

JOINT RESOLUTION ON RECIPROCITY OF SERVICES

FOR EMERGENCY MEDICAL CARE

- WHEREAS: The States of the Mid-Atlantic Region, namely Virginia, West Virginia, Maryland, District of Columbia, Pennsylvania, Delaware, New Jersey, and New York have statutory authority to regulate and recognize certain health care professionals; and
- WHEREAS: Each State recognizes the provision of Basic Life Support (BLS) by Emergency Medical Technicians (EMT) and Advanced Life Support (ALS) care as provided by ALS trained personnel; and
- WHEREAS: Each State has set forth certain minimum standards for the training and certification or licensure of Basic and Advanced Life Support personnel including evaluation by written examination and manipulative skills examination; and
- WHEREAS: The training and evaluation of Basic and Advanced Life Support personnel in each State is relatively uniform; and
- WHEREAS: The Basic and Advanced Life Support personnel in each State are at times required to cross the border of their home State and perform services in a neighboring State in which they are not necessarily licensed or certified to perform up to their level of certification; and
- WHEREAS: It could be considered an abandonment of the patient by the Basic and Advanced Life Support person if he/she were to cease providing emergency care in the neighboring State or jurisdiction where he/she is not licensed or certified; and
- WHEREAS: Each State desires that continuous treatment be given to a patient regardless of the location of the patient from the scene of the accident or illness through transportation to the medical facility to which the patient is taken; and
- WHEREAS: Each State desires that the Basic and Advanced Life Support persons who are fully licensed or certified in their home state be able to provide emergency care within the scope of their recognized and authorized abilities in any interstate emergency situation in which they are called upon to act; and
- WHEREAS: Existing State Good Samaritan laws and Mobile Intensive Care personnel laws provide varying protection to the out-of-state Basic and Advanced Life Support persons; and
- WHEREAS: Each State desires to enter into a bona fide reciprocal agreement recognizing the capabilities of Basic and Advanced Life Support persons trained and certified in another state, for the purpose of rendering interstate emergency medical care.

NOW THEREFORE BE IT RESOLVED THAT:

- ONE: Each State previously named shall recognize the Basic and Advanced Life Support personnel trained and certified or licensed in one state as being capable of continuing emergency medical care in another state which is a party to the agreement in accordance with the medical protocols of the state in which they are certified.
- TWO: Each State will recognize and permit certified Advanced Life Support personnel from any of the other signatory States to initiate invasive techniques when they are under the supervision of a physician and in accordance with the medical control requirements of the States directly involved.
- THREE: Recognizing that the legal mechanism and authority for entering into a Resolution such as this differ from State to State, the signatory states agree that this Resolution shall become effective among each state which executes this resolution at the time of execution.
- FOUR: Any State may terminate its participation in this Resolution by providing written notice to each of the other signatories. Such termination will take effect 90 days after such notice is given.
- FIVE: Definitions:
For the purpose of this Resolution, Basic Life Support person is defined as an individual who has at a minimum successfully completed the 81-hour Department of Transportation course and is state certified. Advanced Life Support personnel shall include those persons who have successfully completed the Department of Transportation EMT-P 15 module course and are state certified or licensed and those persons who have successfully completed as a minimum, modules one through six and fifteen of the above-referenced course and are state certified or licensed.
- SIX: For the purpose of this Resolution, New Jersey recognizes only those ALS personnel who have completed Modules 1-15 of the above-referenced course and are state certified or licensed.

