CROSS-BORDER COOPERATION AGREEMENTS IN THE FIELD OF EMERGENCY MEDICAL SERVICES: IMPORTANCE AND REGULATORY MECHANISMS

Kristine Ubilava
Independent Researcher,
Georgia

Abstract

The aim of the study was to determine the significance and regulatory mechanisms of cross-border cooperation agreements in the field of emergency medical care using the examples of different countries.

The work discusses the legal framework of cross-border healthcare in the European Union, the Framework Agreement on Cross-border Cooperation in the Field of Emergency Medical Care between the Czech Republic and the Federal Republic of Germany, Cross-border Emergency Medical Care agreements in the Netherlands-Belgium-Germany border region, the EMR Agreement on Cross-border Neighbourhood Assistance in the Field of Emergency Medical Care between Belgium and Germany (Rhineland-Palatinate), the Agreement on Cross-border Cooperation in the Field of Medical Care between Lithuania and Latvia, and the Agreement on Cross-border Cooperation in the Field of Health Care No. 55964 Framework Agreement between the Government of the Grand Duchy of Luxembourg and the Government of the French Republic and the experience of Georgia in the field of cross-border cooperation on emergency medical care.

The study found that despite the clear need for cross-border emergency and urgent care, cooperation in this field is not fully regulated. Differences between national systems, for example in terms of qualifications, medical practices, organizational structure and technical requirements, complicate the provision of cross-border emergency medical care. Common challenges in cross-border emergency medical care include language and socio-cultural barriers, difficulties in the legal and institutional framework, financial issues, lack of recognition of professional skills and standardization of cross-border data exchange, and problems with emergency communication. Despite all these difficulties, there are many advantages, such as improving the patient and social situation, increasing the efficiency of resource use and management, reducing delayed response and inadequate treatment, better quality of service provided, increasing patient satisfaction, creating synergies of shared responsibilities in border regions.

In addition, cross-border cooperation in the field of emergency medical care for Georgia, despite the challenges, has significant prospects. Strengthening cross-border cooperation in the field of healthcare, improving the legal framework and integrating technologies will contribute to the effective development of both the region and the Georgian healthcare system.

Keywords: regulation, cross-border cooperation, emergency medical care, agreement, healthcare.

Introduction

The first emergency medical care system, which was created in the 19th century during the Franco-Prussian War to transport wounded soldiers, began to develop actively in the 20th century. Emergency medical services are a set of services that include rapid assessment, timely interventions, and rapid transportation to receive definitive medical care in the event of a life-threatening condition.

According to Hermans, cross-border emergency medical care is defined as medical treatment that citizens receive in another country, where they pay social insurance contributions. According to Sommer et al. cross-border healthcare is provided by two or more parties located in different countries,

with the aim of exchanging patients, providers, products, services, financing, or knowledge related to healthcare.

The complexity of organizing ambulance and emergency services at cross-border level, combined with the multitude of existing forms of cooperation, raises questions about which obstacles are most common and how they can be overcome. One of the main questions in this regard concerns the deployment of emergency personnel and the recognition of their qualifications.

Despite the differences in regional contexts, there are common problems in cross-border emergency medical care, such as language barriers and incompatible sociocultural practices, as noted by Kuntosch et al. in their work. Kumar et al. in their study cite difficulties in referral, differences in licenses, and differences in the tasks of emergency personnel as obstacles. Samaniego et al. cite false calls as a major problem, which overload hotline centers and endanger the lives of victims of real emergencies.

Another significant obstacle is data exchange in the field of cross-border emergency medical care. Lack of information can pose a serious threat to the health and lives of patients if they are not referred in a timely manner, so it is necessary to resolve interoperability issues.

The obstacles include the lack of a unified radio communication system, the lack of direct communication between command centers and providers, ineffective coordination between public authorities at local, regional and national levels, and the complexity of response procedures at the cross-border level.

Cross-border movement in the field of emergency medical services is usually explained by a lack of resources, as Hermans notes in the case of EU member states. According to Arunrat et al. Thailand attracts patients as a result of its more specialized resources for treatment and diagnosis than neighboring Cambodia and Laos.

In emergency situations, a neighboring country may offer the patient the closest facility based on their needs, as was the case in El Paso, Texas, which has specialized facilities for stroke and cardiovascular emergencies that are not available in neighboring Ciudad Juárez. Another important feature to consider is the insufficient number of beds in the medical facility. For example, in a study by Sommer et al., a flow of pediatric patients was transferred from Belgium to Maastricht, Netherlands, during the Covid-19 pandemic, due to the lack of a pediatric intensive care unit and the urgent need for intensive care. The same study also describes the larger capacity of intensive care units in Germany, which has facilitated the transfer of critically ill patients from Belgium and the Netherlands to the Meuse-Rhine region of Europe if necessary.

Psutka's article details how Germany and the Czech Republic respond to emergencies in their shared border area, as they have a cooperation protocol that states that a patient in need of emergency care can be transferred to the nearest hospital, regardless of the country of residence.

The above literature review has shown that cross-border emergency medical care is a subject of growing interest in science. The term "border" remains a multidisciplinary and transdisciplinary perspective that is not well defined at the scientific level in relation to emergency medical care.

