Uniform Interstate Emergency Healthcare Services Act
Drafting Committee Meeting – April 28-29, 2006, Washington, D.C.
Issues for Discussion

Section 2. Definitions

Disaster Relief Organizations. Should the term "disaster relief organization" be added to the text to distinguish between the activities of nonprofit organizations which deploy and utilize volunteer health personnel versus those of other "coordinating entities" primarily engaged in registration, the verification of licenses and the facilitation of the deployment and use of such personnel? For example, should the term be defined as follows:

> "**Disaster relief organization**" means a charitable organization providing emergency or disaster relief services that include services provided by volunteer health personnel and which is designated or recognized to provide such services pursuant to a disaster response and recovery plan adopted by the [state emergency management agency] or which conducts its activities in coordination with the [state emergency management agency]."

Local Emergency Declarations. Should the term "emergency" be defined to include emergencies declared by state or authorized local governments? Many states authorize local governments to declare state of emergency without simultaneous state declarations.

Use of Canadian and Other Foreign Professionals. Should the term "state" include Canadian provinces or territories and other governments recognized by state emergency management or public health officials as suitable and appropriate to deploy and utilize as volunteer health personnel?

Occupations Covered. Should the term "volunteer health personnel" be revised to make specific reference to various types of professionals widely utilized in disaster relief activities, such as counselors, drug and alcohol abuse treatment personnel, emergency medical technicians, pharmacists, psychologists and social workers?

Veterinarians. Should veterinarians also be classified as "volunteer health personnel" covered by the act? If so, can the term "healthcare services" be applied to veterinary services?

Volunteer Health Personnel. Should the term be changed to "emergency health personnel" or some equivalent rather than volunteer health personnel to avoid using an unusual and somewhat counterintuitive definition of what constitutes a "volunteer"? If the term "volunteer" is used in the act, should a recommendation by made to the National Conference to change the title of the act to "Uniform Emergency Volunteer Healthcare Services Act?"

Section 3. Activation of Volunteer Health Personnel

Restricting Use of Volunteers. Should it be clarified that subsection (a) (providing that an emergency declaration authorizes the deployment and use of volunteer health professionals in affected areas) only authorizes the deployment and use of volunteer health personnel to the extent provided by the act?

Application of Act without Emergency Declarations. Should it be clarified that subsection (c) (providing for the invocation of the act without an emergency declaration) applies to emergency circumstances not resulting in an emergency declaration, such as facilitating evacuations or providing for the care of people and animals evacuated or displaced by emergencies declared in other states? Is it useful to provide a non-exclusive listing of such events?

Termination of Activation. Should the provisions of subsection (c) (authorizing "the State or local official who invokes this [act]" to "terminate the invocation of the [act]") be revised to more clearly state that the official may determine the period of time, areas and facilities within which volunteer health personnel may be used pursuant to the act? If a change of this sort is made, should these powers be vested in an emergency management agency or public health department rather than in the official authorized to make an emergency declaration?

Section 4. Volunteer Health Personnel

Restricting Use of Volunteers. Should subsection (a) (providing that the "relevant protections and privileges of this [act] apply to any volunteer health personnel who is registered through organized systems") prohibit the deployment and use of volunteer health personnel not registered pursuant to the act (except for EMAC and federal personnel not subject to the act)? If alternatively the intent is to only to restrict licensing recognition and liability protections, should the subsection be clarified that registered personnel enjoy the protections and privileges provided by the act only is otherwise complying with the act?

Rules Regarding Registration Systems. Will subsection (b) (authorizing state emergency management or public health officials to adopt "regulations to designate those systems whose registered volunteers are entitled to the protections and privileges of this [act]") impede the effective deployment and use of volunteer health personnel by authorizing the creation of unique and distinct requirements in each state that are non-uniform and may not be widely understood by source entities, coordinating entities and volunteer health personnel? As an alternative, should such rules apply only to "organized systems" other than those operated by ESAR-VHP systems, MRCs or other registration systems established, consistent with the requirements of the act, by associations of licensing boards, recognized nationwide professional associations or disaster relief organizations?

Advance Registration. Does the requirement of subsection (b) for registration *prior to deployment* imply advanced pre-registration in advance of a disaster declaration? If so, is this desirable? In truly catastrophic events, is there a reasonable likelihood that adequate numbers of pre-registered volunteer health personnel will be unavailable? As an alternative, should the provisions of the act, including licensing recognition and civil liability protections, be restricted to personnel who are properly registered?

Verification of Licensing. Should organized systems for the registration of volunteer health personnel be required to verify that professionals hold active licenses, are not subject to disciplinary proceedings and provide training to volunteers?

Volunteer Personnel Registration Systems. What is meant by the phrase "registration within the host state through a designated volunteer personnel registration system" as used in subsection (c)? Does the provision contemplate only passive notification or active case-by-case review and approval of each volunteer? If passive notification is contemplated, should the legislation better clarify the meaning of "registration" as used in subsection (b)? If registration may include the active case-by-case review and approval of volunteer health personnel, is this practical, especially in circumstances in which communications are disrupted, agency personnel are dislocated and travel is restricted?

Suitability of Volunteers. What is the function of "procedures to determine the suitability of volunteers" as provided by subsection (d)? Does the subsection merely clarify that state emergency management agencies, public health agencies or licensing boards may help identify volunteers and assist in placing them where they are best needed or does the subsection imply that states may establish standards and procedures for the approval of individual volunteers?