AGREED TO, ACKNOWLEDGED AND SIGNED BY:

or the State
of Maryland:

[Signature]
Title: _____ Date: 7.16.8

or the State
of West Virginia:

[Signature]
Title: Sec. of Health Date: 8/11/81

For the Commonwealth
of Pennsylvania:

H. Arnold Muller, M.D.
Title: Sec. of Health Date: 1/1/82

For the Commonwealth
of Virginia:

[Signature]
Title: State Health Commissioner Date: 12/17/81

or the State
of Delaware:

Charles E. Natch
Title: Director, Emergency Medical Services Date: July 16, 1981

[Signature]
Title: Director, Division of Public Health Date: July 16, 1981

For the District
of Columbia:

Arthur H. Hoyte, M.D.
Arthur H. Hoyte, M.D.
Title: Commissioner of Public Health Date: 2/5/82

or the State
of New Jersey

[Signature] Joanne E. Finley, M.D., M.P.H.
Title: Commissioner of Health Date: _____

ATLANTIC EMERGENCY MEDICAL SERVICES COUNCIL

RESOLUTION

re: Reimbursement for Trauma Services

WHEREAS, the state members of the Atlantic Emergency Medical Services Council recognize that responsible allocation of society's resources argues against unnecessary duplication of costly facilities and services for the care of the critically ill and injured; and

WHEREAS, the state members recognize that there is a finite revenue base for trauma care and that, to the extent that facilities and services rendered for such care are duplicated, there is a dilution of that revenue base among the facilities, making recovery of the costs of trauma care difficult; and

WHEREAS, the state members have a common desire to provide care to the critically ill and injured at the most appropriate facilities, both inter- and intrastate, and reimburse those facilities equitably for the services they render; and

WHEREAS, the state members have been developing emergency medical services systems to provide these services in the most efficient and effective manner; and

WHEREAS, the state members recognize the need for state emergency medical services plans to implement their systems; and

WHEREAS, the state members recognize that for proper care of the critically ill and injured it is often necessary to use the systems and facilities of a neighboring state; and

WHEREAS, in order to assure care for a patient taken to a neighboring state, there must be adequate reimbursement to the neighboring state's facilities.

NOW, THEREFORE, be it RESOLVED, that the member states of the Atlantic Emergency Medical Services Council recommend

STATEMENT OF CLARIFICATION AND POSITION
(Based on August 16, 1990 Conference Call)

- WHEREAS:** The states of the Atlantic Emergency Medical Services Council, namely Virginia, West Virginia, Maryland, District of Columbia, Pennsylvania, Delaware, and New Jersey have statutory responsibility for Emergency Medical Services in their states; and
- WHEREAS:** During 1982 the Atlantic Emergency Medical Services Council (formerly the Mid-Atlantic Emergency Medical Services Council, Inc.) entered into the Joint Resolution on Reciprocity of Services for Emergency Medical Care; and
- WHEREAS:** During 1985 the Atlantic Emergency Medical Services Council passed a resolution regarding Interstate Medical Command; and
- WHEREAS:** Certain technologies now make it possible for private firms to offer households and businesses sophisticated health care devices which require physician medical direction, sometimes across state lines; and

NOW THEREFORE BE IT RESOLVED THAT:

- ONE:** THE ATLANTIC EMERGENCY MEDICAL SERVICES COUNCIL recognizes that any protocol or procedure that addresses the use of advanced prehospital therapy must include plans for the consideration and coordination of that therapy into the existing emergency medical services network.
- TWO:** THE ATLANTIC EMERGENCY MEDICAL SERVICES COUNCIL recognizes that the Joint Resolution on Reciprocity of Services for Emergency Medical Care of 1982 addresses care provided by state certified Basic and Advanced Life Support personnel as defined in item five of the resolution.
- THREE:** THE ATLANTIC EMERGENCY MEDICAL SERVICES COUNCIL recognizes that the Joint Resolution on Reciprocity of Services for Emergency Medical Care and the

resolution regarding Interstate Medical Command address the provision of emergency medical care by, and medical direction to, state recognized Basic and Advanced Life Support providers who are part of an established and state recognized emergency medical service.

FOUR: THE ATLANTIC EMERGENCY MEDICAL SERVICES COUNCIL, by issuance of this statement, declares that the existing Joint Resolution of Reciprocity of Services for Emergency Medical Care and the resolution regarding Interstate Medical Command address the provision of medical direction by or to individuals that are recognized emergency medical services personnel.

