

Headlines from the Hill

Model act helps out-of-state healthcare professionals volunteer during disasters.

Understanding the Uniform Emergency Volunteer Health Practitioners Act

By Janet Haebler, MSN, RN

During the 2005 hurricane season, many healthcare professionals seeking to volunteer their services to Gulf Coast residents were seriously delayed and, in some cases, prevented from doing so because they were unable to obtain authorization to practice in the affected states. Since then, a model act has been created to increase the surge capacity of healthcare professionals in times of disaster.

The Uniform Emergency Volunteer Health Practitioners Act (UEVHPA), which the Uniform Law Commission (ULC) issued in 2006, gives state governments a mechanism during a declared emergency to allow persons licensed in other states to provide services according to the scope of practice in their home state, without having to meet the disaster state's licensing requirements.

A nonprofit organization, ULC comprises commissioners appointed by the governor or legislature of every state and territory. The commissioners are attorneys, judges, law professors, legislators, and state officials who donate their time and expertise to draft uniform state laws that state legislatures may voluntarily adopt and localize to respond to each state's statutory framework and concerns. The ULC's work eliminates the need for states to perform duplicative and costly research in an effort to address issues of mutual concern legislatively.

Besides recognizing licenses across state lines, UEVHPA clarifies civil immunity protections and promotes the availability of worker's compensation coverage for those not otherwise eligible for injury or death coverage in a different jurisdiction. This act fills a gap in the Emergency Management Assistance Compact (EMAC), previously adopted by all 50 states, which provides for interstate recognition of licenses held by professionals responding to disasters and emergencies.

EMAC extends its benefits only to emergency responders who go through a complicated process of entering into agreements with their home jurisdictions to be de-

ployed to other states pursuant to mutual-aid agreements. This approach proved to be ineffective after Hurricane Katrina. Because of the limited ability of EMAC and federal agencies to quickly supply needed healthcare personnel, states tried to facilitate the flow of private-sector volunteer practitioners into disaster areas through executive orders and directives issued pursuant to other emergency management laws.

This lack of coordination seriously delayed the delivery of needed services and left volunteers confused and anxious about their status. Also, virtually no states were able to provide guidance on how to address complex legal issues arising in emergency circumstances due to differences among states in the authorized scopes of practice of various healthcare professionals. In addition, no rules were established to clarify the jurisdiction of "source" or "host" state licensing boards and emergency management agencies over volunteer healthcare practitioners.

UEVHPA establishes a system whereby healthcare 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 governmentally established registration systems or having registration systems established by disaster-relief organizations, licensing boards, or national or multistate systems established by associations of licensing boards or health professionals. Affected states will recognize the licenses of properly registered professionals for the duration of emergency declarations, subject to any limitations or restrictions that host states determine necessary.

Under UEVHPA, a healthcare professional licensed in another state is subject to the scope of practice for practitioners licensed in the state that has the emergency. Additionally, unless expressly authorized to do so by host states, out-of-state professionals may not exceed the scope of practices as established by their licensing jurisdiction.

A version of UEVHPA was introduced in 2007 in California, Maine, Mississippi, Oregon, and Pennsylvania. The act was withdrawn in Maine and died in committee in Mississippi. Three states—Colorado, Kentucky, and Tennessee—have enacted UEVHPA.

Lessons learned from emergencies necessitate better preparation for the next disaster, whatever it may be and wherever it may occur. ANA will support states' efforts to advance this model legislation. For the complete act and related information, visit www.nccusl.org. ★

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