Whereas, Good Samaritan statutes exist in all 50 states and the District of Columbia for the purpose of promoting aid to individuals in need of emergency care; and

Whereas, These statutes widely vary from state to state. This impedes the desired intent of these laws and may prevent physicians from rendering much needed care to patients who are in need of emergency care for a medical condition outside of healthcare settings due to fear of litigation; and

Whereas, Some states only cover physicians licensed in that state. Physicians without the local state license may be held liable for Good Samaritan acts if physicians are from a different state and may be unfamiliar with the details of the local statutes; and

Whereas, “Enumeration of Immunity” of Good Samaritan statutes may vary from state to state in such a way that it may not protect every rescuer depending upon the location of the event; and

Whereas, “Good faith requirement” in the statute may differ from state to state; and

Whereas, “Specific site of covering” may also vary based on the location of the accident and the rescue; and

Whereas, “Minimal standard of care” may vary from state to state; and

Whereas, Federal laws only exist for specific circumstances, such as Aviation Medical Assistance Act and Federal Law Enforcement Officers’ Good Samaritan Act of 1998; therefore be it

RESOLVED, That our American Medical Association help protect patients in need of emergency care and protect physicians and other responders by advocating for a national “universal” Good Samaritan Statute (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for the unification of the disparate statutes by creation of a national standard via either federal legislation or through policy directed by the Department of Health and Human Services (HHS) to specify terms that would protect rescuers from legal repercussion as long as the act by the rescuer meets the specified universal minimal standard of conduct and the good faith requirement, regardless of the event location; thus, effectively eliminating variations in the state statutes to facilitate the intent of the Good Samaritan statutes removing barriers that could impede the prompt rendering of emergency care. (Directive to Take Action)
AUTHORS STATEMENT OF PRIORITY

The COVID-19 pandemic has placed additional pressures on the health care system and has led to numerous delays in patients seeking and receiving preventative and other elective care. These delays are likely to lead to unknown emergencies happening outside of emergency rooms and traditional places of care. It is important that physicians are protected when an emergency situation occurs where their expertise and quick clinical judgment is needed. One of the potential barriers to a physician acting as a rescuer in these situations is the unknown due to disparate good Samaritan statutes spanning the country. With the ease of travel in the United States at this time and the ongoing public health crisis, it is imperative that physicians are ready, willing, and able to render emergency care and delaying the implementation of this policy could hamper the ability of physicians to respond to emergencies as travel continues to resume. Good Samaritan laws also serve to protect physicians who respond to emergencies like the COVID-19 crisis and with spikes in cases happening across the country, this would be one way to improve the ability of physicians to appropriately respond to states in which they do not live. Current AMA policy leaves gaps by not addressing the need for continuity across all states.

RELEVANT AMA POLICY

Delivery of Health Care by Good Samaritans H-130.937
1. Our AMA will work with state medical societies to educate physicians about the Good Samaritan laws in their states and the extent of liability immunity for physicians when they act as Good Samaritans.
2. Our AMA encourages state medical societies in states without "Good Samaritan laws," which protect qualified medical personnel, to develop and support such legislation.
3. Where there is no conflict with state or local jurisdiction protocol, policy, or regulation on this topic, the AMA supports the following basic guidelines to apply in those instances where a bystander physician happens upon the scene of an emergency and desires to assist and render medical assistance. For the purpose of this policy, "bystander physicians" shall refer to those physicians rendering assistance voluntarily, in the absence of pre-existing patient-physician relationships, to those in need of medical assistance, in a service area in which the physician would not ordinarily respond to requests for emergency assistance. (a) Bystander physicians should recognize that prehospital EMS systems operate under the authority and direction of a licensed EMS physician, who has both ultimate medical and legal responsibility for the system. (b) A reasonable policy should be established whereby a bystander physician may assist in an emergency situation, while working within area-wide EMS protocols. Since EMS providers (non-physicians) are responsible for the patient, bystander physicians should work collaboratively, and not attempt to wrest control of the situation from EMS providers. (c) It is the obligation of the bystander physician to provide reasonable self-identification. (d) Where voice communication with the medical oversight facility is available, and the EMS provider and the bystander physician are collaborating to provide care on the scene, both should interact with the local medical oversight authority, where practicable. (e) Where voice communication is not available, the bystander physician may sign appropriate documentation indicating that he/she will take responsibility for the patient(s), including provision of care during transportation to a medical facility. Medical oversight systems lacking voice communications capability should consider the addition of such communication linkages to further strengthen their potential in this area. (f) The bystander physician should avoid involvement in resuscitative measures that exceed his or her
level of training or experience. (g) Except in extraordinary circumstances or where requested by the EMS providers, the bystander physician should refrain from providing medical oversight of EMS that results in deviation from existing EMS protocols and standing orders.

4. Our AMA urges the International Civil Aviation Organization to make explicit recommendations to its member countries for the enactment of regulations providing "Good Samaritan" relief for those rendering emergency medical assistance aboard air carriers and in the immediate vicinity of air carrier operations.

Citation: (CCB/CLRPD Rep. 3, A-14)