

The UEVHPA: An update

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In August of 2005, the U.S. Gulf Coast was slammed by a series of hurricanes that left cities and towns under water and thousands homeless, and had physicians rushing to the aid of patients and health care facilities that were in desperate need of relief. Many physician volunteers were soon deadlocked in their efforts and unable to offer their services, due to a lack of uniformity in state laws that prohibited the hospitals and health care facilities from verifying physician licenses and credentials. James Korndorffer, MD, FACS, and Melanie Korndorffer, MD, FACS, from Tulane University, New Orleans, LA, were just two of the physicians hoping to help during Hurricane Katrina, when they encountered barriers that left them unable to assist those most in need.

In a letter received by the College, Drs. James and Melanie Korndorffer describe the challenges experienced during Hurricane Katrina. The only functioning hospital on the coast had one surgeon present, according to the letter, and that surgeon had been at the hospital for four consecutive days and was in desperate need of additional surgical support. When help finally arrived, the lone surgeon was very surprised to receive assistance, as he had not considered the fact that many physicians, such as the Korndorffers, would want to volunteer their help during such a chaotic time. But despite significant efforts by the [hospital] administration, the Korndorffers could not get sufficient information and approval for them to receive temporary privileges to allow the lone surgeon to leave the hospital for some rest after a long, 96-hour shift.

In response to the serious problems resulting from the horrific hurricane season of 2005, the National Conference of Commissioners on Uniform State Laws adopted model emergency response legislation known as the Uniform Emergency Volunteer Health Practitioner Act (UEVHPA). Passage of UEVHPA would open the door for volunteers—with appropriate skills and expertise—to volunteer services in a state with

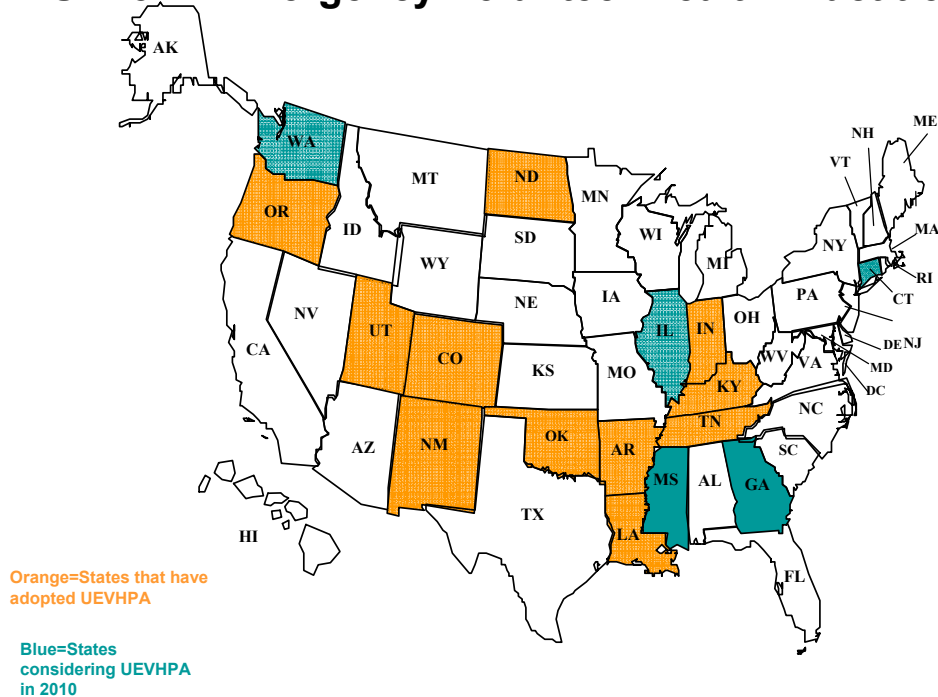
an emergency as if they are licensed in that particular state. As referenced in the Korndorffers' letter, this could result in better, faster services for the victims of disasters. It would mean more lives saved, more victims treated, and more relief to disaster-affected areas.

How does it work?

According to the UEVHPA summary, the objective of this legislation is to create a system that can quickly deploy health practitioners to health care facilities and disaster relief organizations pursuant to clear and well-understood rules that would meet both the needs of volunteers and relief agencies, and provide an effective framework to ensure the delivery of high-quality care to disaster victims. As established, the UEVHPA would allow health professionals to register either in advance of, or during, an emergency to provide volunteer services in a state that has enacted UEVHPA legislation. States and physicians may use governmentally established registration systems or a registration system established by disaster relief organizations, such as the American Red Cross. UEVHPA would allow health care facilities and disaster relief organizations in a disaster state to use professionals registered with the aforementioned systems, and to rely on the registration systems to confirm that registrants are appropriately licensed and in good standing.

UEVHPA would open the door for volunteers to quickly respond to a disaster and provide the appropriate care for patients during a time of need. In addition to UEVHPA potentially offering health practitioner volunteers more flexibility, the bill also offers important protections for the volunteers. First, 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 state. UEVHPA model legislation also protects physician volun-

Uniform Emergency Volunteer Health Practitioner Act



teers by addressing the civil liability raised in disaster volunteer situations.

UEVHPA and the states

It is the goal of the College and other supporting organizations to see UEVHPA passed in all 50 states. Since the Uniform Law Commission drafted model legislation in 2006, 11 states have adopted UEVHPA. Those states include: Arkansas, Colorado, Indiana, Kentucky, Louisiana, New Mexico, North Dakota, Oklahoma, Oregon, Tennessee, and Utah (see figure on this page). The District of Columbia held a hearing on UEVHPA in November 2009, and the City Council is expected to pass the legislation in April.

During the 2010 state legislative sessions, the College is continuing to push passage of UEVHPA. The bill has been introduced in five states, including Connecticut, Georgia, Illinois, Mississippi, and Washington.

For more information on the Uniform Emergency Volunteer Health Practitioner Act and other StateSTATs topics, contact the ACS State Affairs Department, Division of Advocacy and Health Policy, at state_affairs@facs.org. 