



WHY STATES SHOULD ADOPT THE UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT

Current law provides for interstate recognition of licenses for health practitioners deployed to disasters by the federal government or by state agencies as part of federally sponsored programs. However, no system exists to ensure recognition of the licenses held out-of-state volunteers who are not part of these limited systems. The **Uniform Emergency Volunteer Health Practitioners Act (UEVHPA)** provides that properly registered out-of-state health practitioners providing disaster relief services through host entities during a declared emergency in conformity with current state law will have their professional licenses recognized in the disaster state.

- **Advance Registration.** Volunteers must register with a public or private registration system that meets certain standards, most importantly the capacity to determine whether they are properly licensed and in good standing within their principal state of practice. The organizations that may operate a registration system are strictly limited to public and private organizations with the competence and experience to reliably meet the Act's standards. By imposing rigorous standards, the UEVHPA provides a reliable yet flexible system for assuring the state in which the emergency has been declared that the volunteers providing services to its residents in their time of need are well qualified and licensed.
- **Private Sector Included.** Interstate license recognition under many existing systems is functionally limited to state officers, employees, or other volunteers formally incorporated into official "state forces." Under the UEVHPA, all licensed practitioners providing health, veterinary, or mortuary services may register as emergency volunteer health practitioners. This includes physicians, EMTs, nurses, psychologists, social workers, counselors, morticians, veterinarians, and other licensed health professionals whose services may be needed to respond effectively to an emergency that overwhelms local capacity.
- **Flexibility.** Volunteers are allowed to register in advance with systems located throughout the country rather than requiring that they register in the affected state at a time when its systems may be overwhelmed and its communications severely disrupted. This allows for states to take advantage of the expanding number of registration systems already being developed by private and public agencies, and provides a safeguard against breakdowns in communication and infrastructure that might otherwise affect local capacity to deploy volunteers when an emergency is declared.
- **Integration with existing state systems.** Host entities, meaning the entities in the disaster state that deploy and use volunteer health practitioners, must coordinate all activities with the state agency charged with emergency management, thus ensuring effective and appropriate use of their services. This coordination requirement helps ensure that volunteers do not "self-deploy" in a manner that is counterproductive to a state's efforts.
- **Regulation.** Volunteer health practitioners must conform to scope of practice requirements of both their home state and the state within which they provide services. They may not perform services that a similar health practitioner would not be allowed to perform under a license issued by the host

state, and they may not perform services that go beyond those for which they are licensed in their home states.

- **Liability and Workers' Compensation Coverage.** The Act clarifies the extent to which volunteers and organizations registering, deploying, and using them are exposed to or immune from civil liability for professional malpractice. Further, the Act also makes workers' compensation benefits available to volunteer health practitioners who otherwise would not have access to such benefits, treating them as if they were employees of the host state.