

**MEMORANDUM OF AGREEMENT BETWEEN
THE DEFENSE HEALTH AGENCY
AND
THE NATIONAL ASSOCIATION OF EMERGENCY MEDICAL TECHNICIANS
FOR
STRATEGIC PARTNERSHIP ON PREHOSPITAL CARE
DHA-2020-R-1670**

This is a Memorandum of Agreement (MOA) between the Defense Health Agency (DHA) and the National Association of Emergency Medical Technicians (NAEMT). When referred to collectively, the DHA and the NAEMT are referred to as the “Parties.”

1. **BACKGROUND:** The majority of trauma-related deaths occur in the prehospital setting during the time between injury and hospital arrival, and advances in prehospital care, such as hemorrhage control and resuscitation, offer the greatest opportunity for improvements in survival. There is a 20+-year history of an established working relationship focused on improving prehospital care between the Department of Defense’s (DoD’s) Committee on Tactical Combat Casualty Care (CoTCCC) and NAEMT.

2. **AUTHORITIES:** The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 is the legal authority upon which this MOA is based. Section 707 of the FY 2017 NDAA states that the Joint Trauma System “promotes improved trauma care to members of the Armed Forces and other individuals who are eligible to be treated for trauma at a military medical treatment facility.” Under Section 707, the Joint Trauma System serves as the reference body for all trauma care provided across the Military Health System and coordinates the incorporation of lessons learned from military-civilian trauma education and training partnerships into clinical practice. Section 707 allows the Secretary of Defense to enter in agreements with non-Governmental entities with subject matter experts to conduct a system-wide review of the Military trauma system, including a comprehensive review of combat casualty care and wartime trauma systems including an assessment of lessons learned to improve combat casualty care in future conflicts. Section 708 of the FY 2017 NDAA establishes the Joint Trauma Education and Training Directorate (JTET) under the Joint Trauma System (JTS).

3. **PURPOSE:** This MOA establishes the Prehospital Strategic Partnership (PSP) between the JTS and NAEMT. This partnership benefits the DoD and NAEMT in education, standardization, quality, and trauma system performance improvement. Additionally, it adds to other national efforts to strengthen resilience through the landmark report in 2016 from the National Academies of Science, Engineering, and Medicine that focused on a National Trauma System to achieve “Zero Preventable Deaths” and reinforces the already existing strategic partnership with the American College of Surgeons. The PSP does not preclude other partnerships that the DHA or the DoD has established or will establish. The purpose of the PSP is to do the following:

- Identify best practices and support prehospital trauma education for members of the U.S. Armed Forces.
- Support Military–civilian partnerships for prehospital training.
- Develop and support a prehospital trauma quality improvement program.

4. RESPONSIBILITIES OF THE PARTIES:

4.1. The DHA shall—

4.1.1. Identify a PSP Co-Chair (JTS representative) as a member of the PSP Executive Committee.

4.1.2. Identify a JTET representative as a member of the PSP Executive Committee.

4.1.3 Identify a Health Affairs Operational Medicine representative as a member of the PSP Executive Committee.

4.1.4 Provide administrative support for the PSP as necessary to facilitate communications.

4.2. The NAEMT shall—

4.2.1. Identify a PSP Co-Chair as a member of the PSP Executive Committee.

4.2.2 Identify two additional NAEMT representatives as members of the PSP Executive Committee.

4.3. Both Parties shall—

4.3.1 Coordinate to ensure that NAEMT is using the most up-to-date DHA curricula when teaching, training, and certifying U.S. military members.

4.3.2 Support and facilitate standardized prehospital curricula, training, tracking and certification for U.S. military instructors and training sites when requested by the military Services.

4.3.3 Share information to develop and enhance prehospital educational training tools.

4.3.4 Facilitate and enhance military-civilian partnerships for prehospital education and skills sustainment.

4.3.5 Facilitate the improvement of military and civilian prehospital care with the development of a quality improvement program which includes quality standards and metrics.

4.3.6 Support and facilitate the transition of military medical personnel into the civilian healthcare workforce.

5. PERSONNEL: Each Party is responsible for all costs of its personnel, including pay and benefits, support, and travel. Each Party is responsible for supervision and management of its personnel.

6. GENERAL PROVISIONS:

6.1. POINTS OF CONTACT: The following points of contact (POCs) shall be used by the Parties to communicate in the implementation of this MOA. Each Party may change its POC upon reasonable notice to the other Party.

6.1.1. For the DHA

6.1.1.1 Position and phone number of Primary POC: Mary Ann Spott, Deputy Chief, JTS, 210-539-9174

6.1.1.2. Position and phone number of Alternate POC: Colonel Stacy Shackelford, Chief JTS, 210-539-9174

6.1.2. For the NAEMT

6.1.2.1. Pamela Lane, Executive Director, NAEMT, 847-814-6060

6.1.2.2. Military Relation Committee Chair, NAEMT, 601-924-7744
210-269-8865

6.2. CORRESPONDENCE: All correspondence to be sent and notices to be given pursuant to this MOA shall be addressed, if to the DHA, to—

6.2.1. Dr. Mary Ann Spott, 3698 Chambers Pass, Suite B, Fort Sam Houston, TX
78234

if to the NAEMT to—

6.2.2. Pamela Lane, PO Box 1400, Clinton, MS 39060-1400

or as may from time to time otherwise be directed by the Parties.

6.3. REVIEW OF AGREEMENT: This MOA shall be reviewed annually on or around the anniversary of its effective date for financial impacts and triennially in its entirety.

6.4. MODIFICATION OF UNDERSTANDING: This MOA may only be modified by the written agreement of the Parties, duly signed by their authorized representatives.

6.5. DISPUTES: Any disputes relating to this MOA shall, subject to any applicable law, Executive Order, Directive, or Instruction, be resolved by consultation between the Parties.

6.6. TERMINATION OF AGREEMENT: This MOA may be terminated by either Party by giving at least 180-day written notice to the other Party. The MOA may also be terminated at any time upon the mutual written consent of the Parties.

6.7. TRANSFERABILITY: This MOA is not transferable except with the written consent of the Parties.

6.8. ENTIRE AGREEMENT: It is expressly understood and agreed that this MOA embodies the entire agreement between the Parties regarding the MOA's subject matter.

6.9. EFFECTIVE DATE: This MOA takes effect beginning on the day after the last Party signs.

6.10. EXPIRATION DATE: This Agreement expires on December 31, 2025.

AGREED:

For the DHA —

KIYOKAWA.GUY.TOS
HIMITSU.1179491830

Digitally signed by
KIYOKAWA.GUY.TOSHIMITSU.1
179491830
Date: 2020.10.20 13:25:28 -04'00'

Guy T. Kiyokawa, SES
Deputy Director
Defense Health Agency

20 Oct 2020

(Date)

For NAEMT —



Pamela Lane
Executive Director
National Association of
Emergency Medical Technicians

11/18/2020

(Date)