geography and patient referral patterns for the facilities and agencies included therein;

(d) Establish a regional time sensitive emergency committee in each substate region;
(e) Develop the standards and criteria that each participating facility that voluntarily applies is required to meet concerning personnel, equipment, resources, data collection, and organizational capabilities to obtain or maintain designation;
(f) Develop procedures for and the duration of the designation of a trauma, stroke, or heart attack facility, including application procedures, verification procedures, investigation of complaints pertaining to designation, and emergency suspension or revocation of designation;
(g) Develop operational procedures for the regional time sensitive emergency committees;
(h) Facilitate the implementation of nationally accepted standards throughout the voluntary system;
(i) Set procedures for the acquisition of data needed to successfully manage the system; and
(j) Collaborate and cooperate with the division, the EMS medical director, local governments, and local EMS agencies and associations to address recruitment and retention concerns of local EMS providers.

[46-916, added 2025, ch. 94, sec. 2, p. 447.]

46-917. IDAHO TIME SENSITIVE EMERGENCY SYSTEM -- DESIGNATION AS IDAHO TRAUMA, STROKE, AND HEART ATTACK CENTERS. (1) The council shall designate a hospital as a trauma, stroke, or heart attack center when such hospital, upon proper application and verification, has been found by the council to meet the applicable level of trauma, stroke, or heart attack center criteria as established by the council.

(2) In developing trauma, stroke, and heart attack center designation criteria, the council shall use, as is practicable, appropriate peer-reviewed or evidence-based research, including but not limited to the most recent guidelines of the American college of surgeons committee on trauma, the American college of cardiology, and the American heart association for heart attack centers, the joint commission's primary stroke center certification program criteria for stroke centers, or primary and comprehensive stroke center recommendations as published by the American stroke association or other nationally recognized authoritative standards.

(3) Designation criteria adopted by the council shall be publicly available.

(4) The council shall conduct a periodic verification review of every trauma, stroke, and heart attack facility. Verification reviews shall be coordinated for the different types of centers to the extent practicable with hospital resources. No person who has a substantial conflict of interest in the operation of any trauma, stroke, and heart attack center under review shall participate in the verification review of the facility.

(5) The council shall coordinate an on-site review as necessary to assure that a hospital meets the criteria for the desired designation. The council may waive an on-site review when a hospital has been verified by a nationally recognized accrediting body to meet or exceed standards established by the council.

(6) The council may deny, place on probation, suspend, or revoke any designation when it has reasonable cause to believe that there has been misrepresentation or falsification of information or a substantial failure to

comply with the criteria for designation promulgated by the council. If the council has reasonable cause to believe that a hospital is not in compliance with such provisions, it may require the facility to submit additional documentation or undergo additional site reviews to verify compliance.

(7) No hospital may hold itself out to the public as an Idaho-designated trauma center, Idaho-designated stroke facility, or Idaho-designated heart attack facility unless it is designated as such by the council.

(8) A hospital aggrieved because of a council decision pursuant to this section shall be entitled to appeal as provided in section 46-910(4), Idaho Code. The opportunity for appeal as set forth in chapter 52, title 67, Idaho Code, shall follow if the council affirms its initial decision.

[46-917, added 2025, ch. 94, sec. 2, p. 448.]

46-918. IDAHO TIME SENSITIVE EMERGENCY SYSTEM -- REGIONAL COMMITTEES -- MEMBERSHIP -- DUTIES. (1) As required by this chapter, each substate region designated by the council shall have a time sensitive emergency committee.

(2) Membership of each regional TSE committee shall be based on the needs of the region and can be modified as the regional TSE committee determines, but each regional committee shall be initially comprised as follows:

(a) Each facility that is designated or is seeking designation by the council as a trauma center, stroke facility or heart attack facility may appoint one (1) representative for each of the designations that the facility holds or is seeking to hold to the regional committee for the region in which the facility is located;

(b) Each air medical EMS agency that provides patient transport within the region may appoint one (1) representative;

(c) Each hospital that either holds or is seeking Idaho trauma, stroke or heart attack designation may appoint the hospital administrator;

(d) Each EMS agency with a response area in the region may appoint one (1) representative; and

(e) The regional committee shall include a pediatrician or an expert in children's trauma.

(3) Members of a regional committee shall elect a chair to serve a term of two (2) years.

(4) The duties of each regional committee shall be as follows:

(a) Implement care guidelines, policies, procedures and protocols for the regional TSE system;

(b) Conduct regional quality improvement, including receipt of reports prepared by the council containing trauma, stroke and heart attack data and making recommendations to facilities within the region based upon those reports;

(c) Advise the council concerning the statewide system;

(d) Establish trauma, stroke and heart attack education and prevention programs;

(e) Provide advice concerning trauma, stroke and heart attack care to health care facilities and other providers of health care;

(f) Perform other duties required in law and council regulations; and

(g) Conduct other activities needed to ensure optimal delivery of trauma, stroke and heart attack care services within the region.

[(46-918) 56-1030, added 2014, ch. 147, sec. 7, p. 406; am. and redesig. 2025, ch. 94, sec. 12, p. 458.]

