DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

ADMINISTRATIVE ORDER NO.: 2020-4 **DATE: March 30, 2020**

SUBJECT: PROVISIONAL CERTIFICATION FOR EMERGENCY MEDICAL SERVICE AGENCIES DURING THE COVID-19 DECLARED EMERGENCY

By virtue of the authority vested in me by Mayor's Order 2020-046, dated March 11, 2020, Mayor's Order 2020-50, dated March 20, 2020, Administrative Order No. 2020-01, dated March 13, 2020, the Public Emergency Amendment Act of 2002, D.C. Official Code §7-2304.01(d), the Uniform Emergency Volunteer Health Practitioners Act of 2009, D.C. Official Code § 7-2361.01 *et seq.*, and the Emergency Medical Services Act of 2009, D.C. Official Code § 7-2341.01 *et seq.*, it is hereby **ORDERED**:

I. PURPOSE

The purpose of this Administrative Order is to set forth requirements under which certification requirements for emergency medical services may be granted, on a temporary basis, to certain provider agencies that have been awarded a Certificate of Need (CON) or a CON exemption. Permits and/or fees shall be waived for healthcare practitioners appointed as temporary agents of the District of Columbia, in order to respond the COVID-19 public health emergency.

II. FINDINGS AND ORDER

The Director of the Department of Health (Director), as the lead in the District's efforts in containment and mitigation of COVID-19, has determined that it is in the best interest of the health, safety and welfare of District residents to allow for additional emergency medical services (EMS) in the District. The additional emergency medical services are intended support the response to COVID-19 and to provide for alternate means of providing healthcare services to District residents in order to limit unnecessary exposures to the virus.

The Director makes the following findings:

a. District of Columbia licensed and certified healthcare providers have been the frontline of identifying, testing and treating patients with COVID-19.

b. As the number of COVID-19 infections rise, more and more properly licensed healthcare providers in the District of Columbia have either been exposed or infected with COVID-19, requiring self-quarantine.

c. The spread of COVID-19 amongst licensed and certified healthcare providers in the District of Columbia is impacting the ability of healthcare providers and healthcare facilities to provide safe and appropriate care to District residents.

d. There are additional healthcare providers, who are properly licensed, registered or certified and in good standing in their home jurisdictions, who can provide safe and appropriate care to District residents and are willing to relocate to the District to do so.

e. Current telehealth technologies allow for the safe treatment and care for patients, in accordance with the Guidance for Use of Telehealth in the District of Columbia, published March 12, 2020 and accessible at https://coronavirus.dc.gov as well as any applicable laws and regulations.

f. The District of Columbia is in immediate need of certain healthcare providers to address the above concerns. However, the regular timelines for the certification and credentialing of EMS agencies and their personnel will significantly impede the ability of additional healthcare services to District of Columbia residents in a timely manner.

g. It is in the best interests of District of Columbia residents that certification requirements be minimized during the period of this public health emergency to allow certain EMS agencies that have met CON requirements to provide care to District of Columbia residents.

Based on the above findings, the Director makes the following Order:

a. An EMS agency that has been awarded a CON or CON exemption, either permanent or temporary, by the District of Columbia State Health Planning and Development Agency shall be offered a streamlined process for a provisional DC EMS Agency certification for the duration of the declared emergency plus thirty (30) days thereafter. The proposed EMS agency shall complete a streamlined application with the Health Emergency Preparedness and Response Administration, EMS Program. The application shall include:

1. Verification that the Medical Director licensed and in good standing;

2. Verification of insurance coverage as required in 29 DCMR § 500 *et seq.*;

3. Verification of certification in good standing of any provider who will provide EMS services under the license of the Medical Director; and

4. Inspection of any ambulance or transport vehicle intended to be used by the EMS agency.

b. An EMS agency that has been awarded a CON or a CON exemption, either permanent or temporary, by the District of Columbia State Health Planning and Development Agency shall be offered a streamlined process for a provisional DC EMS Agency certification for the duration of the declared emergency plus thirty (30) days thereafter. The proposed EMS agency shall complete a streamlined application with the Health Emergency Preparedness and Response Administration, EMS Program. The application shall include:

1. Verification that the Medical Director licensed and in good standing;

2. Verification of insurance coverage as required in 29 DCMR § 500 *et seq.*; and

3. Verification of certification in good standing of any provider who will provide EMS services under the license of the Medical Director.

c. Pursuant to 29 DCMR § 562, the Director may authorize *Community Paramedicine* as a pilot project in the interest of improving patient care services. Community Paramedicine EMS agencies approved as pilot projects:

1. May provide in-home and community based primary healthcare with emergency medical services providers under the supervision of a District licensed physician;

2. Shall provide a copy of a written agreement with a Medical Director who is a District licensed physician;

3. Shall provide recommendations for staffing levels, protocols, scope of practice, and equipment standards to DC Health for review and approval;

4. Shall, in the absence of specific regulations, follow the guidance of DC Health;

5. Shall provide a detailed quality assurance program to DC Health for review and approval;

6. Shall apply for certification for all EMS providers operating for the agency; and

7. Shall cease operations in the District of Columbia no more than thirty (30) days after the expiration of the declared public health emergency, or at the direction of DC Health, whichever occurs first.

c. All other EMS certification requirements and/or fees shall be waived for healthcare practitioners for the duration of the declared emergency.

d. Among the services authorized pursuant to this order are:

1. In-home healthcare services via mobile physician service or telemedicine. Telehealth services shall be in accordance with the *Guidance for Use of Telehealth in the District of Columbia*, published March 12, 2020 and accessible at https://coronavirus.dc.gov as well as any applicable District laws and regulations;

2. Services shall be available to every patient, in every Ward of the District, irrespective of the patient's insurance status or ability to pay; and

3. Services shall be available to support the District's non-emergency COVID-19 calls if required by the District's 911 system.

e. Upon expiration of this Order, any provisional certification or pilot project status issued to an EMS agency, vehicle or personnel pursuant to this Order shall terminate 30 days

following the expiration of this Order. Any such agency may apply for certification through the normal processes, including the payment of fees.

III. DURATION OF ORDER

This Order shall remain in effect during the period of Public Health Emergency as declared by the Mayor in Mayor's Order 2020-046 and extended by Mayor's Order 2020-050, unless earlier rescinded or superseded.

IV. EFFECTIVE DATE

This Order shall become effective immediately.

LaQuandra S. Nesbitt, MD, MPH
Director
District of Columbia Department of Health