

Uniform Emergency Volunteer Health Practitioners Act Statement

According to the Uniform Law Commission (ULC), the aftermath of Hurricane Katrina demonstrated the need for a mechanism to enable health care professionals licensed in states outside a disaster area to quickly get authorized to practice in the state where the disaster occurred. While the Emergency Management Assistance Compact (EMAC) provides for the interstate recognition of licenses held by professionals responding to disasters and emergencies, that Compact cannot be solely relied on to facilitate the “surge capacity” of professionals necessary to deliver health services during emergencies. This is because EMAC primarily applies to state government employees and other emergency responders who go through a complicated process of entering into agreements with their home jurisdictions to be deployed to other states pursuant to mutual aid agreements. As a result, very few private sector volunteers were able to be deployed to the Gulf Coast through the Compact and the capacity of state and federal government agencies to immediately provide needed assistance was overwhelmed.

After Katrina, in addition to invoking EMAC, states attempted to facilitate the flow of private sector volunteer practitioners into surrounding disaster areas through executive orders and directives issued pursuant to other emergency management laws. Unfortunately, this created a system whose parameters and requirements were poorly communicated and not well understood by either volunteers or emergency relief organizations. This lack of coordination seriously delayed the delivery of needed services and left volunteers confused and justifiably anxious about their status. Furthermore, virtually no states were able to provide guidance about resolving legal issues that arose due to differences in the scope of practice authorized for many types of health professionals that exist between states. And, no rules were established to clarify the jurisdiction of “source state” or “host state” licensing boards and emergency management agencies over volunteer health practitioners.

In 2007, the ULC promulgated a Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) to enable health practitioners in future years to be quickly deployed to health care facilities and disaster relief organizations pursuant to clear and well-understood rules that will both meet the needs of volunteers and relief agencies and provide an effective framework to ensure the delivery of high quality care to disaster victims. The UEVHPA generally allows state governments during a declared emergency to give reciprocity to other states’ licensees on emergency services providers so that covered individuals may provide services without meeting the disaster state’s licensing requirements.

UEVHPA establishes a system whereby health professionals may register either in advance of or during an emergency to provide volunteer services in an enacting state. Registration may occur in any state using either governmentally established registration systems, such as the federally funded “ESAR VHP” or Medical Reserve Corps programs, or with registration systems established by disaster relief organizations, licensing boards or national or multi-state systems established by associations of licensing boards or health professionals. “ESAR-VHP” refers to Emergency Systems for the Advance Registration Systems of Volunteer Health Professionals financed by the U.S. Department of Health and Human Services.

UEVHPA authorizes healthcare facilities and disaster relief organizations in affected states (working in cooperation with local emergency response agencies) to use professionals registered with these systems and to rely on the registration systems to confirm that registrants are appropriately licensed and in good-standing. Properly registered professionals will have their licenses recognized in affected states for the duration of emergency declarations, subject to any limitations or restrictions that host states determine may be necessary.

UEVHPA also authorizes, but does not require, states affected by disasters to utilize these registration systems to confirm that any professionals practicing during emergencies are licensed and in good-standing. In addition, licensing boards in host states are given jurisdiction over out-of-state volunteers practicing within their boundaries, and are mandated to report any disciplinary actions undertaken to each professional's home jurisdiction. The use of registration systems to confirm registration and of licensing boards to oversee the delivery of services, however, differs from the establishment of individualized credentialing systems that might create a potentially dangerous non-uniform service delivery bottleneck. Instead, the goal of UEVHPA is to establish a robust system with redundant alternatives for the deployment of volunteers that can function even during the most severe disasters in which communication systems are disrupted and government officials are unavailable to provide direction and supervision.

Under UEVHPA, a health professional licensed in another state is subject to the scope of practice for practitioners licensed in the state with the emergency. In addition, out-of-state professionals may not exceed the scope of practices as established by their licensing jurisdiction, unless expressly authorized to do so by host states. Host states are expressly authorized, however, to modify practice limits if necessary to respond to emergency conditions. Similarly, healthcare facilities and relief organizations in host states are authorized to regulate, limit or restrict the nature, scope and type of services provided by volunteers. All volunteers practicing within a state and organizations using these volunteers are further subject to management and control to the extent provided by other state emergency management laws.

The ULC has also approved amendments to the UEVHPA to complete previously reserved sections addressing the civil liability of disaster volunteers and the care of volunteers who are injured, become ill or die while delivering emergency services. With regard to civil liability, the Act provides two options. In Alternative "A", a volunteer health practitioner is not liable for acts or omissions, nor can any party be held vicariously liable for a volunteer practitioner's acts or omissions, unless the conduct in question rises to the level of willful misconduct, or wanton, grossly negligent, reckless, or criminal conduct, represents an intentional tort; involves a breach of contract, is a claim by a host or deploying entity, or is an act or omission relating to the operation of a motor vehicle, vessel, aircraft, or other vehicle. Alternative "B" utilizes the same basic exclusions, but caps the compensation a volunteer can receive in connection with the emergency (not including reimbursement of reasonable expenses) at \$500 per year, and does not include the limitation on vicarious liability. It is anticipated that enacting states will choose the alternative that most closely tracks their existing state provisions regard "Good Samaritan" liability protection and/or each state's implementation of federal law on this subject. The Amendments also provide that a volunteer health practitioner who is not otherwise covered by the workers' compensation laws of the host or deploying state may elect to be deemed an employee of the host state for purposes of making a claim under the host state's workers' compensation system. The Act directs enacting states to coordinate implementation of this coverage with other enacting states.

Eleven states had enacted UEVHPA as of June 2010: Arkansas, Colorado, District of Columbia, Indiana, Kentucky, Louisiana, New Mexico, North Dakota, Tennessee, Oklahoma, U.S. Virgin Islands. The UEVHPA is pending for governor's signature in Illinois. The approved text of the Uniform Emergency Volunteer Health Practitioners Act can be found at www.nccusl.org.

Submitted as:

North Dakota

[HB 1073/Chapter 310](#)

Status: Enacted into law in 2009.