In addition, it is worth noting that currently there is no common legal framework between Georgia and its neighboring countries that would determine the rules for joint emergency medical care operations in border areas, which makes the research issue even more relevant.

The purpose of the study within the framework of the paper is to determine the significance of cross-border cooperation agreements in the field of emergency medical care and the mechanisms of regulation based on the examples of different countries.

The paper discusses the legal framework for cross-border healthcare in the European Union, the Framework Agreement on Cross-Border Cooperation in the Field of Emergency Care between the Czech Republic and the Federal Republic of Germany, the Cross-Border Emergency Care Agreements in the Netherlands-Belgium-Germany Border Region, the EMR Agreement on Cross-Border Neighbourhood Assistance in the Field of Emergency Care between Belgium and Germany (Rhineland-Palatinate), the Agreement on Cross-Border Cooperation in the Field of Medical Care between

Lithuania and Latvia, the Framework Agreement on Cross-Border Healthcare Cooperation No. 55964 between the Government of the Grand Duchy of Luxembourg and the Government of the French Republic, and Georgia's experience with cross-border cooperation in the field of emergency care.

1. The Legal Framework for Cross-Border Healthcare in the EU

The Treaty on European Union and the Treaty on the Functioning of the European Union define the legal responsibilities of the EU Member States and the EU institutions. Although healthcare is primarily a national responsibility, Directive 2011/24/EU on patients' rights under the Treaty on the Functioning of the European Union[1] and Regulation 883/2004 oblige the European Commission to support national healthcare authorities in certain areas of healthcare.[2] Regulation 883/2004 defines the coordination of social security systems and the rights of beneficiaries.

In the EU, patients can receive healthcare in another Member State. Cross-border healthcare is an important opportunity for European patients and citizens that has developed since the establishment of the European Economic Community. Cross-border healthcare is based on different legal frameworks. The two most important legal frameworks are the ones mentioned above: 1) the Regulation on the coordination of social security systems (EC Regulation 883/2004); and 2) the Patients' Rights Directive (Directive 2011/24/EU).

The Regulation on the coordination of social security systems (EC Regulation 883/2004) provides the legal framework for unscheduled and scheduled treatment organized by the competent authority. The coordination of social security systems was introduced to facilitate the cross-border movement of workers, which is a prerequisite for the European labour market. Thus, the predecessor regulation on the coordination of social security systems, Council Regulation No. 3 on social security for frontier workers, came into force almost simultaneously with the creation of the European Economic Community. The regulation has been reformed and renamed several times, but has retained its function of guaranteeing cross-border social security.

The Patients' Rights Directive (Directive 2011/24/EU) is more recent and establishes the right to receive healthcare in another Member State. It was adopted in 2011 after a long political process with a three-year implementation period. It incorporates important decisions of the Court of Justice of the European Union (CJEU) on cross-border healthcare.

In addition to codifying case law, the Patients' Rights Directive is of particular importance for the development of cross-border healthcare, as it includes provisions on "cooperation in healthcare". This is important for improving and making cross-border healthcare accessible to patients. The Regulation and the Directive are accompanied by other legal instruments aimed at clarifying, implementing or clarifying the legal framework.[3]

EU citizens can also request access to cross-border healthcare for planned procedures. However, the requirement for prior authorization under the Regulation is mandatory. Once authorization has been granted, all financial aspects are dealt with by the competent authority, be it the sickness fund or the health authority. In the event of unjustified delays, for example if the treatment cannot be provided within a medically justified period, the prior authorization requirement does not apply.

Under the Directive, EU citizens can seek cross-border healthcare on their own initiative. However, some Member States require prior authorization for the services they receive, subject to specific conditions. In contrast to the above-mentioned process, the patient has to pay in advance and can only request a refund after the procedure has been completed.

[1] Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, https://eur-lex.europa.eu/eli/dir/2011/24/oj/eng [L.s. 20.10.2025].
[2] Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems, https://eur-lex.europa.eu/eli/reg/2004/883/oj/eng [L.s. 20.10.2025].
[3] Wismar, M., Touret, R., Clottes, J., Dubois, G., Damez-Fontaine, A., Rouvet, V., and Ewout van, G. „Crossing the Border for Health Care: Adding Value for Patients and Health Systems", Eurohealth 28(1). Volume 28, No.1, 2022.

Bilateral agreements have been developed to ensure cross-border cooperation between Member States and regions. This type of bilateral cooperation can take the form of cross-border framework agreements and conventions, as is the case in France. In France, such agreements aim to create a legal framework for the establishment of local cross-border healthcare or medico-social cooperation agreements. The aim is to promote the development of cooperation in the field of healthcare or medico-social care between France and bordering countries and to ensure better access to quality services in border regions by:

- Guaranteeing continuity of treatment and faster use of emergency care;
- Optimizing the organization of healthcare provision and encouraging the sharing of capacities (material and human resources);
- Encouraging the sharing of knowledge, practices, human and material resources.

