

MEMORANDUM OF UNDERSTANDING  
BETWEEN THE UNITED STATES DEPARTMENT OF TRANSPORTATION  
AND THE  
UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
FOR PROCEDURES RELATING TO  
EMERGENCY MEDICAL SERVICES SYSTEMS

The Department of Transportation (DOT), under the Department of Transportation Act (49 U.S.C. 1651 et seq) and the Highway Safety Act of 1966 (23 U.S.C. 401 et seq) has authority to provide financial and technical assistance for the transportation phases of Emergency Medical Services. The Department of Health, Education, and Welfare (DHEW) is authorized to provide technical assistance and funds in the form of grants and contracts for Emergency Medical Services Systems under Title XII, Part A, of the Public Health Service Act (42 U.S.C. 300d et seq).

For the purpose of assuring a clear understanding by State, Regional, and local officials responsible for the implementation and administration of emergency medical services programs, it is essential that the primary areas of responsibility between DOT and DHEW be defined. Therefore, DOT and DHEW agree, pursuant to their respective statutory authorities, to the terms of this Memorandum. In carrying out this Memorandum, the goals of DOT and DHEW will be to develop, establish, and implement consistent and comprehensive national uniform standards, criteria, procedures, technical assistance, related requirements and to avoid duplication of effort.

Section 1206 of the Public Health Service Act identifies 15 components of an emergency medical services system. These component requirements are used in this document solely to delineate responsibilities of DOT and DHEW for the development of program standards and procedures.

A. DOT RESPONSIBILITIES

In coordination with DHEW, DOT will develop uniform standards and procedures for the transportation phases of emergency care and response as follows:

1. Manpower - EMS administrative personnel involved in the transportation phases of emergency medical services (EMS).
2. Training - First responders (fire, police, etc.) Emergency Medical Technicians - Ambulance and Paramedics, communications dispatchers, and system coordinators and administrators.
3. Communications - Telecommunications systems in areas of citizen access, central dispatch, ambulance to emergency department (ED), field resource management of EMS systems including utilization of basic and advanced telecommunications technology.

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4. **Transportation - Ambulances and special transportation vehicles (air, surface, water) and equipment both carried and installed (extrication, communications, medical), including emergency and safety specifications.**
5. **Facilities - The transportation and care of emergency patients to the appropriately categorized and/or otherwise designated facilities.**
6. **Critical Care Units - Transportation and care to such designated units.**
7. **Public Safety Agencies - Integration and improved utilization of all personnel, facilities, and equipment.**
8. **Consumer Participation - The opportunity for private citizens to participate in making policy for the transportation phases of an EMS system.**
9. **Accessibility to Care - Transportation response and extra-hospital EMS care without prior inquiry as to patients' ability to pay.**
10. **Transfer of Patients - Inter-hospital transport and care of critical patients to advanced treatment centers.**
11. **Coordinated Medical Recordkeeping - Record systems utilized during the transportation phases (e.g., dispatcher and ambulance data forms and processing).**
12. **Consumer Information and Education - Education and training of private citizens along with dissemination of program information relating to training and educational concepts, principles, standards, and criteria for the transportation phases of EMS systems.**
13. **Review and Evaluation - Evaluation of the extent and quality of pre-hospital and inter-hospital emergency response and care services provided in the system's service area as it relates to emergency transportation.**
14. **Disaster Linkages - Coordination of pre-hospital and inter-hospital EMS transportation response and care services during mass casualties, natural disasters, or national emergencies.**
15. **Mutual Aid Agreements - Setting requirements for pre-hospital and inter-hospital EMS transportation response on a reciprocal basis.**

**B. DHEW RESPONSIBILITIES**

DHEW will develop, in coordination with DOT, medical standards and procedures for initial, supportive and definitive care phases of EMS systems as follows:

1. Manpower - EMS personnel involved in all phases of EMS.
2. Training - First responders, private citizens, Emergency Medical Technicians - Ambulance and Paramedics, communications, EMS hospital communicators, emergency nurses and physicians, EMS medical directors and system coordinators and administrators.
3. Communications - Telecommunications systems in areas of citizen access, central dispatch and field resource management of EMS systems. DHEW emphasis would be in the areas of medical communications and control for vehicle to hospital communications for both basic and advanced life support as well as hospital to hospital communications for advanced technology.
4. Transportation - Patient care standards for ambulances, special transportation vehicles (surface, air, water) to include equipment and treatment specifications.
5. Facilities - Development and implementation of regional hospital categorization programs.
6. Critical Care Units - Appropriate designation of critical care capability.
7. Public Safety Agencies - Integration and improved utilization of personnel, facilities, and equipment in day-to-day EMS and in major disaster operating procedures.
8. Consumer Participation - The opportunity for private citizens to participate in making policy for the EMS system.
9. Accessibility to Care - Care without prior inquiry as to ability of patient to pay.
10. Transfer of Patients - Inter-hospital transfer agreements for critical patients to advanced treatment centers in order to provide maximum follow-up care and rehabilitation.
11. Coordinated Medical Recordkeeping - Establishing and operating record systems utilized during transportation phases (e.g., dispatcher and ambulance data forms and processing) as well as in-hospital emergency and critical care treatment phases.

12. Consumer Information and Education - Education and training of private citizens along with dissemination of program information relating to training and educational concepts, principles, standards, and criteria for the EMS system.
13. Review and Evaluation - Evaluation of the extent and quality of regional emergency medical response and care services provided within the system's service areas.
14. Disaster Linkages - Coordination of EMS response and patient care during mass casualties, natural disasters, or national emergencies.
15. Mutual Aid Agreements - Setting requirements for pre-hospital, hospital, and inter-hospital emergency medical care on a reciprocal basis.

C. RESEARCH AND DEMONSTRATION

DOT and DHEW will pursue research and demonstration activities in support of their respective program responsibilities as defined above. Joint efforts are encouraged where possible.

D. FUNDING AND TECHNICAL ASSISTANCE

DOT may fund those activities pertaining to its responsibilities outlined above under both Section 402 and 403 of Title 23, U.S.C., Highway Safety Act of 1966. Under Section 402, it is recognized that in the apportionment of funds to the States for program implementation, DOT does not determine the priorities by which these funds will be applied to the transportation phases of the State's EMS system. Subject to applicable statutes and regulations and the availability of funds, DHEW may fund the full spectrum of eligible entities as defined in Section 1206 of the Public Health Service Act. When DHEW funds are expended for emergency ambulance vehicles and the training of Emergency Medical Technicians + Ambulance and Paramedics, DOT criteria as specified in EMS program regulations apply. DOT funds may be used to assist in the transportation phases of DHEW-funded projects. Both agencies will provide technical assistance as appropriate and as required in support of their program responsibilities.

E. INTERAGENCY COOPERATION

In addition to the statutory requirements pertaining to the Interagency Committee on Emergency Medical Services, DOT and DHEW will keep each other advised on a continuing basis and coordinate the development of standards within their respective responsibilities. With respect to communications systems, every attempt should be made to harmonize DOT-DHEW requirements to the maximum extent practical.

F. EXCHANGE OF INFORMATION

Prior to the issuance of procedures, training manuals, regulations, funding or other information pertinent to the respective responsibilities, DOT and DHEW will exchange information, consult with, and assist each other within the areas of their special competence. Both Departments will actively maintain identified channels so as to share with each other, at both the central and regional office levels, all pertinent issuances to their respective staffs and clientele.

G. WORKING ARRANGEMENTS

DOT and DHEW will designate staff representatives and will establish joint working arrangements from time to time for the purpose of administering this Memorandum of Understanding. Pursuant to this Memorandum of Understanding, DOT and DHEW Regional Offices will promote coordination of DHEW-sponsored projects with DOT required State comprehensive EMS plans and programs through a mutually acceptable lead agency. These offices will also assist each other in the identification and application of all available resources to support EMS upgrading within the scope of such plans, programs and/or projects.


H. GENERAL

This agreement shall take effect upon the signing by authorized representatives of the respective Departments.


Nothing in this Memorandum of Understanding is intended to affect in any way the statutory authority of either Department.

For the Department of Transportation

For the Department of Health, Education,  
and Welfare

  
Secretary

10/26/78  
Date

  
Secretary

10/26/78  
Date