FIVE: THE ATLANTIC EMERGENCY MEDICAL SERVICES COUNCIL recognizes that medical direction for prehospital emergency medical care providers in a state is the responsibility of that individual state's emergency medical services office and it is the prerogative of that state's emergency medical services office to delegate that responsibility to appropriate individuals. The resolution regarding Interstate Medical Command pertains only to recognized emergency medical services and state certified providers.

To: EMS Directors
Atlantic EMS Council

From: Training Coordinators
Atlantic EMS Council

November 8, 1985

The Atlantic testing committee has been able to provide for the last three years a written examination utilized by participating states as a part of the certification process at the EMT level.

While needs continue to be met, it is evident that at this time certain areas require further development.

It is necessary for participants attendance at two meetings per year as well as necessary time to complete assignments between meetings as the test bank continues to be developed.

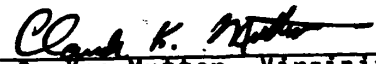
Concerns from individual state constituents have virtually ceased since the implementation of this reliable and validated testing process.

The costs associated with the test development has remained low as the pooling of resources has shortened and the timeframe for development as well as the time previously spent defending our old exams is also shortened.

Forwarded herewith is a Memorandum of Agreement which was developed as a result of a meeting with Dr. Richard Judd, Ms. Mary Berkeley, Harry Teter, and members of the Atlantic Testing Committee (CT, MD, NJ, PA, VA), on November 28, 1985.

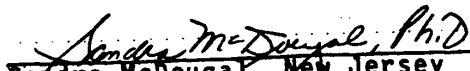
Representatives:

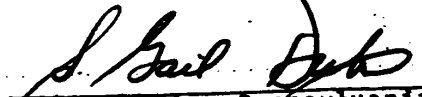

Paul Winfield Smith, Connecticut


C. Ken Mutter, Virginia


Louis Jordan, Maryland


Danny Matt, Washington, DC


Sandra McDougal, New Jersey


S. Gail Dubs, Pennsylvania

MEMORANDUM OF AGREEMENT

Whereas, the Atlantic State EMS Training Coordinators, namely Connecticut, Washington, D. C., Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia recognizes the value of the collaborative relationship between the states toward the development of a written examination for EMT's, and

Whereas, the Atlantic State EMS Training Coordinators recognize that the eventual outcomes are strengthened by the collaborative relationship; and

Whereas, the Atlantic Training Coordinators realize that it is critical to their individual mutual goals and objectives to provide quality training and evaluation, as well as effective working relationships

Now, therefore, be it resolved, that the Atlantic State EMS Directors agree to the following principles and actions:

- A. It is understood that the Atlantic EMS Training Coordinators are fully supported by the Atlantic Directors to work together toward a valid and reliable written basic life support examination bank.
- B. It is recognized that it is the responsibility of each individual director to provide one regular staff member to represent his/her state for the evaluation process and to provide time for such individual to function in a timely manner within the process and on specific projects.
- C. To further effect group interactions and meetings, the directors agree to the following actions:
 1. Each state will designate in writing an official representative to the Atlantic Testing Committee. These individuals should also be the contact point for members of their own state who have questions about this testing program.
 2. Permanent annual meeting dates will be established to the degree possible. Atlantic testing meetings will be supported by the State Director as a priority item of State business to ensure time for the development of a completed evaluation instrument as received by the individual states. This will allow time for their State review to choose to agree, or chooses to recommend in a reasonable and substantive manner any materials of use to the process.
 3. An annual progress report will be submitted at a Directors meeting by a member of the Atlantic EMS Training Coordinators Testing Committee. It will be used for general sharing, and as a forum to discuss and resolve any inter-state concerns.

4. A separate account for budgeted seminars will be provided by the Atlantic Directors to Richard Judd as project Director for a consultant(s) and Atlantic State Training Coordinators for their meetings and related activities related to test development.
5. A contract with Dr. Richard L. Judd will be established and executed for the purpose of project management and implementation for testing monies. Dr. Judd will provide to each Director a written accounting of the dispersement of monies 30 working days following completion of any project objectives.
6. The test bank will be housed in the state of Connecticut under the control of Dr. Richard L. Judd at Central CT State University to ensure confidentiality, maintain, update data and control the flow (dissemination) of the materials.