These cross-border framework agreements aim to complement the measures already provided for in Regulations 883/2004 and 987/2009, as well as Directive 2011/24 on cross-border care.[4] An example of this is TRISAN, the trilateral competence center for cross-border cooperation between Germany, France and Switzerland in the Upper Rhine region. TRISAN conducts research, provides information, connects stakeholders to exchange best practices and supports cross-border cooperation projects.[5]

2. Framework Agreement on Cross-Border Cooperation in the Field of Ambulance between the Czech Republic and the Federal Republic of Germany

The functioning of the emergency medical service in the Czech Republic is generally regulated by national legislation. Its basis is provided for in the Act No. 374/2011 on the Emergency Medical Service. The cross-border movement of the Czech emergency medical service in Germany, as well as the functioning of the German emergency medical service on the territory of the Czech Republic, is regulated by the Framework Agreement on Cross-Border Cooperation in the Field of Ambulance between the Czech Republic and the Federal Republic of Germany. The agreement was concluded in accordance with the provisions of international law and was registered as an international treaty in the Czech Law Directory (Collection of International Treaties No. 53/2014 Sb. m. s.). The agreement is regulated by the relevant domestic normative acts in both countries.[6]

The relationship between the Framework Agreement and the national regulation of emergency medical care is determined by Article 10 of the Constitution of the Czech Republic.[7] Unless otherwise provided for by an international treaty, the international treaty applies. Accordingly, the Framework Agreement has priority to the extent that it coincides with the Czech national regulation of the functioning of emergency medical care. In this context, it should be noted that the provisions of the Framework Agreement differ from those in German law. The agreement is ratified here only as an administrative agreement within the meaning of the second sentence of Article 59 of the Federal Constitution. This is a fundamental difference compared to Czech law. In German law, the Framework Agreement has less legal force. It does not have direct precedence over federal and state laws. The different wording of the Framework Agreement within the framework of Czech and German law, of course, often leads to significantly different interpretations of this agreement in both states.[8]

The purpose of the agreement was:

[4] Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, https://eur-lex.europa.eu/eli/dir/2011/24/oj/eng [L.s. 20.10.2025].
[5] Wismar, M., Touret, R., Clottes, J., Dubois, G., Damez-Fontaine, A., Rouvet, V., and Ewout van, G. „Crossing the Border for Health Care: Adding Value for Patients and Health Systems", Eurohealth 28(1). Volume 28, No.1, 2022.
[6] Psutka, J. „On Some Issues Of Providing Urgent Health Care In The Border Area Of The Czech Republic And The Federal Republic Of Germany In The Light Of The Current National And International Regulations". Tlq 3, 2021, https://tlq.ilaw.cas.cz/index.php/tlq/article/view/475 [L.s. 21.10.2025].
[7] Mikule, V., Suchanek, R. In: Sládeček, V., Mikule, V., Suchánek, R., Syllová, J., „Constitution of the Czech Republic". 2nd edition. Prague: C. H. Beck, 2016.
[8] Böhm, H., „b-solutions – Final Report by the Expert", Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union, n.d. https://ec.europa.eu/futurium/en/system/files/ged/bohm_euroregion_neisse-nisa-nysa.pdf [L.s. 22.10.2025].

- To create a legal framework for cross-border cooperation to enable the mutual coordination of emergency medical assistance in the event of crossing the state border;
- To reduce the time factor in the provision of emergency assistance - in the interest of protecting the health and life of citizens.
- To ensure equal access to medical services on both sides of the border - regardless of citizenship and place of residence.
- To ensure mutual recognition and coordination of medical personnel, equipment and information.

The agreement was signed on 4 April 2013 and entered into force on 18 July 2014. It was published in the Collection of International Treaties No. 53/2014 Coll.2. The adoption of the framework agreement was influenced by the increasing movement of persons between the two countries. Accordingly, the aim was to create a basic legal framework for cross-border cooperation in the field of emergency medical care. The main motive was to simplify access to healthcare in the border area, while striving for continuous improvement of the quality and accessibility of healthcare. The agreements were concluded on the German side by the federal states adjacent to the common border - Bavaria and Saxony - and on the Czech side by individual border regions.

The main principles enshrined in the above-mentioned agreement look like this:[9]

- Cooperation is based on the principle of sovereignty and mutual respect. Accordingly, neither party loses its territorial or administrative authority.
- Each action is carried out only on the basis of agreed dispatch coordination.
- The emergency medical crew operates on the territory of the other state only to the extent necessary to save the life of the patient or stabilize it.
- Intervention is always carried out with the information and consent of the partner party. Accordingly, there is no case of arbitrary "free entry".

It is important to outline the functions and mechanisms provided for in the above-mentioned agreement:

Operational coordination: Each party has a national and regional dispatch center, which mutually establish protocols for emergency calls. Permission to cross the border is issued promptly, by decision of the dispatcher, depending on the specific case.

Regulation of medical equipment and drugs: Crews are allowed to use their own equipment, but the use of drugs or substances that are not permitted under the legislation of the other state is prohibited. In addition, the parties undertake to develop a common register/list of permitted drugs.

Authority and responsibility of personnel: Emergency doctors and medical personnel operate on the territory of the other country on the basis of a temporary mandate and are subject to uniform requirements for professional standards. In cases of professional error or damage, liability is determined in accordance with applicable national legislation, with appropriate insurance mechanisms.

Information and communication exchange: The parties are obliged to ensure the secure transmission of data (including patient status, medical reports). Standardized forms and digital channels compatible with the information systems of both countries are used.

