Every community in our nation expects to receive quality emergency medical services (EMS) on a 24/7 basis. From natural disasters to mass casualty incidents, to the heart attacks and car wrecks that threaten the lives of Americans everyday… EMS is there to serve our nation’s communities. Of the 15,800 EMS agencies in the United States, 40 percent are fire-based – making EMS central to the fire service’s mission.

Yet for too long, EMS has been overlooked at the federal level. Firefighter-EMTs and Firefighter-Paramedics have little representation in federal-level discussions regarding Medicare and Medicaid reimbursement – an increasingly important source of revenue to fire departments under pressure to slash wages, benefits and pensions.

At the same time, the Affordable Care Act is bringing about major changes in healthcare that will soon have a direct impact on EMS. Key changes include the move to value-based care – that is, tying reimbursement to the quality of care provided. With 70 to 80 percent of fire service calls being medical in nature, fire services must find ways to adapt to these changes.

Increasing support for EMS at the federal level and providing resources for fire-based EMS to develop and implement innovative programs to keep up with a rapidly shifting political and healthcare landscape are at the core of H.R. 809, the Field EMS Quality, Innovation and Cost Effectiveness Improvement Act of 2013, otherwise known as the Field EMS Bill.

Core Elements of the Field EMS Bill

- Establish an Office of EMS and Trauma in the U.S. Department of Health and Human Services (HHS), which oversees emergency medical preparedness, disease prevention, and public health and is the largest payer of medical services via Medicare and Medicaid – to give fire-based EMS a stronger voice in HHS, where decisions on reimbursement and emergency medical response are made.
- Fund the development, testing and evaluation of new EMS delivery models (such as diverting patients to facilities other than emergency departments) interventions for frequent users, and coordinating with hospitals and primary care to navigate patients to the right level of care.
- Fund the development and implementation of new EMS payment models, to ensure EMS is compensated for the work it’s already doing and provide new revenue streams to improve the long-term financial outlook of EMS.

A Simple Checkbox Will Provide Millions in Revenue

To support the development of these programs, the Field EMS Bill establishes an EMS Trust Fund, funded by taxpayers checking a box to make a voluntary contribution on federal income tax forms. If every American donated $1, it would raise $321 million. No one expects everyone to donate, but if even a fraction of Americans elect to do so, it would raise millions in revenue and directly benefit EMS in areas where basic lifesaving equipment is desperately needed or fund innovations that will help EMS take the next step in its evolution.

6 Ways the Field EMS Bill Benefits the Fire Service and the Nation

1. The Field EMS Bill provides funding for innovative programs to help the fire service transition into the new era of healthcare.

   Across the healthcare spectrum, the volume-based, fee-for-service payment model is dying. In its place is value-based purchasing, which incentivizes cost-effective care that is proven to actually help patients.

   Firefighter-EMTs and Firefighter-Paramedics are the first point of contact for many patients. The healthcare industry increasingly recognizes that decisions made in the field impact downstream costs. Innovative fire departments are already
establishing community paramedicine and mobile integrated healthcare programs, in which fire-based EMS coordinates with hospitals and physicians to navigate patients to alternative destinations – such as detox facilities, mental health facilities or urgent care – or help patients deal with their underlying issues, which deters them from calling 911 altogether.

The Field EMS Bill would provide grant funding to further develop these programs, as well as research and measure their performance.

The Field EMS Bill supports fire-based EMS at a time when traditional funding sources are dwindling.

From Firefighter layoffs to budget cut backs, the fire service faces unprecedented financial pressure. With elected officials determined to reduce spending and cut deficits – and structure fires happening less frequently than in the past – taxpayers are unlikely to increase fire budgets.

Through the checkbox and grants, the Field EMS Bill provides an additional source of funding for fire-based EMS without jeopardizing current funding.

The Field EMS Bill puts the fire service at the table where reimbursement decisions are made.

Medicare and Medicaid reimbursement is becoming a more important source of revenue for the fire service. Yet reimbursement policy isn’t coming out of the Department of Homeland Security or NHTSA. By giving EMS a home inside the Department of Health and Human Services, the Field EMS Bill positions the fire service as a key healthcare system stakeholder – alongside physicians, hospitals, and other healthcare providers.

Field EMS Bill-funded innovations are new sources of revenue that protect fire service wages, benefits, pensions and jobs.

To keep fire service wages, benefits and pensions at historical levels, the fire service urgently needs to develop new sources of revenue. Community paramedicine and mobile integrated healthcare programs are new funding streams for EMS via contracts with insurers, hospitals, Medicare/Medicaid and other healthcare entities.

These programs also give the fire service another avenue for proving value to the community – and would protect budgets in the years to come.

Strong EMS systems rely on all types of EMS providers.

Until a few years ago, there was a lot of discussion about who provides EMS best – the fire service or private ambulance providers?

Today, most EMTs and Paramedics – whether they work for fire-based, third service, private, non-profit or volunteer agencies – are well aware that it’s not who’s writing the paycheck or the name on the badge that determines the quality of an EMS system.

What’s most important is using all available resources to build an EMS system that meets community needs; has adequate resources to train, educate and equip personnel; and integrates pre-hospital medical response into the larger healthcare system.

Those ideals – doing right by all EMS personnel and doing right by America’s communities – are at the core of the Field EMS Bill. Not all communities utilize fire-based EMS. So, if you or your loved ones ever need emergency medical help in such a community, you want to be sure that the EMT or Paramedic who responds has the training and the resources to help.

There’s strength in unity.

As an all-hazards agency, the fire service must prepare for many types of situations. The Federal Assistance to Firefighters Grants, along with the U.S. Fire Administration, the Department of Homeland Security and other federal agencies, all assist with fulfilling this mission and should continue to do so.

The issues that the Field EMS Bill addresses transcend agency type – and ensure the entire EMS system is as strong as it should be, that all Americans have access to quality pre-hospital care, and that all EMS agencies – including fire-based EMS – have adequate support to adapt to rapid changes in healthcare, reimbursement, politics and even public perception of value.

Pitting fire-based EMS against other types of EMS weakens the voice of all EMTs and Paramedics. By joining together to work toward increased federal resources for all EMS, everyone benefits – Firefighters, EMTs, Paramedics, our patients and our communities.