Acknowledgments. Should a subsection be added to section 4 requiring a written acknowledgment and consent to jurisdiction of the host state by each deployed volunteer healthcare worker? For example, should individual signed statements be obtained and maintained by disaster relief organizations and host entities from each volunteer professional acknowledging that professional practice is limited to activities needed in relationship to emergency response and recovery activities; civil liability protections are contingent upon compliance with the requirements of the act; and the licensing boards of the host state may impose sanctions for unauthorized practice and report infractions to boards issuing licensing to each professional? Should disaster relief agencies or host entities be required to maintain these records for a designated period of time and provide copies upon request to state officials?

Section 5. Interstate Licensure Recognition for Volunteer Health Personnel

Limitation on Licensure Recognition. Should licensing recognition as provided by subsection (a) be expressly limited to volunteer personnel registered, deployed and used pursuant to the requirements of the act?

Facility Licensing. In addition to interstate licensing recognition, should waivers be granted from certain health care facility licensing laws so as to allow the provision of healthcare in shelters, aid stations and emergency clinics and pharmacies without the necessity to obtain facility licenses?

Prescriptions. Should provisions be added to the act expressly requiring pharmacies to dispense prescriptions written by out-of-state physicians practicing pursuant to the act, including prescriptions for controlled substances which under the laws of some state states can only be dispensed if written by physicians residing within the state?

Scope of Practice. Should the scope of practice as limited by subsection (c) require volunteer health personnel to comply both with any restrictions on practice imposed by the host state and by their licensing jurisdiction?

Applicability of Professional Disciplinary Laws. Rather than providing for the "waiver of disciplinary sanctions," should subsection (d) instead clarify that the provision of healthcare services by professional not licensed in the state does not constitute unlicensed professional practice if conducted in accordance with the requirements of the act? In addition, should the subsection expressly provide that the practice of a healthcare profession in the state by a person subject to the act, but in violation of the requirements of the act, subjects the health care professional to disciplinary sanctions in the host state?

Exceptions to Coverage. Should a subsection or provision be added clarifying that some or all of the provisions of the act do not apply to healthcare professionals deployed and used pursuant to EMAC or pursuant to federal law?

Host State Restrictions on Specific Activities of Volunteers. Should a subsection be added authorizing the host state to impose restrictions on the activities of volunteer health personnel? For example, should the act provide that:

> "The [state emergency management agency or state public health agency] may issue orders limiting the duration of practice by volunteer health personnel, the areas in which volunteer health personnel may practice, and it may also limit, restrict, or regulate the extent to which all or any class of volunteer health personnel may practice in this State to the extent necessary to reflect emergency needs or to coordinate effectively the provision of emergency healthcare services during an emergency. The rights, privileges, and immunities provided to volunteer health personnel, host entities, and disaster relief organizations pursuant to this act shall be limited by such orders only to the extent of the knowledge of the existence and requirements of the orders."

Host Entity Restrictions on Specific Activities of Volunteers. Should a subsection be added authorizing disaster relief organizations or host entities to also impose restrictions on the activities of volunteer health personnel? For example, should the act provide that:

> "A disaster relief organization or host entity may limit, restrict, or regulate the extent to which volunteer health personnel deployed or used by the organization or entity pursuant to this may practice in this state. The rights, privileges and immunities provided to volunteer health personnel pursuant to this [act] shall be provided only to the extent that any affected professional reasonably complies with directives issued pursuant to this subsection by a disaster relief organization or host entity deploying or using the services of the professional."

Section 6. Civil Immunity

Coverage of Disaster Relief Organizations. Should civil immunity be also be extended to disaster relief organizations deploying and using volunteer health personnel pursuant to the act and to other coordinating entities?

Relationship with Federal Volunteer Protection Act. What is the relationship between the immunities provided by the act versus those provided by the Federal Volunteer Protection Act? Should the relationship between the immunities provided by UIEHSA and the Federal Act be expressly addressed in the UIEHSA?

Section 7. Workers' Compensation

Is there a reasonable likelihood of achieving uniformity with respect to the treatment of workers' compensation coverage for volunteer health personnel? Will requiring coverage by the host state create fiscal impacts making adoption of the act unlikely? Can an act adopted by one state, except through a compact such as EMAC, mandate coverage in another jurisdiction? How will disaster relief organizations that currently may provide coverage for volunteers outside the workers' compensation system react to proposals to the option that they obtain workers' compensation coverage in each state in which volunteers are utilized or deployed? Regardless of which of the options for coverage are utilized, is there any reason to believe the coverage would actually be provided unless added to mandated coverage provided by state workers insurance funds?

Section 8. Reemployment Protections

Can the laws of the host state legally establish reemployment protections in another jurisdiction?

Section 9. Effect of Compensation on Volunteer Status

Should the provisions of section 9 not applying the act to employees of a host entity apply to employees of disaster relief organizations serving as host entities by operating shelters, aid stations or clinics? Some organizations, such as the American Red Cross, employ licensed health care personnel as specially trained "reserve officers," primarily nurses and mental health professionals, paid more than nominal compensation, but who are compensated at extremely low levels compared to the prevailing professional practices.