Cooperation in training and research: The agreement obliges the parties to conduct joint training, education, seminars and research in the field of emergency care. Also, to plan and conduct joint training for responding to crisis situations (e.g., mass accidents, natural disasters).

It is worth noting that the agreement does not give an ambulance the automatic right to cross the border without permission. An operational permit from the relevant dispatching authority is required. At the regional level (e.g. Bavaria-Czech Plzen region, Saxony-Liberec region) additional agreements are concluded that establish detailed procedures. When issuing a permit, the dispatcher makes a decision

[9] Psutka, J., „On some issues of providing urgent health care in the border area of the czech republic and the federal republic of germany in the light of the current national and international regulations". TLQ 3, 2021. https://tlq.ilaw.cas.cz/index.php/tlq/article/view/475 [L.s. 21.10.2025].

based on the criterion of the patient's life-threatening condition, which is the legal basis for entering foreign territory.[10]

The Framework Agreement is an international legal instrument aimed at improving the quality of medical care in border regions by reducing administrative barriers and strengthening coordination. At the same time, it clearly defines the separation of sovereignty and responsibilities in that the border crossing of ambulance crews is allowed only in specific cases and on the basis of prior authorization.

It is clear that the Framework Agreement between the Czech Republic and the Federal Republic of Germany on cross-border cooperation in the field of emergency medical care represents a significant step forward in regulating cooperation between the Czech and German emergency medical services.

3. Cross-border Ambulance Agreements in the Netherlands-Belgium-Germany border region

The study analyzed the nature and purpose of cross-border ambulance agreements in the Netherlands-Belgium-Germany border region. Cooperation in the field of ambulance and intensive care transport has been ongoing for years since the conclusion of the Agreement on Cross-border Neighbourhood Assistance in the Emergency Department (Publiekrechtelijke Overeenkomst – Grensoverschrijdende Buren-Ambulancehulpverlening).[11]

On 8 December 2009, the Committee of Ministers of the Benelux Economic Union adopted the Benelux Decision on Cross-border Ambulance Transport (Beschikking van het Comité van Ministers van de Benelux Economische Unie met betrekking tot het grensoverschrijdend spoedeisend ambulancevervoer), which entered into force on 1 February 2010. Its aim was to ensure the efficient and smooth implementation of emergency medical care (ambulance transport) in the border regions of Belgium, the Netherlands and Luxembourg. The decision provides that emergency medical crews can respond immediately and transport patients even when crossing the border in a life-threatening situation. The decision defines the financial and legal rules governing the coverage of costs, liability and quality of service.[12]

The agreement mainly applies to the border regions of Belgium-the Netherlands and partly Belgium-Luxembourg. It stipulates that the national legislation of the country where the medical care is actually provided applies to the intervention of emergency medical services.

The decision establishes special tariffs for cross-border transport. The costs are also allocated according to an agreed formula in order to avoid bureaucratic delays. Meanwhile, the qualifications and authority of emergency personnel are mutually recognized, ensuring equal standards and rapid operation.

When there is a life-threatening situation, the rapid movement of emergency services from both sides of the border significantly reduces response time and increases the chance of survival. The decision represents a model for the development of an integrated healthcare system based on trust and institutional coordination. Sharing medical resources from different countries helps optimize costs and reduce overload in border hospitals.

In the Netherlands, ambulances can provide advanced life-support services, while Belgian ambulances can only provide basic life-support services. Furthermore, Belgian ambulances can only transport patients to hospitals that are recognized in the Belgian 100 system,[13] which causes delays, as Belgian

[10] Böhm, H., „b-solutions - Final Report by the Expert“, Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union, n.d. https://ec.europa.eu/futurium/en/system/files/ged/bohm_euroregion_neisse-nisa-nysa.pdf [L.s. 22.10.2025].

[11] Kortese, L., Sivonen, S., „Cross-border Cooperation on Ambulance and Intensive Care Transport - Examining Opportunities to Strengthen Cooperation“, The Institute for Transnational and Euregional cross border cooperation and Mobility, 2021. https://pandemric.info/wp-content/uploads/2022/02/Pandemric-Study-2-covers.pdf [L.s. 21.10.2025].

[12] Rodríguez, D., Pilot, E., Krafft, Th., Gurgel, H., „Emergency care in cross-border settings: a scoping review“, 2025. https://doi.org/10.1590/SciELOPreprints.11071.

[13] Unfried, M., „Ambulances without Borders: towards sustainable cooperation between emergency services, B-solutions Advice Case for the Municipality of Woensdrecht“, 2020.

ambulances cannot transport patients to Dutch hospitals. In addition to addressing such issues, the decision sought to create a higher-level framework that would include local agreements. As in the case of the e-medical rehabilitation agreement, the Benelux decision provides the basis for cross-border ambulance services in the event of emergencies. Patient transport is possible, but only if necessary. Dutch ambulances must be deployed at the request of the relevant Belgian control room and vice versa. Like the e-Medical Rehabilitation Agreement, the Benelux decision also includes a mutual recognition clause, which states that if an ambulance meets the legal standards at national level, it is considered equivalent to an ambulance in the host country. Mutual recognition also applies to ambulances and technical equipment.