46-919. IDAHO TIME SENSITIVE EMERGENCY SYSTEM -- CREATION OF TSE REGISTRY -- PURPOSE. (1) The division, or an authorized contractor of the division, shall:

(a) Establish a TSE registry to collect and analyze information on the incidence, severity, causes, and outcomes of TSEs, and other such data necessary to evaluate trauma, strokes, and heart attacks and the health system's response;

(b) Establish the data elements and data dictionary, including child-specific data elements that hospitals must report, and the time frame and format for reporting; and

(c) Support, where necessary, data collection and abstraction by providing:

(i) A data collection system and technical assistance to each hospital; and

(ii) Funding or, at the discretion of the division, personnel for collection and abstraction for each hospital.

(2) The specific issues to be identified and evaluated through the TSE registry are:

(a) Trauma, stroke, and heart attack TSE surveillance;

(b) Geographic patterns of trauma incidence;

(c) Types of TSEs treated in hospitals in Idaho;

(d) Areas or regions of the state where improvements in the emergency medical system may be needed;

(e) Public education and prevention needs and efforts; and

(f) Other factors to consider in recommending, designing, or implementing a statewide TSE system.

(3) The data collected by the TSE registry shall be of such a nature as to allow the division to identify at least the following:

(a) Lack of access to care and improvement of the availability and delivery of prehospital, hospital, and post-acute TSE care;

(b) Performance of the out-of-hospital and hospital emergency medical systems;

(c) Costs of TSE care; and

(d) Outcomes of persons who are victims of TSEs.

(4) The division shall evaluate the data collected, as well as data collected from other relevant sources, and shall prepare an annual report. The data shall be used to regularly produce and disseminate aggregated and de-identified analytical reports and for recommending benchmark quality measures and outcomes and needed educational resources to the council.

[46-919, added 2025, ch. 94, sec. 2, p. 449.]

46-920. IDAHO TIME SENSITIVE EMERGENCY SYSTEM -- PARTICIPATION IN TSE REGISTRY. (1) Each licensed hospital in the state shall report each case of TSE that meets the inclusion criteria to the division or the authorized contractor of the division within one hundred eighty (180) days of treatment.

(2) Each report of TSE shall include information as defined by the division.

(3) The division or authorized contractor of the division shall have physical access to all records that would identify reportable cases or establish characteristics, treatment or medical status of reportable cases in the event that there has been a failure to report as delineated in subsections (1) and (2) of this section.

(4) Nothing in this chapter shall prevent the division or authorized contractor from identifying and reporting cases using data linkages with death records, other registries, and other potential sources.

[(46-920) 57-2004, added 2002, ch. 329, sec. 2, p. 930; am. 2014, ch. 147, sec. 12, p. 409; am. and redesig. 2025, ch. 94, sec. 13, p. 458.]

46-921. IDAHO TIME SENSITIVE EMERGENCY SYSTEM -- TSE REGISTRY CONFIDENTIALITY. (1) Records and information contained in the TSE registry shall be kept confidential and may be released only as provided by this chapter and regulations adopted by the division.

(2) The division and an authorized contractor may enter into agreements to exchange confidential information with other TSE registries in order to obtain complete reports of Idaho residents treated in other states and to provide information to other states regarding such other state's residents treated in Idaho. Agreements sharing information from the TSE registry shall include a provision requiring the receiving agency to keep such information confidential.

(3) The division and an authorized contractor may, in their discretion, publish or furnish to health researchers and the public de-identified information, including compilations and analyses thereof.

(4) The division and an authorized contractor may furnish confidential information to other TSE registries, federal TSE programs, or health researchers in order to perform and collaborate with research studies. Persons and entities receiving confidential information for research purposes must comply with regulations of the division relating to the confidentiality of TSE registry records and information.

(5) The division and an authorized contractor may furnish confidential information relating to a specific hospital, including compilations and analyses of such confidential information, to the specific hospital to which it relates.

(6) TSE registry records and information shall not be available for purposes of litigation except by order of the court. Any such order shall contain such protective provisions as are reasonable and necessary to prevent the public or further disclosure of the records and information and shall contain a provision requiring the destruction of the records and information when no longer needed for the litigation.

[46-921, added 2025, ch. 94, sec. 2, p. 450.]

46-922. IDAHO TIME SENSITIVE EMERGENCY SYSTEM -- TSE REGISTRY AND LIMITATION OF LIABILITY -- EXCEPTIONS. (1) No action for damages arising from the disclosure of confidential information may be maintained against any reporting entities or employees of such entities that participate in good faith in the reporting of TSE registry data in accordance with this chapter.

(2) No license of a health care facility or health care practitioner may be denied, suspended or revoked for the good faith disclosure of confidential information in accordance with this chapter.

(3) The immunity granted in subsections (1) and (2) of this section shall not be construed to apply to the unauthorized disclosure of confidential information when such disclosure is due to gross negligence or willful misconduct of the reporting entities.

[(46-922) 57-2007, added 2002, ch. 329, sec. 2, p. 931; am. 2014, ch. 147, sec. 15, p. 410; am. and redesig. 2025, ch. 94, sec. 14, p. 459.]