Whereas, current emergency medical services (EMS) protocols result in the transportation of nearly all patients to an emergency department; and

Whereas, the emergency department may not be the best resource to meet the patient’s needs, resulting in unnecessary costs to the healthcare system, local governments, and inconvenience to the patient; and

Whereas, Mobile Integrated Community Health programs represent an effort to better match the patient to the resources needed; and

Whereas, Mobile Integrated Community Health is defined as sending EMS providers to evaluate patients in the prehospital setting within their current scope of practice in an expanded role under physician supervision through the use of non-emergent resources; and

Whereas, several integrated healthcare delivery systems have expressed interest in creating Mobile Integrated Community Health programs for their patients; and

Whereas, Mobile Integrated Community Health programs have been successfully implemented in other states; and

Whereas, Queen Anne’s County has successfully implemented a pilot Mobile Community Health program under the supervision of the EMS Board and the local health officer; and

Whereas, House Bill 1313 (2014), which would have studied ways to implement Mobile Community Health programs in Maryland, but failed to pass due to opposition from the nursing lobby; therefore be it

Resolved, that MedChi explore the possibility of implementing physician-supervised Mobile Integrated Health programs in Maryland, and report back to the Annual Meeting of the House of Delegates (Fall, 2015).

As approved by the House of Delegates at its meeting on April 25, 2015.