However, there are still differences in emergency equipment and medical protocols between Belgium and the Netherlands, which sometimes make it difficult to work together. It is also legally difficult to determine which country is responsible in the event of a medical error or complication. Furthermore, the lack of coordination between different services sometimes hinders a prompt response, especially in the absence of administrative agreements.

The decision has indeed improved the availability of emergency care in regions where the population is actively moving between countries. However, it is advisable to extend this model to other European border areas where similar needs exist. It is necessary to implement unified communication channels and training programs so that medical personnel from different countries work in accordance with agreed protocols.

4. Agreement on Emergency Assistance Between the Netherlands and Germany

The first example of an agreement on emergency assistance between the Netherlands and Germany is of course the EMR Agreement on cross-border neighbour assistance in the field of emergency assistance (Publiekrechtelijke Overeenkomst – Grensoverschrijdende Buren-Ambulancehulpverlening). This is a cross-border neighbour assistance agreement in the Euregio Meuse-Rhine (EMR) region. The agreement aims to ensure efficient and rapid emergency response in the border area.[14]

The agreement is based on a “rende-vue” system, according to which the ambulance crew closest to the patient is the first to assist, regardless of which country it comes from. Meanwhile. EMRIC (Euregio Meuse-Rhine Incident Response & Crisis Management) is a partnership that implements cross-border cooperation in the fields of emergency medical care, fire, crisis response and other areas. The aim of this agreement is to ensure rapid and efficient emergency medical care in the border region, which is particularly important in life-threatening situations. It is based on the EU Treaties, the Anholt Treaty and the Joint Declaration of the Ministries of the Interior of the Netherlands and North Rhine-Westphalia and constitutes the basis for structured cooperation. The agreement promotes cooperation between emergency medical services, ensuring optimal use of resources and patient-centred care.

According to Article 1 of the Emergency Medical Care Agreement, its aim is to ensure that qualified medical care is provided as quickly as possible in the event of a life-threatening emergency. It is essential in this regard that the national border cannot constitute an obstacle to the provision of medical care. Within the framework of the agreement, no authorization is required for emergency medical crews to cross the border if they are responding to life-threatening situations.

The basic principle of the agreement is that the ambulance closest to the scene of an accident will provide assistance if requested by the local control room. According to this provision, a request for assistance from a neighbouring ambulance is made if it is clear that a neighbouring ambulance can reach the scene more quickly. The idea is therefore that the ambulance from the neighbouring country will only provide life-saving assistance, after which the further handling of the specific case will be decided by the local ambulance (after arrival at the scene). However, the responsible control rooms may determine additional measures of an organizational/operational nature. In addition, during treatment and possible subsequent transport to a hospital, the patient's wishes, the availability of the necessary

[14] Princen, S., Geuijen, K., Candel, J., Folgerts, O., Hooijer, R., „Establishing cross-border cooperation between professional organizations: Police, fire brigades and emergency health services in Dutch border regions.“ Eur Urban Reg Stud, 23(3), 2016.

speciality in the hospital, the hospital's capabilities and treatment options in the relevant area are also taken into account.

5. Belgium and Germany (Rhineland-Palatinate) EMR Agreement on Cross-Border Neighbourhood Assistance in the Field of Emergency Care

In addition to the EMR Agreement on Cross-Border Neighbourhood Assistance in the Field of Emergency Care and the Benelux Decision, a system of emergency care services in life-threatening emergencies also exists in the form of an agreement on the structuring of cooperation between Belgium and Germany (Rhineland-Palatinate). When the Federal Government of Rhineland-Palatinate and the Kingdom of Belgium signed the agreement, they also undertook to resolve possible difficulties through additional regulations. The Belgium-Germany Emergency Care Agreement indicates that the deployment of German/Belgian rescue equipment is carried out in accordance with the legislation of the neighbouring country (in the case of cross-border movements, the country where the medical care is provided). In terms of liability, the applicable legislation is also that of the country where the emergency care is provided. Furthermore, the Parties acknowledge that their respective emergency services and the equipment used meet the criteria set out in the Belgian-German Agreement.[15]

Within the framework of the Agreement, there are several operational and financial regulations that determine the organization of cross-border emergency medical assistance. These include:

- Financial regulations, which determine how costs are to be reimbursed in cases of cross-border emergency medical assistance.
- Operational regulations, which determine how emergency medical crews are to operate in the border region, including response times, communication protocols and other operational issues.

The regulations aim to ensure efficient and safe emergency medical assistance in the border region.

6. Agreement on Cross-border Cooperation in the Field of Emergency Medical Care Between Lithuania and Latvia

On 3 October 2018, the governments of Lithuania and Latvia signed an agreement on cross-border cooperation in the field of emergency medical care. The agreement entered into force on 14 June 2019. Later, in July 2024, a protocol was signed to amend the agreement, which underlines the dynamic nature of the agreement.

The agreement defines the movement of ambulances in the border region, which includes receiving emergency calls, calling the crew, providing appropriate emergency medical care and, if necessary, transporting the patient to the appropriate hospital. In addition, the document provides definitions such as: the area of “border territories”.[16]

The competent national authorities in each State, in Lithuania, for example, the Šiaulių Ambulance Service, and in Latvia, the State Emergency Medical Service, are responsible for both the implementation of the Agreement and various coordination, technical and organizational issues. They are authorized to establish direct communication and conclude sub-agreements in accordance with the terms of this main Agreement, as well as to implement and supervise their effective implementation. The ambulance operates on the territory of the other State under the condition that it is equipped with appropriate equipment and human resources, harmonized with European standards.