The Memorandum of Understanding will become effective upon signature of each Director and Training Coordinator and will be in effect for two (2) years. It may be dissolved with ninety (90) days notice from either party. It may be amended or extended with agreement of all parties.

STATE EMS DIRECTORS:

CHRIS A. GENTILE
CONNECTICUT

M. M. MATTHIESEN
PENNSYLVANIA

MARY BERKLEY
DISTRICT OF COLUMBIA

SUSAN D. MCHENRY
VIRGINIA

R. ADAMS COWLEY, M.D.
MARYLAND

FRED COOLEY, M.D.
WEST VIRGINIA

ROY W. NICKELS, M.P.H.
NEW JERSEY

PROCEDURAL CHANGES FOR THE TEST COMMITTEE
OF THE ATLANTIC EMS COUNCIL

The Test Committee of the Atlantic EMS Council whose membership consists of training representatives from the respective participating states, proposes to restructure and rearrange the sequence of tasks and steps necessary to produce a common, valid and updated test bank.

This refinement process is based upon the working experience and knowledge gained over the past three years of our existence and will make the Committee a more effective working group. It will also provide for more input (as required by each state) while still using the common test bank.

These procedures will provide a process which will expand the individual states abilities to incorporate a test review process that meets their needs

1. The goal of the committee is to develop a test bank that each state, utilizing standard blueprints, may draw an independent examination as needs dictate.
2. Each state will continue to adhere to the previously established Rubric system and to the preportioned percentages (blue print) established for each subject area.
2. Each state will continue to maintain and furnish test performance data to the Test committee for the purpose of detailed item analysis.
4. Test items will be developed and reviewed by the appropriate state committees, etc., prior to submission to the test bank.
5. The test bank will be transferred from its present location (Connecticut Office of Emergency Medical Services) to Doctor Judd's Office at the Central Connecticut State University in New Britain, Ct.
6. For the immediate future and until structural changes have been implemented, and an adequate test bank of valid questions exist, the Committee will continue to schedule two meetings annually. When that goal has been met, meetings would then be reduced to one meeting a year.
7. Meeting dates will be established as far in advance as practical by mutual agreement of the participating Training representatives. In order to accomplish the goals and objectives of the test committee, these dates and commitments must be given the highest priority by each participating state EMS Director and the respective training representatives.

ATLANTIC EMERGENCY MEDICAL SERVICES COUNCIL

JOINT DECLARATION OF INTERSTATE MEDICAL COMMAND

WHEREAS: Each of the undersigned officials of the jurisdictions of the Atlantic Region; namely, New York, New Jersey, Pennsylvania, Maryland, Delaware, District of Columbia (included hereinafter in the term "state"), West Virginia and Virginia, indicate that their jurisdictions have laws which permit physicians and surgeons to give instructions to certified paramedics and other certified emergency prehospital care personnel at the scene of an accident or other medical emergency outside a hospital, including transportation from the scene of an accident or emergency to a hospital; and

WHEREAS: For the best treatment of a patient critically ill or injured in an emergency, it may, on occasion, be desirable to transport a patient from one state to another or to provide medical command across state lines; or to utilize in one state physicians licensed in another, and

WHEREAS: The laws of the individual states of the Atlantic Region may vary somewhat in scope, language and requirements; and

WHEREAS: It is desirable that officials and medical personnel involved in the delivery of emergency medical services be aware of certain basic elements appearing in the laws of other jurisdictions;

IT IS THEREFORE DECLARED THAT:

Each of the undersigned state officials, after consultation with appropriate state legal counsel, assures that with respect to his jurisdiction the following minimal protection is provided:

"A licensed physician (including surgeons) of any state who in good faith gives emergency medical instruction either directly or via telecommunications to emergency personnel certified in any state for the purpose of providing advanced emergency medical care to an injured person at the scene of an accident or other emergency or in transit from the scene of an accident or emergency to a hospital, shall not be liable in civil damages for an act or omission not constituting gross negligence in the course of giving such emergency medical instruction."