[15] Delecosse, E., Leloup, F., Lewalle, H., „European Cross-Border Cooperation on Health: Theory and Practice“, Publications Office of the European Union, 2017. https://ec.europa.eu/regional_policy/sources/policy/cooperation/european-territorial/cbc_health/cbc_health_en.pdf [L.s. 25.10.2025].

[16] Agreement between the government of the republic of latvia and the government of the republic of lithuania on the cross-border cooperation in the provision of ambulance services in the border area between the republic of latvia and the republic of lithuania, 2019. https://likumi.lv/legislation/en/en/treaties/id/1881-agreement-between-the-government-of-the-republic-of-latvia-and-the-government-of-the-republic-of-lithuania-on-the-cross-border-cooperation [L.s. 25.10.2025].

The Agreement has created a legal framework that allows for the potential for permanent regional cooperation in the field of emergency medical care. It ensures the principle of protection of the population and rapid provision of services in border regions, which significantly increases patient safety.

The emergency services are authorized to:

a) receive calls and dispatch emergency crews; b) determine the area of operation of individual ambulance crews; c) organize and coordinate the technical accuracy of reports; d) compile medical records of the ambulance services provided; e) strengthen and improve communication, organize and provide cross-border ambulance services, as well as conduct joint training; f) redirect calls for assistance received from the competent authority to the Contracting Party to the Cooperation Agreement and obtain the information necessary for the competent authority requesting assistance.

The rights, obligations and responsibilities of ambulance service providers are determined by their national legislation and regulations governing the organization and provision of ambulance services.

In accordance with the Agreement, ambulance service providers are not required to register in advance or notify the ambulance brigade of their intention to provide services in order to be authorized to operate in the territory of the state of the other Contracting Party. In addition, the persons named shall be exempt from membership of trade unions of the other Contracting Party. The competent authorities shall ensure that ambulance services are authorised to provide ambulatory health care services and are equipped in accordance with the national legislation and regulations of their States. This requirement shall also apply to the provision of ambulance services in the territory of the State of the other Contracting Party in accordance with the Agreement. It is also noted that persons providing ambulance services in accordance with the Agreement shall act in accordance with their professional qualifications.

For the purposes of the Agreement, the provision of emergency services in both the Republic of Latvia and the Republic of Lithuania shall begin with the handling of an emergency call and the dispatch of an emergency service and shall end when the emergency service reaches its permanent location. When providing medical care to a patient, the emergency service shall decide whether the patient may be discharged home for outpatient treatment, transferred to the nearest appropriate hospital or transferred to the emergency service of the requesting Contracting Party.

In the event of an emergency in the border area, the competent authority responsible for dispatching emergency services shall have the right to contact directly the dispatching authority of the emergency service of the other Contracting Party and request the dispatch of an emergency service to provide emergency services. In the event of a call, the relevant competent authority shall be obliged to organize the provision of emergency services in accordance with national legislation and regulations. The competent authorities of the sending Party shall exchange information on a regular basis when providing the relevant services. Each competent authority shall ensure that the relevant information is provided to the emergency services of its origin.

In addition, the emergency services shall ensure that the quality of the services provided complies with the national laws and regulations of its State of origin. The emergency services shall assume full responsibility for the services provided in accordance with the national laws and regulations of its State of origin.

The emergency services shall ensure that the services provided are documented in the same way as in the case of the relevant services provided in its State of origin. The requesting Contracting Party may withdraw its request at any time by informing the competent authority of the assisting Contracting Party.[17]

It is noteworthy that the services of ambulance crews are provided by the states of the Contracting Parties free of charge (free of charge) in the border zone between the Republic of Latvia and the

[17] Agreement between the government of the republic of latvia and the government of the republic of lithuania on the cross-border cooperation in the provision of ambulance services in the border area between the republic of latvia and the republic of lithuania, 2019. https://likumi.lv/legislation/en/en/treaties/id/1881-agreement-between-the-government-of-the-republic-of-latvia-and-the-government-of-the-republic-of-lithuania-on-the-cross-border-cooperation [L.s. 25.10.2025].

Republic of Lithuania. In addition, the provisions of the European Union regulations on the coordination of social security systems remain unchanged.

In addition, a joint commission is established on the basis of the agreement, consisting of an equal number of representatives of the relevant authorities of each Contracting Party. The task of the commission is to monitor the proper implementation of the provisions of this agreement and propose necessary changes to its content. Meetings of the joint commission are held when necessary. Disagreements related to the application and interpretation of the agreement are referred to the joint commission, which closely cooperates with the relevant authorities of the Contracting Parties. In the event of failure to reach an agreement, disputes related to the application and interpretation of the agreement are resolved through diplomatic channels.

In addition, each Contracting Party shall have the right to waive any claim for compensation against the other Contracting Party in the event of death, bodily injury or any other damage to health of members of the emergency crew, or damage to personal property, if such damage is caused in the performance of obligations arising from the Agreement. Also, if a member of the emergency crew of the State of the assisting Contracting Party, in the performance of obligations arising from the Agreement, causes damage to a third party in the territory of the State of the requesting Contracting Party, the State of the requesting Contracting Party shall compensate for the damage in accordance with the same national laws and regulations as would be the case in the event of damage caused by an employee or a member of the emergency crew of the State of the requesting Contracting Party.

In addition to the above, the Contracting Parties are obliged to immediately inform each other of all organizational and legal changes that may affect the implementation of the Agreement.

In conclusion, it can be said that under the Agreement, emergency medical teams do not need additional permits to cross the border when responding to life-threatening situations. This legal arrangement ensures the minimization of time-related delays and the maximum effectiveness of the response to protect the patient's life. The Agreement between Lithuania and Latvia is a strategic model for cross-border cooperation in the field of emergency medical care, ensuring the availability of life-critical resources and the effectiveness of legal guarantees. Its practical implementation is considered to be the best example in the field of cross-border medical coordination and integration of the EU border policy.

7. Framework Agreement No. 55964 on Cross-Border Health Cooperation between the Government of the Grand Duchy of Luxembourg and the Government of the French Republic

The Framework Agreement No. 55964 on Cross-Border Health Cooperation between the Government of the Grand Duchy of Luxembourg and the Government of the French Republic plays a particularly important role in the efficiency and safe movement of emergency medical services in areas close to the border.[18]

The agreement aims to ensure the timely and safe movement of emergency medical vehicles in both countries, especially in border regions. The agreement stipulates that emergency vehicles from both countries must be able to move safely and without hindrance across each other's borders.

The agreement provides for the coordination of emergency operators who will be able to assist each other in the event that an emergency vehicle crosses the border of the other country. The agreement also provides that air and maritime technical assistance must be available for this type of transport in order to ensure that the patient is transported as quickly and safely as possible. Ambulance operators should have appropriate tools, such as GPS monitoring, to improve movement management, which will facilitate timely responses.

[18] Framework Agreement between the Government of the Grand Duchy of Luxembourg and the Government of the French Republic on transboundary health cooperation. Luxembourg, 21 November 2016. No. 55964, https://treaties.un.org/doc/Publication/UNTS/No%20Volume/55964/Part/I-55964-0800000280564d0d.pdf [L.s. 26.10.2025].

The agreement stipulates that ambulances do not need special permits to travel to another country if they operate within the framework of the agreement. However, their operations must comply with certain legal requirements, such as border crossing procedures, and relevant information or documentation must be exchanged with the relevant authorities.

8. Georgia's Experience with Cross-Border Cooperation in the Field of Emergency Medical Assistance

Cross-border cooperation in the context of emergency medical assistance is not only related to responding to emergencies, but also to taking the necessary steps to improve regional stability, human rights protection and access to healthcare. Cross-border cooperation, taking into account its forms and structures, represents an operational, effective and continuous medical system that allows countries to transport, coordinate and optimize resources for ambulances.

For Georgia, which occupies a central position in the region and is connected to the border regions of neighboring countries (Turkey, Azerbaijan, Armenia), the movement of ambulances poses significant difficulties. In addition, the problems of crossing the border of an ambulance are related to both legal and technical and infrastructural issues.

Although Georgia does not have the necessary legislative framework for cross-border cooperation, many regions of the country successfully cooperate with neighboring states in various formats. Cooperation is characterized mainly by the exchange of information, which is a common occurrence at the initial stage of cooperation. More developed forms, such as the implementation of joint projects or the establishment of cooperation committees, are very rare. The main forms of cooperation are often limited to meetings between representatives of the regions, study visits and the exchange of experts, which mainly focus on sharing experience and information. In addition, there are some signs of formal cooperation, although this cooperation often takes place in legally non-binding formats, for example, in the form of memoranda of understanding or agreements, which are noteworthy, but do not have legal force.

Often, it is precisely in the healthcare and social spheres that cross-border cooperation forms the basis for economic cooperation. Therefore, cooperation in the health and social sectors in border regions is no less important than in the economy and infrastructure sectors.

Many border regions experience development challenges, including remoteness from the center, fragile infrastructure, sparsely populated areas, and a lack of young people. A large part of the population in these regions consists of the elderly and children. Rural settlements and less populated areas often fail to provide adequate social services, which has created serious problems in the field of health and social services. Therefore, these regions need to develop appropriate quality health and social services and improve their accessibility in peripheral areas.[19]

Georgia and Armenia - An agreement on cooperation in the field of health was signed between the Government of the Republic of Georgia and the Government of the Republic of Armenia on May 19, 1993. In addition, a further agreement between the Ministry of Labor, Health and Social Protection of Georgia and the Ministry of Health of the Republic of Armenia on cooperation in the field of health care was signed on June 1, 2017. On April 6, 2021, the Ministry of Labor, Health and Social Protection of IDPs from the Occupied Territories and the Ministry of Health of Armenia agreed on a Memorandum of Cooperation in the field of health care. This cooperation is especially relevant in crisis situations, such as disasters, pandemics and other humanitarian cases, when the provision of emergency medical assistance is necessary.

The main objective of the Memorandum is to improve the disaster risk management system, support the development of the parties' capacities and create mechanisms for cross-border cooperation. The Agreement facilitates cross-border coordination between the EMT (Emergency Medical Team) groups

[19] Georgian Association of Young Economists and Partner Black Sea Non-Governmental Confederation (KASTOB), "Cooperation of Border Regions", 2010. http://www.economists.ge/ka/publications//10-sazghvrispira-regionebis-tanamshromloba [L.s. 20.10.2025].

of Armenia and Georgia during disasters and emergencies and defines standards for cross-border prevention, preparedness and response.

One of the main objectives of the project is to establish emergency medical teams in Georgia and Armenia, within the framework of WHO accreditation, which will be provided with all the necessary resources and equipment, and their competence will allow them to respond effectively in emergency situations.[20]

Georgia and Turkey - There are various formats of cross-border cooperation in Georgia and Turkey, where healthcare, including emergency medical assistance, is also defined. For example, Turkey and Georgia have developed programs that include improving medical services and rapid response to crisis situations in border regions, in areas where risks are common (for example, regions where a large number of tourists move). On October 21, 2025, the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Protection of Georgia and the Associated Joint Stock Company of the Ministry of Health of the Republic of Turkey "USHAŞ International Health Services" agreed on a Memorandum of Cooperation in the field of health. The goal of the memorandum is to effectively use existing opportunities in the field of health and medical sciences and to strengthen bilateral cooperation.

The document envisages the implementation of new joint projects in the field of healthcare, active cooperation in the field of medical tourism and professional medical education. In addition, the memorandum reflects cooperation in the supply of pharmaceutical products, medical devices and household medical materials; exchange of information and best practices; as well as issues related to the regulatory processes of pharmaceutical products and medical devices.

It is noteworthy that the aforementioned memorandum was signed in 2023 within the framework of the Agreement on Cooperation in the Field of Healthcare and Medical Sciences between the Governments of Georgia and Turkey, which contributes to strengthening the legal and practical foundations of cooperation between the parties.

Georgia and Azerbaijan - The Agreement on Cooperation in the Field of Prevention, Containment and Mitigation of the Consequences of Emergency Situations between the Government of Georgia and the Government of the Republic of Azerbaijan was signed on August 1, 2013.

Various projects and programs supported by the European Union to strengthen the Georgian healthcare system often include the development of emergency medical services. Georgia actively participates in EU4Health and other European initiatives, where one of the goals is to improve access to cross-border healthcare services.

Conclusion

The study found that ambulance and emergency transport are vital to saving lives. Cross-border cooperation in emergency services is essential because the time required for adequate response to medical emergencies is not always respected in the border region, which leads to life-threatening situations. Border regions, which are usually perceived as peripheral regions, may not have adequate healthcare and emergency services, however, innovative solutions can change this reality, as cross-border cooperation between emergency medical services, institutions and hospitals will facilitate the rapid and seamless delivery of healthcare services to people living in border regions.

Currently, agreements for the cooperation of private emergency medical services with Georgia and other countries may exist, although they mainly focus on general areas of healthcare and assistance, rather than only on emergency care. For example, Georgia actively cooperates with Turkey, Azerbaijan, Armenia, and the European Union on humanitarian issues, which also include the health sector. Joint or independent agreements that only cover the field of emergency medical assistance are not officially signed with all countries, although with the South Caucasus and EU member states, as part of the

[20] Ministry of IDPs from the Occupied Territories, Labor, Health and Social Protection of Georgia, website, "News", https://moh.gov.ge/news.php?&lang=1&v=0 [L.s.27.10.2025].

broader cooperation in the field of health, emergency medical assistance and crisis response may be included.

One of the main problems that hinders cross-border medical assistance processes is the lack of permits, documentation, and regulations for border crossing. In addition, some agreements that cover cooperation between border regions are not legally binding and do not define specific powers. Also, in some regions of Georgia, the resources of ambulances and personnel are limited, which affects the effectiveness of cross-border cooperation. From a technological point of view, ambulances often lack the necessary communication facilities, such as modern radio systems, GPS systems, which ensure the correct movement of vehicles and optimize transportation. Coordination of ambulances at the border depends on mechanisms for rapid coordination of services and information exchange, which are often imperfect.

- It is necessary to establish a specific legal framework in Georgia that defines the processes of obtaining permits, transportation and coordination of cross-border medical assistance;
- In order to increase the efficiency of emergency medical assistance, it is necessary to use technologies such as improving radio communications, integrating GPS systems and satellite tracking;
- It is necessary to conduct joint trainings and constantly care for professional development in the healthcare and emergency sectors of Georgia and neighboring countries, which will ensure the creation of coordinated and rapid response systems;
- Georgia and neighboring countries should cooperate closely and create specific emergency medical assistance agreements that define the rules for border crossing, mandatory permits and transportation mechanisms. Also, a single legal framework should be created that unites these countries for the purpose of coordinating emergency medical assistance in border regions and issuing permits;
- It is necessary to develop and maintain roads for emergency medical vehicles between Georgia and neighboring countries. This is especially true for mountainous regions and less developed border zones, where difficulties regularly arise. Appropriate roads for emergency medical vehicles should also be determined.

Border cooperation in the field of emergency medical assistance has significant prospects for Georgia, despite the challenges. Strengthening cross-border cooperation in the field of healthcare, improving the legal framework and integrating technologies will contribute to the effective development of both the region and the Georgian healthcare system.

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